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ἹΠΠΟΚΡΑΤΗΣ.

Similia Similibus Curantur.

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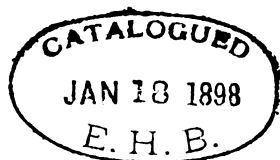
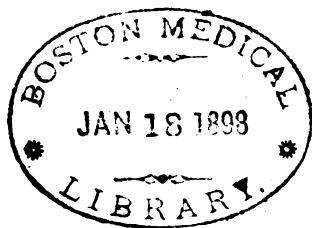
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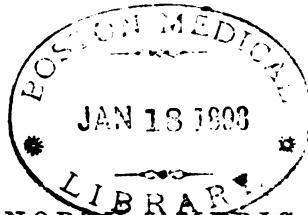
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LVII.

Original and Translated Papers.

ARTICLE I.—*On the Treatment of Ulcerations of the Os and Cervix Uteri.* Presented to the Illinois State Hom. Med. Association, May 16th, 1866. By R. LUDLAM, M.D., Professor of Obstetrics and the Diseases of Women and Children in Hahnemann Med. College.

MR. PRESIDENT AND GENTLEMEN:—

At the close of a report "On the Abuse of Local Treatment in Ulceration of the Os Uteri," which I had the honor to present at the last meeting of this Society,* I suggested a classification of ulcerative affections of the neck of the womb. That classification will form the basis of the present paper.

There are two general varieties of ulceration of the os and cervix uteri.

I. Those in which the lesion is limited to their epithelial investment. This includes:

- a. Simple or superficial Ulcers;
- b. Aphthous Ulcers;
- c. Diphtheritic Ulcers.

* U. S. Medical and Surgical Journal, October 1865, p. 48.

2 *Treatment of Ulcerations of Os Uteri and Cervix.* [Aug.,

II. Those in which the ulceration involves the deeper-seated textures—the sub-mucous and cellular tissues. This class may be divided into specific and non-specific:

1. Specific. { a. Scrofulous Ulcers;
 { b. Syphilitic Ulcers;
 { c. Cancerous, corroding or phagedenic.
2. Non-Specific. { a. Fungous or granular Ulcers;
 { b. Varicose Ulcers.

A practical review of their treatment requires us to consider each of these several varieties separately.

1. *Simple or superficial ulceration of the Os Uteri.*—
SYMPTOMS.—The objective symptoms of this, as of most other varieties of uterine ulceration, are not peculiar. The patient may complain of pain in the sacrum, the hips, the thighs, the coccyx, the symphysis pubis, the hypogastric, or the ovarian regions. There is a sense of weight and fullness, of weakness and bearing-down in the region of the womb. She has great lassitude, with an almost insuperable dislike of mental and physical exertion. Leucorrhœa and painful menstruation are frequent and troublesome concomitants. In some cases there is a sense of tumefaction, and of local heat in the parts affected. This latter symptom is especially tormenting after the menstrual discharge has ceased, and subsequent to coitus. Not unfrequently there is an aversion to sexual congress, and when complicated with vaginitis, the act is likely to be followed by a bloody discharge. The reflex hysterical symptoms are numerous and varied. She is prone to be hypochondriacal, and sometimes even verges towards insanity.

The subjective local symptoms revealed by the “touch” and the uterine speculum are peculiar, and we must rely upon them as diagnostic. The ulcer, the shape of which is irregularly circular, may occupy one or both lips of the cervix, although the posterior lip is its most frequent seat. For this latter reason the slightly curved speculum is sometimes preferable in making an examination. The lesion sometimes extends within the os and along the cervical canal. On removing the accumulated secretion from the orifice with a pair of long dressing-forceps and a bit of charpie or cotton, and expanding the bi-valve speculum, the ulcer is freely exposed. In rare

cases, and with great caution, we might unfold the os to a still greater degree by the use of Atlee's dilator. There is necessity for care in all these manipulations on account of the extreme delicacy of structure implicated. This ulcer within the os and the canal of the cervix is sometimes the last and most difficult part to heal. Indeed it often happens that such cases are dismissed as cured, when only the mucous membrane exterior to the os has been healed.

The simple ulcer is superficial not excavated, and its margins may be irregular, wavy or stellated. In some cases its borders are slightly raised and cord-like to the "touch." The color is usually scarlet, evincing a remarkable degree of vascularity. Sometimes however, it is of a dark or dusky-red hue, resembling erysipelas. This blush may extend beyond the border of the ulcer itself. The more protracted the case, the darker and more livid the complexion of the ulcer. The surface is almost always covered with a muco-purulent secretion.

In an acute case the part looks as if a corresponding extent of its investing epithelium had been stripped off. Sometimes there is a simple erosion, which Kennedy has compared to excoriations of the glans penis, and aphthous ulcers in stomatitis. The cervix is swollen, congested and sensitive. When the lesion has existed for a considerable time, it has a suppurating surface, and it becomes the source of an intractable and exhausting leucorrhœa. At this stage the simple ulcer may degenerate into the fungous, or granular variety, of which we shall have more to say hereafter.

Causes.—Painful, forcible and too frequent intercourse; coitus during or directly after menstruation, while the utero-vaginal mucous membrane is very vascular and sensitive to mechanical injury; disproportion in length between the male organ and the vagina; the injudicious use of astringent and harmful injections per vaginam; cold; insufficient clothing of the inferior extremities; vaginitis; and friction of the parts from walking when the uterus is prolapsed upon the perineum, are among the more frequent causes of simple ulceration of the os and cervix uteri. Tyler Smith is of opinion that the corrosive properties of the leucorrhœal discharge may occasion this form of ulceration, when brought into contact with the

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surface. These morbid secretions are sometimes decidedly escharotic.

Superficial ulceration of the cervix is especially apt to occur after marriage, and according to Churchill is a frequent cause of sterility. The same author, with Drs. Bennett and Whitehead, declares this form of uterine ulceration a frequent cause of abortion. Sir Astley Cooper was of opinion that the male semen may remain vitiated for years after an attack of syphilis, thus indirectly causing ulceration of the cervix.

TREATMENT.—The treatment proper for this variety of ulceration should be constitutional and local. The internal remedies are Arsenicum, Nitric-acid, Belladonna, Arnica, Ignatia, Aurum-mur., Nux-vomica and Sulphur, the especial indications for which will be readily recognized. In a majority of cases I prefer Arsenicum. Incidental complications of course require intercurrent and appropriate remedies.

The local treatment should be bland and unirritating. The principal indication is to prevent the contact of the vaginal mucus and of the leucorrhœal discharge, and so to protect the denuded surface from the influence of atmospheric air as to facilitate the ready reproduction of the proper epithelial tissue. Vaginal injections of dilute Arnica with glycerine, if of traumatic origin; of Calendula, if the discharge is purulent, or muco-purulent; an infusion of flax-seed, or dilute glycerine, —which is preferable to all unctuous substances in not becoming rancid; the direct application to the ulcer of a watery solution of gum tragacanth, of a solution of loaf-sugar, or a like use of Collodion, are expedients which afford great relief to the patient, and facilitate the curative process. In some cases the Collodion causes pain by its shrinking. As a rule I prefer that the injections should contain glycerine as a medium, and in several cases have noted good effect from Cantharis used locally.

II. APHTHOUS ULCERATIONS OF THE OS AND CERVIX UTERI.—*Symptoms.*—The speculum discloses that this form of uterine ulceration usually commences with a slight vesicular, or herpetic eruption on the cervix. The epithelium is detached, and small curd-like spots are visible. These spots are easily removed by a small pencil-brush, leaving the denuded surface a

bona fide ulcer. A number of the vesicles may coalesce, and, when ruptured, occasion an extensive ulcer. The tendency of these ruptured vesicles to degenerate into small, yellow ulcers is very marked. In some instances the serum discharged is so acrid and excoriating as to reinoculate the neighboring surface.

This ulcer is characterized by repeated attempts and failures to reproduce the proper epithelium. Its surface is half concealed beneath an abnormal investiture, which is constantly being exfoliated and reproduced. It resembles the aphthous ulcers of stomatitis, and like them is an evidence of a depraved state of nutrition, a scorbutic cachexia.

Diagnosis.—The only form of uterine ulceration with which this is liable to be confounded are the diphtheritic and the syphilitic. From the diphtheritic it may be known by the delicate and imperfectly organized structure of the membrane that invests the ulcer, and the difference of the attendant constitutional symptoms. The syphilitic ulcer is of a darker red hue, never bright or yellow, and the constitutional symptoms differ wholly from those incident to the aphthous form of ulceration.

Causes.—Defective nutrition, an impoverished state of the blood, chlorosis, tabes mesenterica, chronic disease of the stomach and bowels, and the exhausting processes of gestation and lactation.

Treatment.—The treatment is constitutional, local and dietetic. For the vesicular stages, Cantharis, Rhus-toxicodendron and Aurum-muriaticum. If conjoined with aphthous conditions of the mouth and alimentary mucous membrane, Arsenicum, Hydrastine, Nux-vomica, Belladonna, Mercurius-iodatus, and Nitric or Sulphuric-acids.

Locally, I think it a good plan to employ the same remedy that is being given internally. In addition to those already named, the *Coptis-trifolia* and Borax are highly recommended. If the suppuration is very considerable, *Calendula* injections may be used with advantage. Where there is chronic vaginitis, with profuse leucorrhœa, and desquamation of the vaginal epithelium, as often happens, any of these injections may be thrown into contact with the entire vaginal mucous membrane through such an instrument as is herewith presented.

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Leadam recommends the injection of a weak solution of Thuja two or three times a day for the herpetic form of the disease.

Not the least important item in the treatment of aphthous ulceration of the cervix is to order a proper diet, with a view to correct the general vitiation. Such a prescription is frequently sufficient of itself to effect a cure. It should consist of rich, available and highly nutritious articles. Here is great need of the nitrogenous principles. A fatty diet would not be appropriate. Beef, in the form of steak or broths, oyster-soup, and milk are preferable. The vegetable acids are also necessary to correct the strumous cachexia. Baked apples, grapes, oranges, lemonade are almost always grateful, and I believe always useful in such cases. I have witnessed good effects from coffee, tea and alcohol, given with a view to arrest a too rapid metamorphosis and loss of tissue.

III. DIPHThERITIC ULCErATION OF THE OS UTERI.—*Symptoms.*—This form of uterine ulceration was first described by M. M. Boys de Soury and Costilhes in June, 1845. The constitutional symptoms correspond with those present in diphtheria affecting other portions of mucous membrane. There is the same evidence of blood-poisoning, the same prostration and attendant phenomena, and the same sequelæ that occur when the throat is invaded by the abnormal deposit. Local examination reveals an ulcer seated upon one or both lips of the os uteri, and covered, or nearly so, with a heterologous tissue. This tissue is heterologous and must in due time exfoliate. In some cases there are a number of small whitish, smooth, shining patches, which vary in size from that of a split pea to half a hazel-nut. These may or may not coalesce; they impart to the “touch” a rough and dry sensation, very different from that of other ulcers. The pseudo-membranes covering them are at first very adherent, and cannot be detached without more or less injury and consequent hæmorrhage. After a little while, however, the friction of the parts during motion, or a careless introduction of the speculum, may separate them. Their removal leaves a raw, bleeding, painful, intractable, suppurating ulcer. According to Becquerel, these false membranes precede the ulcer, or diphtheritic chancre.

It is only in the first stage that these ulcers can be diagnosed with absolute certainty.

As a rule the larger the surface of the diphtheritic ulcer, the more superficial; the smaller the ulcer, the more profound. The deeper the ulcer, the more profuse the discharge. Sometimes the flow is acrid and corrosive, and, as in nasal diphtheria, destroys or perhaps inoculates the adjacent tissues. This discharge is always foetid, and, when it comes directly from the ulcer, may emit the peculiar diphtheritic odor. True diphtheria may be produced in other persons by inoculation with this virus.

Diphtheritic ulceration of the os uteri is rarely an idiopathic affection. The throat and other parts are generally first attacked, and afterwards the vulva, vagina and neck of the womb. As in syphilitic ulceration, the superior vagina and cervix are less frequently the seat of the lesion than are the inferior vagina and the vulva. It has been remarked that, as in other forms of diphtheria, this species of uterine ulceration is especially liable to occur during the epidemic prevalence of variola, rubecula and erysipelas. Many obscure affections of the generative system have undoubtedly resulted from prolonged exposure to diphtheria, and the fatigue of nursing those who were ill with that disease. In these cases the utero-vaginal mucous membrane has probably been the seat of diphtheritic inflammation and ulceration.

If the diphtheritic ulceration of the os and cervix uteri takes place during pregnancy, it is very likely to cause abortion; if during the lying-in state, it may invade the uterine cavity, in which case pseudo-membranous patches have been found at post-mortem lining the uterus itself.

Causes.—Dr. Tilt reports a case in which a patient had a diphtheritic ulcer of the os from leech-bites! It would be necessary, however, in order to produce a generic ulcer of this kind, that the specific diphtheritic cause should be in action at the same time. This specific agency, whatever it may be, is just as necessary in this case as in diphtheritic sore-throat, or diphtheritic conjunctivitis.

Treatment.—The treatment need not differ essentially from that proper for other forms of diphtheria. If any one remedy

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deserves more prominent mention than another, it is perhaps the Cantharis, and this not only because of its frequent indication in the treatment of many other varieties of diphtheria, but on account of its especial relation to the cervix uteri itself. Mercurius, Iod., Kali-bich., Kali-brom., Nitric-acid, Iodium, and Hepar-sulphur may be of great service under their especial indications. Of the efficacy of Phytolacca in such cases, your Committee has nothing to report. Its value in the treatment of some affections of the mammary glands,—which are properly classed as belonging to the generative apparatus, would lead us to infer that it might bear a specific relation to the uterus also.

Locally, injections of Hydrastin, or of any of the aforementioned remedies, diluted with water, or glycerine, or both, are sometimes very serviceable. My favorite prescription is,

R. Tinct. Calendula ꝑss.

Glycerine ꝑjss.

Aq. distillat. ꝑij.

Mix and use a teaspoonful with *quantum sufficit* of tepid water. Of course it is requisite as in the employment of any medicated injection whatever, first, to have the vagina cleared of mucous by an injection of warm water. If the discharge is very fœtid and offensive, the chlorate of Potassa in the proportion of half a drachm to four fluid-ounces of distilled water, and used in the same manner, answers a good purpose simply as an antiseptic. The same is true of Kreosote and the Permanganate of Potash. The Kreosote may be used with great advantage in the proportion of twenty drops to four fluid-ounces of water, and then diluted one half. Dr. Holcombe has employed Kali-bichromicum in the strength of half a grain of the crude drug dissolved in a tumbler of water “as an injection for ulcerated os uteri, and even for leucorrhœa, with good effect.” This may also be used in the diphtheritic ulcer.

IV. SCROFULOUS ULCERATION OF THE OS UTERI.—*Symptoms.*
—So considerable a portion of the uterine cervix being composed of glandular structure we would not expect it to escape a liability to ulceration and suppuration. The size and color of this ulcer present nothing especially remarkable. It is in-

dolent, with irregular margins, which are sometimes callous, and has a brownish base. It dips down into the sub-mucous and cellular tissues, and is more liable to become chronic than most other varieties. The matter secreted by it is thin, dirty-looking and offensive. The most abundant, exhaustive and intractable leucorrhœa often depends upon this form of ulceration. It is especially prone to invade the canal of the cervix, and the albuminous leucorrhœa drains away the patient's strength more rapidly and effectually than if it were so much plasma from the blood. The character of this discharge varies greatly under different circumstances. Dr. Bennet has compared it to that from the nasal passages in the case of acute catarrh or "a cold in the head." Its physical characters also depend upon the length of time during which it is retained within the vagina, as well as its admixture with the vaginal mucus.

Causes.—The disease depends upon a scrofulous cachexia as its chief predisponent. Whatever anti-hygienic influences tend to impair the general health may excite the development of this lesion. Bad air, unwholesome food, irregular exercise, abuse of the sexual passions, deviations of the uterus, too frequent child bearing, abortions, bad management during the pregnant and puerperal states, maltreatment with mercurials and escharotics,—to which class of patients these means are poisonous, are among the principal exciting causes.

Treatment.—The constitutional and persistent use of well-affiliated remedies promises the best results. I cannot specify the particular indications for the more prominent remedies, among which are Alumina, Ammonium-mur., Calcarea-carb., Sepia, Kreosotum, China, Kali-iod., Kali-bichrom., Kali-hyd., Baptisia, Nitric-acid, Graphites, Conium, Silicea, Sulphur, and many others.

Locally, I am persuaded from abundant experience that *Calendula* promises better results than any other remedy. The main reliance should be placed upon hygienic regulations, good food, fresh air, sunlight, social diversion, and a removal from all causes of further debility and prostration.

V. SYPHILITIC ULCERATION OF THE OS UTERI.—*Symptoms.*—Two forms of syphilitic ulceration have been recognized by

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writers, viz. erosion and chancre. True chancre of the os is very rare. The true Hunterian chancre, circular in shape, marked by indurated edges and base, with an elevation above the surrounding parts, and an adherent gray slough, is as seldom seen in this location as in the throat. It is said that, when situated upon the os uteri, this form of ulcer is especially liable to bleed.

M. Bernutz divides syphilitic ulcers of the os and cervix into :

1. Those primitive affections which include the different varieties of chancre, and of chancrous balanitis, all of which are inoculable.

2. Those secondary forms which include the following lesions located upon the mucous membrane of the cervix, membranous patches, vegetations, erosions, and the different species of syphilides. These are not inoculable, although they may be contagious.

3. Tertiary affections including tubercles, and *les tremeurs gommeuses*.

In syphilitic affections occurring in females catarrhal inflammation of the uterus and vagina is very frequent. Suchaek met with it in 342 out of 500 cases. If vaginal ulceration *follows* and is induced by this catarrhal flow from uterine cervix, it is put down by the authorities as diagnostic of the syphilitic taint.

Non-chancrous ulcers of the os frequently commence with a vesicular eruption, and as in the aphthous form, the coating of the vesicle is ruptured, leaving an ulcer behind.

In case of the syphilitic ulcer, however, the color is darker, and the surface is much more disposed to bleed than in the aphthous variety. Mucous tubercles, condylomata, and syphilitic vegetations are frequent sequelæ. The most conclusive evidence of the nature of the ulcer would be furnished by inoculation, or syphilization.

Cause.—The introduction into the organism of the specific syphilitic virus. This is not convertible.

Treatment.—Internally, Nitric-acid, Mercurius-iodatus, Thuja, Kali-bichromicum, Aurum-mur. is highly praised for the non-chancrous ulcer. In many obstinate cases where, without resort to syphilization, the differential diagnosis is

quite impossible, we may satisfy ourselves of the presence of this taint, and cure our patients by the use of the so-called anti-syphilitic remedies just named.

Locally, the application of the Nitrate of Silver is specific. I believe this is the sphere for the employment of this salt in ulceration of the os-uteri, and there is no question in my own mind that, where it had been most successfully used as an escharotic, in these affections, its good results are attributable to its anti-syphilitic properties. I apprehend that its action, in this case at least, is not so much a chemical one as it is antidotal to the specific virus itself. The same is probably true of the local use of the acid Nitrate of Mercury, which is preferred by the French physicians.

VI. CANCEROUS, CORRODING OR PHAGADENIC ULCER.—*Symptoms*.—This form of uterine ulceration rarely attacks females under forty years of age, and is rarely seen during pregnancy. Rokitansky, Keiwisch, and others think this ulcer a decomposed medullary carcinoma. An attempt has been made to distinguish the cancerous from the phagedenic ulcer, but the distinction is of no practical moment.

The lack of disposition to heal that distinguishes the malignant from non-malignant ulcers is very manifest in this affection. A morbid deposit, similar to that of which the original growth consisted, forms the margin of the sore. This border ulcerates a slough, and the destructive process encroaches more and more upon the neighboring tissues, which, in turn are finally destroyed.

In shape, the corroding ulcer is irregular, its margins are dentated, hardened, and sinuous, the base is of a dirty-green, brownish or dull leaden hue. It secretes a viscous, purulent, ichorous fluid, which is sometimes gelatinous, again watery, and so corrosive in character as to liquefy the tissues and destroy the cervix, and even in some cases the whole womb, and most of the neighboring organs. The odor is sometimes intolerable, and the cancerous fœtor may or may not be present. There is a proneness to frightful and dangerous hæmorrhage. The cancerous cachexia is always an attendant. I have remarked that the most decided cases of this sort supervene upon cancer of the breast. The pain and other symptoms, which need not

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be detailed in this report, are excruciating and more or less prolonged. There is no well-authenticated case of cure.

Treatment.—The most appropriate remedies are Arsenicum, Aurum-mur., Carbo-veg., Merc.-Nitratis, Ran.-bulb., Chloride of Platinum, Lachesis, Lycopodium, and Conium. In some cases the higher attenuations are said to be remarkably efficacious. Escharotics aggravate, and amputation of the cervix is a forlorn hope. The sufferings may sometimes be assuaged by atropine, and also by the vapor of chloroform. Aran recommends to introduce a speculum into the vagina, and pack it full of pounded ice, for the relief of the pelvic and uterine pain. If the discharges are very offensive, dilute lemon-juice, Nitric-acid, Kreosote, or other antiseptics, may be used in the form of injections.

VII. FUNGUS OR GRANULAR ULCERATION.—*Symptoms.*—We are indebted to Boivin and Dugés for the first accurate description of granulations of the uterine cervix. This is essentially a variety of the scrofulous ulcer of the os, from which it differs only in the number, size, and vascularity of its granulations. It often follows, and sometimes accompanies chronic metritis. This is the “raspberry os,” the “os framboisée” of the French, and corresponds in all essential particulars to an irritable ulcer of the surface of the body—it bleeds easily, is very vascular, and inclines to spread rapidly. Modifications of this form of uterine ulceration are incident to the pregnant state. During gestation, as a rule, these ulcers are not of a serious nature. They heal spontaneously after delivery. In a few cases, however, more especially in primipara, the rents made in the os-uteri during labor do not cicatrize, and linear, sometimes styled “fissured” ulcerations result. By careful manipulation, they may be discovered among the anfractuosités of the cervical mucous membrane. When fungous ulcers occur during gestation, Dr. Bennet and others are of opinion they are of harmful tendency, frequently giving rise to intractable vomiting, hæmorrhage, and abortion—an opinion that lacks confirmation by the general profession.

Treatment.—Arsenicum, Arsenicum-iod., Nitric-acid, Lycopodium, Ant.-crudum, Hepar-sulphur, are the principal remedies. Dr. Dudgeon recommends the internal and topical use of Kali-bichromicum.

Locally, the *Calendula* is almost specific. Its use in such cases is not new. Dr. Oeckel reported in 1843, that twelve years' experience had satisfied him of its great usefulness, and Dr. Schneider, many years ago, found it especially serviceable where the ulceration was accompanied by induration of the cervix. I might narrate some remarkable cures from the local employment of this remedy alone, conjoined with a good nutritious diet, and proper hygienic regulations, but I will not weary your patience. The Nitric-acid locally is sometimes very serviceable. Where the discharge is profuse and very offensive, my friend Dr. Pierce has employed the following injection with the most excellent results:

Tinct. *Calendula*,
 Labarroques disinfectant ãã ʒss .
 Cold water, ʒij .

Mix and use a teaspoonful in a sufficient quantity of tepid water two or three times daily.

Great good may sometimes be effected by insufflations of powdered alum, chlorate of potassa, starch, or borax. Dr. Hale recommends the glycerole of *Aloes* as appropriate topically to the linear or fissured ulcer.

The propensity which some physicians exhibit, even under the delicate circumstances attendant upon pregnancy, to resort to various escharotics, cannot be too strongly counteracted and condemned. It is more than possible that in a majority of cases in which abortion is said to result from uterine ulceration, that result has been produced by mischievous and injudicious attempts to heal these ulcers by local means. The proposition to remedy an obstinate case of morning-sickness by cauterization of the os, is about equivalent to counselling an indiscriminate resort to the sponges-tent or Barnes' dilators for the relief of the distressing affection! Abortion will be likely to follow either expedient, and with the emptying of the uterus, the troublesome gastric symptoms as well as the uterine ulceration would disappear. It is thus that ulceration of the os is accredited as a frequent cause of abortion,—an additional blunder perpetrated in the name of Science.

VIII. VARICOSE ULCERS OF THE OS AND CERVIX UTERI.—
Symptoms.—This form is rare, and is always due to increased

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determination of blood to the intra-uterine vessels, or, in other words, to uterine hyperæmia or engorgement. The vessels show varicose dilatations, and the vagina is of a dark bluish color. The epithelium is readily detached, the surfaces bleed easily, and the uterine texture becomes soft and "doughy" to the feel, so much so that the uterine sound could be thrust through it. There are accompanying rectal, hæmorrhoidal, and not unfrequently pulmonary symptoms. This lesion is contingent upon pregnancy.

Causes.—Whatever causes an undue tendency of blood to the pelvic viscera may induce a varicose condition of the vessels of the cervix, which according to Rouget are so arranged into a network or plexus as to make it an erectile organ.

Treatment.—Nitric acid, Carbo-veg., Pulsatilla, and Sulphur are often resorted to in this form of ulceration. Hamamelis, locally and generally, however, promises better results than any, and indeed all other remedies. It is possible the Collinsonia-can. might be serviceable in some cases, but in general the remedy just named is all-sufficient. The patient should be kept for a time in the horizontal posture. Indeed proper postural treatment is even more efficacious in this than in other varieties of uterine ulceration. These cases are readily relieved, but are prone to relapse. Where there is violent venous hæmorrhage, the Hamamelis, Nitric-acid, and perhaps the erethites also, would be most reliable.

Your Committee has thus indicated an outline of what is conceived to be the rational pathology and treatment of ulceration of the neck of the womb. It may appear to some present that the importance of this subject did not warrant two successive reports, but when we hear so much in the daily rounds of practice of the frequency of ulcerative affections of the neck of the womb, and their indiscriminate treatment by cauterization, and, turning to the pages of our medical works and journals, find so little information upon this topic, it is manifest the subject deserves our most earnest consideration. It was in the hope of aiding this inquiry to some practical and useful results that I consented to act as your Committee.

All of which is respectfully submitted.

ARTICLE II.—*Epidemic Cholera in New-York in the year 1849.* By H. SHERRILL, M.D.,

CASE 1. May 19.—A., R., a man in employ of A. Tooker, Cortlandt-st. Attacked with premonitory symptoms of cholera. He had fifteen watery stools in twelve hours; sensations of sinking, some pain, gave *Camphor*, which stopped the discharges. *Cured.*

CASE 2. May 22.—Child of John Limerick, 250 W. 19th-st. Attacked with severe vomiting and purging. Spasms came on for which I gave *Camphor*. This immediately suspended the vomiting. *Veratrum* and *Ipecac*, cured the other symptoms. *Cured.*

CASE 3. May 24.—Mr. Van Erst. Had severe pain and crampy affection of the stomach, with nausea and vomiting of a choleraic character. Gave *Camphor*, which arrested all the symptoms. *Cured.*

CASE 4. May 29.—B. F. Moulton, 34 Horatio-st. Symptoms similar to the last. Tried *Cham.*, followed by *Camphor*. *Cured.*

CASE 5. May 30.—Ira Gardner, 44 Eighth Avenue, Disease commenced with distress at the stomach and chest, vomiting and severe cramping of the stomach and abdomen. Countenance sunken; head and fingers cold and numb; expressed himself as in great distress. Gave *Aconite*, which checked the progress of the symptoms and gave full relief. *Ambra* was then given. *Cured* and out next day.

CASE 6. May 31.—Thomas Dufour, 88 Sullivan-st. Severe vomiting and diarrhœa; pain in the stomach and bowels. *Chamomilla* followed by *Thuja*. *Cured.*

CASE 7. June 2.—Michael O'Neil, 101 Charles-st. Intemperate. Attacked with vomiting and purging; spasms of the legs, toes and fingers. Pulse small, and diminishing in force, soft; a case of full collapse was before me. Gave *Camphor* till the vomiting and diarrhœa were about checked. Next day he was still faintish and sinking; bluish in the face; Tongue cold; legs much cramped; pulse small and soft. Gave *Veratrum*. Venesection 16 oz. Upon which the vomiting and spasms ceased. *Veratr.*, continued. Stools became small and less

frequent. On the 4th they had ceased. He had taken some tea and toast. On the 5th he was well. *Cured.*

CASE 8. June 5.—Bushing, 657 Hudson-st. Attacked severely with vomiting, cramps and rice-water discharges from the bowels. Gave Camphor. *Cured.*

CASE 9. June 5.—Mrs. Powell, 271 Mott-st. Vomiting and great prostration, evacuations watery and whitish in color. Camphor followed by Ignatia. *Cured.*

CASE 10. June 5.—Miss Hunter, 771 Washington-st. Vomiting has been repeated with very short intermissions for over 12 hours. It is now merely water; strength is exhausted; she has spasms, is cold and speechless. Camphor and Ipecac. *Cured.*

CASE 11. June 5.—Miss Bryant, 3d Avenue and 10th-st. Diarrhœa, tormina, cold surface, sinking, &c. Camphor. *Cured.*

CASE 12. June 6.—John Wright, Amos-st. Pain in the stomach, nausea, retching, fever impending, followed by vomiting. Camphor. *Cured.*

CASE 13. June 6.—Caroline Wright, Amos-st. Nausea, vomiting, pain in the stomach, feebleness, fainting. Camphor. *Cured.*

CASE 14. June 7.—William Smith, 202 West 24th-st. Diarrhœa; severe pain of the stomach; sinking and coldness; cramps; griping. Ipec. followed by Camphor. *Cured.*

CASE 15. June 7.—Elizabeth Smith, 202 West 24th-st. Severe chill, followed or accompanied by sinking; deathly cold appearance; pain in the stomach; slight diarrhœa; then fever. Ipec. followed by Camphor. *Cured.*

CASE 16. June 7.—A child of Mr. Smith. Has diarrhœa and griping; sinking and coldness of the surface. Camphor. *Cured.*

CASE 17. June 7.—Mrs. J. W. Cloves, 393 Hudson-st. Pain in the stomach and fainting; sinking protracted; slight diarrhœa. Camphor. *Cured.*

CASE 18. June 8.—Charles Oakley, 11 Hudson-st. Diarrhœa, followed by sensation of sinking and pain in the stomach. He had taken brandy of his own accord. For the above symptoms I gave him Camphor, and afterwards Aconite. *Cured.*

CASE 19. June 8.—Andrew S. Cronk, Bleecker-st. Attack very severe; rice-water evacuations profuse; spasms severe; collapse well marked; skin cold, flaccid; pulse small. Remedies used in succession, after some interval between each: Acon., Camph., Veratr., Cuprum. *Cured.*

CASE 20. June 8.—Joanna Oakley, No. 4 12th-st.—Diarrhœa, tormina, sinking sensation, cold extremities. Camphor. *Cured.*

CASE 21. June 8.—A child of Mr. Riker, 117 Perry-st. Severe choleraic diarrhœa. Camphor. *Cured.*

CASE 22. June 9.—Mrs. Clark, No. 12 Gansevoort-st. Diarrhœa, pain in the stomach, sinking and faintness. Antimon. *Cured.*

CASE 23. June 10.—Samuel W. Cronk, 55 Leroy-st. Pain in the stomach, tormina, diarrhœa, sinking, prostration. Camphor. *Cured.*

CASE 24. June 11.—Edward Fowler, University-place and 12th-st. Diarrhœa, pain of the stomach, tormina of the bowels, fever. Gave Aconite, Camph., Nux. *Cured.*

CASE 25. June 14.—James Bard's child, 786 Washington-st. Diarrhœa, surface, extremely cold, deathly sinking. Camphor. *Cured.*

CASE 26. June 14.— — Tappan, 794 Washington-st. Diarrhœa, pain in the stomach and bowels; tongue foul; some fever. Ipec. *Cured.*

CASE 27. June 15.—Caroline Wright, Amos-st. Attacked with pain of the stomach and head; chills, vomiting, diarrhœa, some fever. Acon., Camph. *Cured.*

CASE 28. June 16.—Colored girl Louisa, Amos-st. Coldness of the skin; pain; distress of the stomach; vomiting. Camph., Ipec., followed by Acon. *Cured.*

CASE 29. June 17.—Mrs. Myers, 118 West 37th-st. Severely attacked with pain and cramps of the stomach and bowels; vomiting, diarrhœa, cold extremities and thirst. Camphor followed by Aconite. *Cured.*

CASE 30. June 17.—Jacob Cole, 757 Greenwich-st. Severe and darting pain, with burning in the stomach; Diarrhœa moderate, but evacuations frequent; bowels pressing down;

pains and cramps severe in the legs and stomach. Camphor, Ignat., Ipec. *Cured.*

CASE 31. June 18.—Mrs. C. Vaurile, West 29th-st. Pain and fainting sensation of the stomach, diarrhœa, pressing pains in the abdomen, fever, &c. Camph., Ipec. *Cured.*

CASE 32. June 18. John Vaurile.—Nausea, vomiting, pain in the stomach. Ipec. *Cured.*

CASE 33. June 18.—Mr. Weeks, of New Jersey. Diarrhœa, severe pain of the stomach. Camphor. *Cured.*

CASE 34. June 12.—James Cromwell, Fifth Avenue and 21st-st. Darting pain in the abdomen, griping cramps, diarrhœa, fever. Gave Camphor. *Cured.*

CASE 35. June 14.—Mrs. Cole, 17 Jones-st. Painful sinking at the stomach; rolling about the bed; nausea, cramps, diarrhœa; evacuations watery and in very large quantity; great thirst. Gave Camphor, Ipec., followed by Antim. *Cured.*

CASE 36. June 18.—Stephen Moore, 110 Bank-st. Diarrhœa; pain and soreness of the stomach; fainting sensation; sinking; pain, &c. Camphor. *Cured.*

CASE 37. June 19.—Mrs. Minnersley, 133 Amos-st. The attack commenced with pain of the stomach, fainting sensation, spasms, commotion of the bowels, flatulence. Ipec. *Cured.*

CASE 38. June 20.—Christopher Tuttle, Amos-st. Diarrhœa; vomiting; uneasy feeling of the stomach; fever; stools very thin, frequent, watery. Camphor. *Cured.*

CASE 39. June 20.—Mrs. Bogart, 85 Sullivan-st. Diarrhœa; severe pain in the stomach; great debility; fever commencing. Camphor and Ipec. *Cured.*

CASE 40. June 21.—Child of Mr. Abbott, 108 12th st. Diarrhœa; vomiting; spasms; coldness of the skin; collapse; sunken eyes; pallid, dingy countenance. Aconite and Camphor. *Cured.*

CASE 41. June 22.—Mrs. Oakley, 4 12th-st. Vomiting, diarrhœa, rolling of the stomach; some fever; pulse becoming very small; cramps, &c. Cuprum and Aconite. *Cured.*

CASE 42. June 22. Virginia Oakley, 4 12th-st. Pain and

burning in the stomach; nausea and vomiting very distressing; fever and spasms followed. Gave Aconite, Camphor and Ipec. *Cured.*

CASE 43. June 24.—Mrs. Ferguson, 87 Barrow-st. Diarrhœa; severe pain in the bowels; faintness of the stomach. Camphor. *Cured.*

CASE 44. June 24.—Stephen Clark. Spasms, severe diarrhœa, &c. Camphor and Capsicum. *Cured.*

CASE 45. June 27.—Mrs. Godfrey, 40th-st. Pain in the abdomen; severe diarrhœa; coldness of the surface; sinking; feebleness increasing. Aconite and Camph. *Cured.*

CASE 46. June 28.—Jesse Champlin, Christopher-st. Diarrhœa; pain of the stomach; vomiting and sinking. Camphor, Acon. followed by Nux. *Cured.*

CASE 47. June 28.—Morris Decamp, 146 Spring-st. Pain and hot sensation of the stomach; rumbling pain in the abdomen; watery evacuations; nausea; headache; fever. A severe case. Camphor, Acon. *Cured.*

CASE 48. June 28.—Henry Parker, 593 Hudson-st. Vomiting; cramps; pain of the stomach, followed by fever. Camphor. *Cured.*

CASE 49. June 29.—Mrs. Knowles, 593 Greenwich-st. Burning distress in the stomach and abdomen; vomiting and diarrhœa; fever. Aconite and Camphor. *Cured.*

CASE 50.—Mary Knowles, 593 Greenwich-st. Great pain and heat at the stomach; diarrhœa; pain; headache; fever. Acon. *Cured.*

CASE 51. June 30.—A. Bryant, 3d-Avenue and 10th-st. Diarrhœa; severe burning heat of the stomach; great thirst; sinking and coldness of the surface. Camphor and Aconite. *Cured.*

CASE 52. June 30.—A. Stoughtenburg's child, No. 16 Cottage-row, West 27th-st. Vomiting and diarrhœa; prostration. Aconite and Camphor. *Cured.*

CASE 53. Mr. Young, Hudson-st., cor. of Jane-st.—Diarrhœa; pain in the stomach; painful tormina of the bowels; retching. Camphor, Castor. *Cured.*

CASE 54. June 30.—N. McGrew, 64 Washington-st. Severe pain, burning and cramps of the stomach and abdomen; nau-

sea and retching; congestion followed by fever. Acon., Camphor, Ipec. *Cured.*

CASE 55. July 1.—Risby, 708 Greenwich-st.—Pain in the epigastrium and right side of the abdomen; fever, diarrhœa and vomiting. Antim. *Cured.*

CASE 56. July 1.—John Gatta, 708 Greenwich-st. Uneasiness and nausea at the stomach; diarrhœa; frequent watery evacuations. Camphor. *Cured.*

CASE 57.—John Oakley, No. 4 12th-st. Pain and heat of the stomach; fever, diarrhœa; discharges frequent and watery. Acon., Arsen. *Cured.*

CASE 58.—July 1.—McFarlin, child, 172 Amos st. Abdomen painful and sore; diarrhœa; high fever. Acon. *Cured.*

CASE 59. July 1.—James Oakley, 4 12th-st. Diarrhœa followed by fever. Acon., Ipec. *Cured.*

CASE 60. June 1.—Mrs. Hopkins, 153 Leroy-st. Abdominal and epigastric pain with diarrhœa. Camph. *Cured.*

CASE 61. July 2.—Mary Males, 86 West 15th-st. Attacked with vomiting, pain in the stomach and bowels; diarrhœa; fever, succeeded by fever. She had allopathic treatment consisting of opiates, cathartics, calomel, stimulants, &c. Some of the symptoms were checked. But after ten days she came under my hands for an inveterate dysentery which had been caused by the previous treatment. I gave Aconite, Ipec.; afterwards Nux and Mercury. After a slow amendment she recovered. *Cured.*

CASE 62. July 2.—Robert Abbott, 108 12th-st. Pain in the stomach; diarrhœa severe and watery. Ipec. *Cured.*

CASE 63. July 2.—A. Bryant, 3d-Avenue and 10th-st. Pain of the stomach; diarrhœa; severe pain in the bowels; feeling of extreme weakness and sinking. Arsenicum, Camphor. *Cured.*

CASE 64. July 3.—Mrs. Ferry, 38 Broadway. Pain, soreness and sinking feeling of the stomach. Severe pain in the back; cramps; vomiting and diarrhœa; fever. Aconite, Camphor. *Cured.*

CASE 65. July 3.—Catherine Knowles, 593 Greenwich-st. Pain in the stomach, abdomen and back; nausea; vomiting and fever. Aconite, Camphor. *Cured.*

CASE 66. July 3.—Cornelia Willett, 10 Rutger-st. Nausea, retching; vomiting; pain and heat of the stomach; pain in the head; acute fever. Aconite, Ipec. *Cured.*

CASE 67. July 6.—Andrew L. Cronk, 266 Bleecker-st. Watery purging; spasms; severe spasms of the stomach; watery evacuations increasing to ten in an hour; fever, followed by collapse. A very violent case. Camphor, Aconite, cold water, then Veratrum-alb. *Cured.*

CASE 68. July 6.—John Golder, Greenwich-st.—Diarrhœa; irritation of the bowels and the stomach. Camphor, Aconite. *Cured.*

CASE 69. June 6.—Mrs. Limerick, 250 West 19th-st. Diarrhœa; severe pain in the stomach and bowels; crampings; fever. Aconite, Camphor. *Cured.*

CASE 70. July 6.—Ichabod Bedell, 88 West 17th-st. Violent pain and cramps in the stomach; vomiting; fever. Aconite. *Cured.*

CASE 71. July 6.—James Beebe. Diarrhœa; fever; pain and cramps of the stomach, severe. Aconite. *Cured.*

CASE 72. July 7.—William Crawford, 68 King-st. Attack violent; pain and cramps in the stomach; vomiting; fever. Acon., Ipec. *Cured.*

CASE 73. July 8.—C. Clark. Diarrhœa; soreness and pain of the stomach and bowels; faintness and feeling of extreme feebleness. Veratrum. *Cured.*

CASE 74. July 8.—Amy Bryant, 3d-Avenue and 10th-st. Second attack. Severe diarrhœa; cramps; pain in the abdomen; weakness and sinking sensation. Camphor, Cuprum. *Cured.*

CASE 75. July 8. Henry Jay, 313 Bleecker-st. Has had diarrhœa for several days, soreness and pain of the abdomen. Nux, Cuprum. *Cured.*

CASE 76. July 9.— — Shepherd, 130 Christopher-st. Pain and heat of the stomach; vomiting; some diarrhœa; weakness. Camph., Ipec. *Cured.*

CASE 77. July 10.—Stephen Clark, 15 Gansevoort-st. Diarrhœa; painful uneasiness of the bowels; sinking. Camphor. *Cured.*

CASE 78. July 10.—A child of Abr. Vail, Christopher-st.

Diarrhœa ; severe spasms ; watery diarrhœa ; sinking. Camphor, Veratrum. *Cured.*

CASE 79. July 11.—Child of Mr. Billings, 469, 6th Avenue. Vomiting moderately ; but diarrhœa progressing rapidly ; faintish ; spasms Camphor, Calcar., Antimon. This was a tedious case ; also used Nux. *Cured.*

CASE 80. July 11.—James Wetherbee. Severe cramps beginning in the stomach and abdomen ; nausea ; retching ; sinking feeling ; fever. Aconite. *Cured.*

CASE 81.—Mary Lawrence, 30 Jones-st. Diarrhœa ; pain in the stomach, with heat and oppression ; sinking. Camphor, Ipecac. *Cured.*

CASE 82. July 11.—30 Jones-st. Diarrhœa ; pain and heat of the stomach ; sensation of sinking. Camph., Ipec. *Cured.*

CASE 83. July 11. C. C. Billings, 49, 6th Avenue. Diarrhœa and griping pain in the abdomen. Ipecac. *Cured.*

CASE 84. July 12.—Elbert Lawrence, 30 Jones-st. Vomiting and diarrhœa ; pain in the stomach ; sinking ; fever. Camphor, Ipec. *Cured.*

CASE 85. July 12.—Mary Bishop, 133 Amos-st. Vomiting and diarrhœa ; pain and sinking at the stomach. Camphor, Nux. *Cured.*

CASE 86. July 12.—Stephen Kearney, 154 Rivington-st. Pain in the stomach ; heat ; vomiting and cramps severe ; fever with delirium. Aconite, Cuprum. A very severe case. *Cured.*

CASE 87. July 12.—M. Blauvelt, Washington-st. Disorder of the stomach ; diarrhœa, griping pain. Camphor. *Cured.*

CASE 88. July 13.—Mrs. Gridley, 167 Christopher-st. Sudden sinking at the epigastrium ; swooning ; spasms of maxillary muscles ; extremities cold and numb ; no discharges. Camphor. *Cured.*

CASE 89. July 13.—Mrs. McGrew, 643 Washington-street. Violent pains through the stomach and abdomen ; sensation of sinking ; extreme nausea ; spasms in the arms and shoulders ; surface, hands, and feet cold and numb. No discharges. Aconite and Camphor. *Cured.*

CASE 90. July 14.—Robert Gatty, — — Pain and heat at the stomach ; diarrhœa severe and progressing rapidly. Camphor, Aconite. *Cured.*

CASE 91. July 14.—C. Vamrile. Sinking pain at the stomach; diarrhœa. Camphor. *Cured.*

CASE 92. July 14.—W. Lawrence, 31 Jones-st. Suddenly attacked with burning pain at the stomach, followed by vomiting, diarrhœa, cramps, fever, and rapid sinking. Camphor, Aconite. *Cured.*

CASE 93. July 15.—Virginia Oakley, No. 12, 4th-st. Sickness and pain at the stomach; sinking; burning sensation, nausea persistent; diarrhœa; fever. Camphor, Ipecac. *Cured.*

CASE 94.—M. Cockburn, 202 West 24th-st. Diarrhœa; vomiting; fever. Camphor. *Cured.*

CASE 95. July 15.—Mrs. Coffrey, 250 West 19th-st. Diarrhœa; heat and pain in the stomach; violent pain in the back of the head; fever. Aconite and Camphor. *Cured.*

CASE 96. July 16.—Obed Hopkins, (child.) 153 Leroy-st. Diarrhœa watery and very severe. Camphor. *Cured.*

CASE 97. July 16.—Philip Hopkins, (child.) 153 Leroy-st. Diarrhœa. Severe case. Camphor. *Cured.*

CASE 98.—Philip Farmington, 145 Christopher-st. Pain at the stomach; diarrhœa; sinking; cramps, tormina. Camph., Nux, Veratrum. *Cured.*

CASE 99. July 16.—Jesse Champlin, 159 Christopher-st. Violent diarrhœa; cramps and sinking. Aconite, Camphor. *Cured.*

CASE 100. July 16.—Mrs. Owens, 102 Christopher-st. Pain and burning in the stomach; distressing feeling of exhaustion and sinking; diarrhœa; fever. Aconite, Ipecac. *Cured.*

CASE 101. July 18.—Mrs. Hayes, 206 West 20th-st. Attacked with violent vomiting and diarrhœa; burning pain in the stomach; severe spasms; collapsed and cold; prostration very great. Aconite, Camphor, Ipecac. *Cured.*

CASE 102. July 18.—Antoine Elwood, Gansevoort-street. Diarrhœa, pain, &c. Camphor. *Cured.*

CASE 103. July 18.—Alex. Bryant, Jane-st. Vomiting; diarrhœa; burning pain in the stomach; fever. Camphor, Ipecac. *Cured.*

CASE 104. July 18.—Mrs. Bogart, Jane-st. Diarrhœa; sinking; pain in the stomach and abdomen, &c. Camphor. *Cured.*

CASE 105. July 18.—Rose Smith, 134 Amos-st. Attacked with severe vomiting and diarrhœa; burning pain at the stomach; pulse very small, soft; evacuations watery. Camph. and Aconite.

July 19, 8, A.M. Vomiting stopped; diarrhœa lessened; but she still has laborious breathing; severe burning pain at the stomach; spasms; skin cold and torpid; face blue; eyes sunken, tongue cold; pulse small and faint; general collapse commencing. Gave *Veratrum-alb.*

12 o'clock, noon. Very little relieved. Took twelve ounces of blood from the arm, and continued *Veratrum.*

7, P.M. All the symptoms relieved. Pain and heat of the epigastrium about all gone. Pulse fuller and firmer. General warmth of the skin. She perspires freely; some diarrhœa, without pain. Gave, (after intervals between each) *Veratr., Calc., Cupr.* She recovered. *Cured.*

CASE 106. July 19.—Mrs. Riker, 107 Perry-st. Diarrhœa. Severe pain in the stomach. Camphor, *Ipecac.* *Cured.*

CASE 107. July 20.—Isabella Oakley, No. 4, 12th-st. Diarrhœa and burning pain in the stomach; great sinking and distress; spasms or cramps general and severe. *Veratr.-alb.* *Cured.*

CASE 108. July 20.—Jane Johnson, 33 Leroy-st. Vomiting; diarrhœa; severe spasms; burning pains of the stomach. Camphor. *Cured.*

CASE 109. July 20.—Elizabeth Cells, 180 West 15th-st. Diarrhœa; pain and heat in the stomach, (congestive.) Camphor. *Cured.*

CASE 110. July 29.—Mrs. Billings, 469, 6th Avenue. Diarrhœa; sensation of sinking; extreme nausea and retching. Camphor. *Cured.*

CASE 111.—S. W. Cronk, 55 Leroy-st. An infant with diarrhœa; cold skin; sinking. *Acon., Camph.* *Cured.*

CASE 112.—S. L. Cronk, 55 Leroy-st. July 29. Attack the same as preceding. *Acon., Camphor.* *Cured.*

CASE 113. July 21.—Isaac Taylor, 92 Barrow-st. Diarrhœa; retching pain in the abdomen; cramps, pressing tormina. Dysenteric evacuations becoming bloody and increasing in frequency. Camphor, *Ipecac.* *Cured.*

CASE 114.—Mrs. Taylor, 92 Barrow-st. Symptoms similar to the preceding. Camphor, Ipecac., Nux. *Cured.*

CASE 115. July 22.—Mrs. Ferguson, 87 Barrow-st. Diarrhœa and pain in the abdomen: severe case. Camphor, Ipec., Cuprum. *Cured.*

CASE 116. July 22.—Edward Coughlin, 282 10th Avenue. Diarrhœa; sinking; cramps; debility extreme. Ipecac. *Cured.*

CASE 117.—Ambrose Minnerly, 133 Amos-st. Diarrhœa, pain in the stomach. Camphor, Ipec. *Cured.*

CASE 118. July 23.—Child of J. H. Owens, 132 Christopher-st. Diarrhœa and painful feeling of sinking. Camphor, Cham. *Cured.*

CASE 119. July 26.—Maria Van Buren, No. 10 Gansevoort-st. Attacked with vomiting; diarrhœa; spasms; pain in the stomach. Aconite, Camphor. *Cured.*

CASE 120. July 26.—Mrs. Beebe, 513 Hudson-st. Fever; vomiting; diarrhœa; burning pain in the stomach; sinking; cold surface. Camphor, Ipecac. *Cured.*

CASE 121. July 26.—Sarah Taylor, 92 Amos-st. Diarrhœa, retching; pain in the stomach. Camphor. *Cured.*

CASE 122. July 27.—Mrs. Taylor, 53 Amos-st. Attacked with severe vomiting and diarrhœa, followed by fever and burning pain in the stomach; severe spasms. Camphor and Veratrum.

28th. 7 o'clock A. M. The vomiting has been checked, but has returned. Diarrhœa is now excessive. The patient says the watery fluid passed feels like hot water. Remedies continued. *Cured.*

CASE 123. July 26.—Lydia Ferguson, 87 Barrow-st. Vomiting, diarrhœa; sinking; pain in the stomach. Camphor, Ipec., Lauro-cerasus. *Cured.*

CASE 124. July 27.—Francis Sheack. Diarrhœa; vomiting; pains of the stomach; spasms. Camphor and Aconite. *Cured.*

CASE 125. July 27.—Caroline Oakley, 200 Spring-st. Dysenteric purging; evacuations watery and colored with blood; very painful. Camphor, Ipecac., Aconite. *Cured.*

CASE 126. July 27.—Mrs. Owens, 102 Christopher-st.

Diarrhœa; severe pain; sinking; extremities cold and numb. Camphor, Veratrum. *Cured.*

CASE 127. July 25.—Isaac Taylor's child, 92 Barrow-st. Diarrhœa severe; with pain in the abdomen and stomach. Camphor. *Cured.*

CASE 128. July 25.—Mrs. Lodge, 45 Clarkson-st. Burning pain in the stomach; retching; diarrhœa, sinking; appeared to be dying. Camphor and Aconite.

26. Vomiting checked. She recovered. *Cured.*

CASE 129. Philip Farrington, 16 Bedford-st., July 25.—Vomiting; diarrhœa; severe spasms, sinking; he appeared to be dying. Camphor and Aconite.

26. Vomiting checked and some other symptoms better; but the diarrhœa and spasms, with sinking and collapse continued. Used Venesection, 10 oz., and gave Camphor. Soon after the Venesection, the spasms, vomiting, and diarrhœa ceased; the pulse became firmer; he perspired freely. Ipecac. and Veratrum given.

28. Has continued to improve. Has passed a quiet night. To-day walks about the room. He took little more medicine, and rapidly recovered. *Cured.*

CASE 130. July 25.—Mrs. Farrington, 96 Bedford-st. Diarrhœa; severe pain in the stomach; sinking. Ipecac. Camphor. *Cured.*

CASE 131. July 25.—Mrs. Perry, 43d-st. and 8th Avenue. Attacked on the 22d with diarrhœa; vomiting; spasms, &c. Two or three allopathic physicians gave her pepper, Laudanum, Alcohol, and applied mustard externally. The first symptoms were checked; but fever and inveterate dysentery were produced and perpetuated by the treatment. After this she came under my care. She had now constant, painful and bloody stools. I gave Aconite and Camphor, Ipecac., Veratr., Mercur., Nux., and Arsen. in the course of the time she was under my treatment. She slowly but safely recovered. *Cured.*

CASE 132. July 29.—Mrs. Clark, No. 12 Gansevoort-st. Diarrhœa; sinking; pain at the stomach; fever. Aconite, Camphor. *Cured.*

CASE 133. July 28.—Albert Powell, 177 Mott-st. Vomit-

ing; diarrhœa; pain and cramps in the abdomen. Camphor. Veratrum. *Cured.*

CASE 134. July 29.—A child of Stephen Moore, 110 Bank-st.—Diarrhœa; griping pain in the abdomen; coldness of the surface; sinking sensation, &c. Camphor. *Cured.*

CASE 135. July 30.—Caroline Cronk, 55 Leroy-st. Nausea; pain and burning in the stomach; diarrhœa; cramps. Camphor, Veratrum. *Cured.*

CASE 136. July 30.—Charles Oakley, No. 4 12th-st. Diarrhœa; sinking; pain at the stomach. Camphor, Veratrum. *Cured.*

ARTICLE III.—*Report on Natural Labor.* Read before the Illinois State Hom. Med. Association at its Twelfth Annual Meeting, Chicago, May 16, 1866. By I. S. P. LORR, M.D., of Chicago, Ill.

IN obedience to the Resolution of the Society, appointing me a committee I herewith present my Report on Natural Labor.

This is a process so familiar theoretically, and for the most part practically, to every member of the profession, that one can scarcely conceive that the Society was serious in the appointment of a committee to report upon it, unless it had some ulterior object in view. That it had, I cannot doubt, though what it was is not for me to say.

I have an opinion, however and shall so construe it, that in the sequel I am sure I shall have met the just expectations of the framers and modifiers of the resolution.

“The term, Natural Labor,” says Churchill, *et id omne genus*, “is applied to those cases in which the head presents, and descends regularly into the pelvis; where the process is uncomplicated, and concluded by the natural powers within 24 hours (each stage being of due proportion), with safety to the mother and child, and in which the placenta is expelled in due time.”

“Slight differences will be found in the definitions given by different authors; for instance Dr. Power limits the time to

6 hours;—Cooper to 12; whilst Dr. Breen extends it to 30 hours." Here is certainly quite a difference of opinion, but it seems from a subjoined table that Dr. Power has *the best of it*, for in 26,290 cases by six observers, 18,390 terminated within 6 hours, and only 804 or about one in 32 went beyond 24 hours.

But Churchill observes, "these variations are of comparatively little importance"—and we are to presume that he is right, of course. It seems, however, that the term "Limit of Natural Labor" is only relative after all.

An hour more or less *may be of "little importance" to the patient* but it may be of some to the *Doctor*, and the inquiry naturally arises, if natural labor is, as it is claimed to be, a physiological process, why should it not always be done in equal time in every case.

Why not always in six hours?

To answer this question, we premise that the subject of parturition is the *foetus in utero*, or in other words, the contents of the uterus. The object is its expulsion.

The facility and rapidity of this process depends 1st, upon the expulsive force applied, and,

2d, upon the resistance, direct and indirect, opposed to the exit of such contents.

Churchill, who may safely be followed as the representative of all the authorities, says: "the first stage of labor is completed by the uterine action alone, but during the 2d stage it is aided by the voluntary muscles, especially those of the abdomen, which press directly upon the uterus, and by the depression of the diaphragm, which diminishes the cavity of the abdomen.

The additional effort made during the 2d stage is owing to the increased amount of resistance to be overcome. Towards the termination of labor, expulsive efforts are made by the vagina, and these are still more evident in the extrusion of the placenta."

These forces, it would seem, are sufficient to complete the process, or entire expulsion of the uterine contents in six or at most twenty-four hours, unless unusual obstacles are presented, "the resistance of which is to be overcome," when it becomes unnatural.

These obstacles are, according to the same authority :

1st. "The *cervix uteri*."

2d. "The bony circle of the pelvis;" and

3d. The lower outlet, closed in by muscles, ligaments, cellular tissue, &c.; and external to these the perineum. These tissues resist long, and their dilatation is very painful."

These obstacles are direct. The indirect are 1st, lack of muscular power; 2d, misdirected muscular power; 3d, relative size of the head too great, &c.

I will not bore the Society with quotations and statistics any farther than they are necessary to my ultimate design, but you will permit me here to say with Churchill: If the uterus and pelvis are normal, and the head of the proper relative size "there is, in truth, but very little for the accoucheur to do"—and very little that he needs, except patience and gentleness; and, therefore, the old practice [?] of carrying certain instruments and certain medicines about with him, is strongly to be deprecated, as, to say the least, a *needless exposure of himself to temptation*.

"All the surgical appliances needed are, an elastic gum catheter (male) and a lancet; and, if in the country, a small quantity of Laudanum, Ergot, and Tartar-emetic."

We assume for the present then that "there is but very little to do in natural labor," at least for twenty-four hours, and I am well pleased that he puts off the "limit" so far. He deprecates even the carrying of instruments and certain [forcing?] medicines as a dangerous temptation; and I would recommend to leave at home the lancet, laudanum, ergot, and Tartar-emetic, as safer for the patient. Now, whatever some may think of the use of instruments, it would seem that Churchill deprecates even the carrying them about, lest one should be tempted to use them. There must be some danger in using them then, and yet as they were made to meet certain contingencies, *i. e.*, to be under certain circumstances, where other means have failed, one can but conclude that they are sometimes necessary. The extreme caution of the authority quoted certainly indicates danger, but where is it? The use of the forceps has not proved as dangerous as *version*, for while the mortality to the mother in the first, is only one

in twenty-two, and to the children one in five; in the last it is one in fourteen to the mothers, and one in three to the children.

But this is a fearful mortality when compared with that of the cases of tedious labor in a table compared by Churchill. From this table we carefully excluded all cases where there was any instrumental interference. The whole number amounts to 143 and the length of the labor extends from 24 hours to 176 inclusive.

Of these not one mother died, and but ten children, or one in 14%, and only 5 out of 11,0 labors above 26 hours. One of the children was putrid, and the length of labor 24 hours; 3 are recorded as still-born, 2 of 24, 1 of 25 and one of 26 hours' labor. The balance are 32 hours, 40 hours, 41 hours, 49 hours, 59 hours, and 96 hours. These 143 are all natural presentations. Now, if after 24 hours, version had been resorted to, the table might have footed up 10 mothers dead, or 1 in 14, and 47 children, or 1 in 3.

If the forceps had been used only 6 mothers and 28 children would have been murdered.

I am willing to concede to the forceps the benefit of this last conclusion. I admit that it is not as bad as something worse, and, after reading the matter up, I am satisfied I have reached the limit of christian charity.

It is now claimed by the medical world that the perforator, crochet, and forceps are necessary and their use cannot safely be dispensed with.

We admit the claim of the first two under protest, and shall not at present presume to deny that of the last. But how is the necessity to be determined? It is certainly to be regretted that there is no fixed rule; no law as immutable as that of the Medes and Persians, by the proper application of which favorable or unfavorable conditions may be known at sight; and a natural, in every case, be distinguished from an unnatural labor at once. And it is still more unfortunate, that, where the law is well expressed and perfectly clear, the decision, in a large majority of cases must be left to the judgment, or rather lack of judgment, of those to whom the poet referred when he wrote, "and fools rush in where angels fear to tread."

Nor is this the worst. We must add to the black account, 1, Impatience of delay; 2d, a morbid desire for notoriety rather than a hard-earned and well-deserved reputation for skill; and, 3d, a merciless cupidity that would risk the lives of both mother and child for the extra fee awarded to an instrumental labor, or that the accoucher may be in time for another pressing case.

For the credit of a common humanity, we could wish it otherwise, but human nature was, is, and ever will be the same; and from what is already absolutely known concerning it, we might certainly not only anticipate, but safely predict such results. I may be thought severe, but not more so than Churchill, when he warned us against temptation, but every one who makes a common use of instruments in parturition, must have an innate consciousness that the charge is well-deserved, though he may strive to excuse himself on the plea that forceps at least can do no harm, if properly used, in the right case, at the right time; and of course no one will be likely to concede that he himself uses them improperly.

That I may not be misunderstood, I mean to charge directly that the forceps is used by those who resort to it frequently, in three cases out of four to save time, gain notoriety and make money.

But be this as it may, I think I may safely assert that no instrument was ever used in such cases for such purposes without injury to mother or child, no matter what harm it may have prevented or what danger it may have averted.

Obstetrical instruments must be placed in the same category as all other unnatural applicances; and whatever the necessity, must come under the rule, "of two evils choose the least."

They must, by every well-informed and conscientious accoucher, be regarded as an evil, but a failure to deliver a woman a much greater.

Churchill says: "I must also premise, *that in no case is the forceps (or, indeed, any instrument) to be applied, until we are perfectly satisfied that the obstacle cannot be overcome by the natural powers with safety to the mother and child.*"

⚭ This limits the operation in one direction: *the other limit*

is determined by the utter impossibility of extracting the child without laceration or serious contusion of the soft parts in the pelvis, as this would involve great injury and peril to the mother without saving the child, as the compression involved, would almost certainly destroy it. As a general rule, if the child be dead, craniotomy is preferable to the forceps.

And so the question begins to narrow down. It is a choice, if the child be dead, between a mortality of two in every 11 mothers, or worse, *i. e.*, the use of the forceps.

But if the child is living?—Then comes the Cæsarian section, where only one-half of the mothers escape and two-sevenths of the children. Or, wait till the child is dead, and take the case back to craniotomy, which is “preferable to the forceps.” And yet Tyler Smith maintains that “in case of living children craniotomy should be abolished as a rule of practice, believing firmly that it may be always avoided if we properly develop the whole of the resources at our command. The necessity for it can only occur in case of deformity overlooked, impaction from delay, and mal-positions and mal-presentations unrectified, and other forms of distocia.”

“But,” he continues, “I believe that such deplorable contingencies need never occur, as they must depend upon some error or neglect, and are to be held as exceptions to right practice.”

Many physicians who make frequent use of the forceps may demur to this conclusion, as they seldom lose a child or mother. But this goes to prove, if it proves anything, that there was no need to use them at all. We must bear in mind that we are to be “perfectly satisfied that the obstacle cannot be removed by the natural powers with safety to the mother and child,”—and also that the forceps *may be used* “without laceration and serious contusion of the soft parts in the pelvis,” as this would be nearly as dangerous to the mother, as would the necessary compression of the head, to the child.

But we must be satisfied on better evidence than that another urgent case claims our attention; or the professional capital to be made out of the case; or, I regret to add, the

fee increased by 15 or 25 dollars. To sum up the authorities, it appears that,

1. Division of the symphysis is inadmissible.
2. Cæsarian section is admissible only when it is absolutely impossible for the child to pass through the pelvis.
3. Craniotomy is recommended only when the child is dead, or where it is impossible for the head to pass without diminishing its bulk; or in certain cases where the forceps cannot be applied or safely used.

4. Forceps may be used :

a. Where from mal-position of the child, the head cannot be forced within the brim of the pelvis. This occurs in something like one case in 20,000.

b. When "the head is within the brim, but not impacted, and the pains are inadequate to overcome the resistance." One case perhaps in 300,000.

c. When one of the diameters of the head is too great, and the other, perhaps, a trifle less, and so the head will not enter the brim, the forceps may be used to compress the large diameter "to a very limited extent." But this requires "some experience, great skill and care," and if you fail, as you are sure to do, "no harm will result from a cautious attempt; that is, if you do no harm. Now, when we consider that it is the very next thing to an impossibility to determine that such a condition exists, and next to impossible to comply with all the conditions of experience, skill, care, caution, &c., to be observed in "the attempt," we may safely set this down at one in sixteen millions. Figures which few of us in all human probability will ever reach.

d. "When the head is within the cavity of the pelvis and there is not space for it to pass, the forceps may be introduced" to increase the space, "provided, that it can be done without injury to the soft parts."

Now, I do maintain, with all deference to the authorities that this is sheer humbuggery.

The head is too large to be forced through the passage; fills it completely; and it is required to introduce on either side of it, a thick substantial plate of solid steel, without injuring the soft parts; such a case never has occurred and

never will occur. If there is room enough for both head and forceps there is certainly room for the head alone.

5. In face and forehead presentations,—the following observation of Churchill may be considered as sufficient for these cases. "It is not, however, to be assumed, that because the child descends faceling, assistance will be necessary: the majority are delivered by the natural efforts."

Now, as there is but about one case of face presentation in 249, and "a majority," which doubtless means nearly all, are delivered naturally, it is certainly very liberal to allow one case in a thousand.

6. When the hand or arm descends with the head. This can occur only when the pelvis is very capacious and the remarks in sect. 4 concerning impacted head will with slight modification apply here.

We may, however, admit one case in 50,000, which is very liberal, seeing that 3 cases only of arm and head presentation occur in 76,000 and two of these are delivered naturally.

7. In certain cases of breech presentation. Now, as there is but about one case of this kind in 60 and only "certain of these" or about one in 10 properly forceps cases at all, it follows that less than one in 600 will be a fair allowance.

8. In prolapse of the funis. As this accident occurs only once in 211 cases, and as the forceps must be used instantly to be available, while we are recommended not to carry them with us, and as version has been about equally successful, I think that one case in 3000 is quite enough to allow.

9. In some cases of convulsions, hæmorrhage, and rupture of the uterus. Now, as but one case of convulsions occurs in 618 cases: one of accidental hæmorrhage in 675; one of unavoidable in 350: and one of rupture of the uterus in 1200: and inasmuch as the forceps, if at hand, can be used at all in not more than one case in 10; we may put down for all these accidents, one in 7000.

10. "But," says Churchill, "the utility of the forceps is seen more clearly in those cases in which the pains, very strong at first, have gradually declined so as to be nearly or altogether powerless, but not from the resistance occasioned by a narrow pelvis."

There then is the stronghold of the forceps.—Powerless labor. Want of uterine and muscular contractions. But mark the conditions. Twenty-four hours must have passed; the pelvis must be large enough, and the os uteri and external parts well dilated. There must be no danger of injuring the soft parts, and they must be sound, not sore and bruised. The head must *not be* impacted; and the labor must be at a stand still, *i. e.* “not advance;” and then, “if certain symptoms indicating danger to the mother arise,” the forceps may be used without risk, and with safety, and the operation adds absolutely nothing to the danger either to the mother or child.”

It must be confessed that these indications are sufficiently guarded, though he might have added, “if there is no prospect of a speedy resumption of the pains.” But one cannot be expected to think of everything, even when writing a book.

So much for the use of the forceps.

They are prohibited where “the pelvis is distended or where its calibre is diminished from any cause whatever; where the *os uteri* is rigid or undilatable, or where the passages are much inflamed and swollen; and in some cases where the patient has been mismanaged, and allowed to remain too long, and the system is in such a state [he don't say what, but I infer powerless labor,] that we are obliged to have recourse to the most expeditious mode of delivery—to wit, the perforator and crotchet, and lastly where the child is dead, craniotomy is preferable.”

Surely, with all these exceptions, conditions, and prohibitions one can hardly introduce a single blade of the thinnest forceps on any pretence whatever. I dislike very much to set myself up against the “high authorities,” but if I were writing a book, a circumstance that would make me their peer, I should affirm and maintain, that the forceps need never be used in those cases of powerless labor where Churchill and others say that “their utility is most clearly seen.”

We started from the propositions, that parturition is a physiological process, its subject the contents of the uterus, the object, their expulsion; we now proceed to illustrate them:

Woman was originally constructed and developed with express reference to this process, to wit, reproduction; and the relations of her tissues, usually termed sympathies, point unmistakably to such a consummation. During the nine months of gestation, the uterus gradually but surely assumes supreme control of the organism, requiring the assistance of every organ and tissue, and compelling all to yield to its desires, and subserve its purposes.

"Its vessels gradually enlarge until they become of great size; more tortuous; and their coats actually increase in thickness." "The lymphatics undergo a proportionate development." The nerves multiply, lengthen, and increase in size. The uterine tissue proper is also increased, until without materially thinning its walls, the uterus enlarges its superficies from 16 inches to 339, and its capacity from $\frac{1}{4}$ of a cubic inch to 408 inches, and its weight from an ounce or two to three and a half and even four pounds.

It also organizes from a tissue of questionable elements, a powerful muscular apparatus. An organ that manifests such creative activity and prolific energy, must necessarily, during during its development, exercise an all-pervading influence in the organism. But in the last crowning act, it rules despotically the muscular system. It needs not to enter into a minute description of its nervous relations, it is sufficient that we know something of its organic. We premise, that the mechanism of parturition may be summed up thus:

- "1st. The expulsive force;
- 2d. The passages;
- 3d. The child."

Says Churchill: "The uterus is in all cases the main agent in the expulsion of the fœtus, and in some, the sole power employed; as when the death of the mother precedes the birth of the child; or when she is delivered in a state of syncope or asphyxia, or in cases of *prolapsus uteri*." Now, as nearly all the obstacles and hindrances to parturition may readily be resolved into disordered muscular contraction, we are most likely to discover in or through that system the organic relations of the uterus.

It is true, there has generally been thought to be no great

regularity or design in the complicated and apparently aimless interlacings of the muscular fibres of the uterus. But inasmuch as they appear to be developed at a particular time for a particular purpose, and almost disappear when that purpose is accomplished, we are warranted in claiming a special arrangement; for the one idea presupposes the other.

Churchill says, "The fibres of the uterine muscular system belong to the involuntary class, and may be divided into several sets. Those of the superficial set are very irregular, interlacing with each other in every direction, though with a general tendency from the fundus towards the cervix; but some regularity is observable in the deeper sets; for instance, there is a circular arrangement around the orifice of each Fallopian tube, and at the *os-uteri*; a layer diverging from the middle line anteriorly and posteriorly, and perpendicular bands descending to the *os-uteri*."

Among these more irregular layers there are irregular fibres interspersed. From the middle coat fibres are sent off to the Fallopian tubes and round ligaments.

Madame Boivin says, that the wall of the uterus is composed of two planes, the one exterior the other interior.

The external one is made up of fibres running from the median line outward and downward and terminate in the round ligament, which they aid in forming. The superior ones run outward in the same way and terminate in the Fallopian tubes and ligaments of the ovary. The structure of the internal plane is very different; the fibres being circular and surrounding the fundus and ovarian openings. She says, that the external is composed of longitudinal, and the internal of horizontal fibres.

Cazeaux gives us a more minute and detailed account of the direction and arrangement of these muscular fibres, from the dissections of Deville. It has the merit, at least, of being to some extent intelligible, if not perfectly clear.

I have not time nor does it need to copy the entire description. Let it suffice to say, there are two orders of muscular fibres, one transverse, the other longitudinal.

The Fallopian tubes and the round, broad, and ovarian ligaments are mainly composed of transverse fibres. From these

different sources they radiate and spread over the whole exterior surface of the uterus, so as to cover it completely.

A band of muscular fibres, one-half to three-fourths of an inch broad, commences on the anterior surface of the uterus near the junction of the body with the neck, and, ascending, passes over the fundus, which it completely covers from the orifice of one Fallopian tube to the others, and, descending on the posterior surface, terminates opposite its origin.

This band is formed by the transverse fibres on either side, which turn up or down as they approach at the median line and thus become longitudinal. They do not, however, continue far in the new direction, for, after following the median line from four lines to two inches, they diverge, pass the line and become transverse again on the other side. Thus the transverse fibres of the right side, at the median line, become longitudinal for an indefinite distance, and then, crossing the line, become transverse again on the left side, and *vice versa*.

This interchange of, and supply of fibres to the longitudinal set, is so uniform that the band is of nearly uniform thickness throughout. This arrangement is sometimes covered and thus concealed by a thin layer of transverse fibres that cross the line directly, from either side, and thus form no part of the band. But on removing it, the true arrangement will be revealed. The fasciculus seems also to have a system of short longitudinal muscular fibres of its own, independent of the curves of the transverse. The arrangement of the fibres of the internal surface of the uterus is similar, though important differences exist.

The most remarkable is the extreme breadth and strength of the fasciculus of the external, where it covers the whole fundus like a cap. The internal, like the external layer, may be concealed by a thin layer of transverse fibres which have crossed the median line directly, giving it the appearance of being composed wholly of circular or transverse fibres.

This may have deceived Madame Boivin.

There is a thin layer between the external and internal, but no definite arrangement of fibres has ever been made out.

Probably they are fibres which from accident or design do not curve at the median line.

It is to be remarked, 1, that there are two distinct kinds of fibres.

2, That the longitudinal proper are few in number and very short, the mass being merely portions of transverse fibres assuming for a space a longitudinal direction.

3, That the external layer at the fundus is very strong; the mass of fibres from the ligaments and Fallopian tubes taking that direction crossing and interlacing, but with a sort of definite and uniform arrangement to a specific end.

4, That the fundus is bound to the os internum by a strong muscular band, so that the contraction of its fibres must cause the two to approximate.

5, That the flexures of the transverse fibres in the upper portion of the uterus are short and abrupt, while below they gradually increase, till near the neck of the uterus they sweep around in graceful curves.

6, That by this arrangement the internal os may be dilated to almost any extent without rupture, there being no continuous fibres surrounding it.

7, That the muscular fibres of the cervix are derived from the under side of the ligaments, and running down obliquely, pass partly around the organ, spirally, and terminate abruptly near the os externum.

8, That the layer between the external and internal has no specific use. It serves merely to increase the strength and firmness of the uterine walls.

And the adventitious layers generally found covering the external and internal, subserve the same purposes, and, when absent, increase the danger of rupture.

9, That by this singular and peculiar arrangement of the muscular fibres, the fundus, and in fact the entire upper half of the uterus is measurably separated from the lower, as but few of the fibres above are likely to turn down or few below to turn up, and if they should, as probably they sometimes do take this unusual course, it can be for only a few lines at most, when they assume on the other side their original transverse direction.

Thus the uterus is literally divided histologically and physiologically into *fundus*, *body* and *cervix*; for the distribution

of the nerves, though somewhat undefinable and for that reason undetermined, seems to follow the muscular arrangement. "The whole body of the uterus is supplied by the nerves of organic life, while the cervix alone is furnished with those of animal life.

Authorities differ in regard to the *exact* distribution, and sources of nerve supply; but they agree essentially in this; that the fundus is supplied from one ganglion of the great sympathetic, the body from another, and the cervix from a union of spinal and ganglionic nerves.

These distinctions are important in parturition; for though nerves may *not* be necessary to muscular contraction, they may *be* necessary to direct and control it.

There can be scarcely a doubt, however, that the nerves of both body and fundus communicate with those of the spiral system. And there is surely some significance in the fact that the fundus receives its nerves from the ovarian plexus. Indeed, Tyler Smith seems to have framed his theory of the induction of natural labor from this very circumstance, and this, whatever may be thought of the theory, indicates the importance of the relation. To enter, here, into a minute description of the nervous relation, or so-called sympathies of the uterus, would only confuse. It is sufficient to know that it gets its nerves from at least three distinct sources. The body from one, the cervix from another, and the fundus from a third.

If all had been supplied from one source, we should have looked for, only a unity of purpose, and a single effect or object.

The sources being three, we naturally and logically look for a trinity of purpose, and multiplied effects.

This arrangement adapts the organ to every possible contingency. If the fundus forces the body of the child laterally against the sides of the uterus, the transverse fibres of the body of the uterus contract and force it back into position.

If the fibres of the cervix resist the passage of the child, the longitudinal fibres, and those of the fundus, immediately contract and press down more powerfully. If the transverse fibres of the body contract with too much *relative* force, and

elongate the child, thereby increasing the distance between the os and fundus, all the longitudinal fibres at once contract to restore the antecedent condition, while the fibres of the os contract firmly so as to present a point of resistance to the downward pressure. And so of every muscular action of the uterus. It is a self-acting, self-compensating apparatus throughout.

No matter what theory we adopt in regard to the causes or *modus operandi* of uterine action, the fact of the measurable independence of the several parts and of the difference of its muscular fibres, remains ever the same. And it is equally certain and incontrovertible that as the whole apparatus was originally designed to receive, contain, for a limited time, and finally expel its contents, it must have been so constructed as to be able to accomplish all these purposes, and some provision must have been made to insure harmony and accordance of action.

No evidence but the simple statement is really needed on this point. In a perfectly healthy organism, consentaneous action is the rule, with no exception. But farther than this; if the final object is the expulsion of contents, then the contents must necessarily be expelled, in all cases of normal or natural labor. But unfortunately there are few organisms in civilized life perfectly normal or natural, and provision is made for increasing the expulsive forces.

By the ordinary nerve arrangements, the nerve system of the uterus communicates with the general organism. It matters little to our present purpose, how. But he who has seen, (and who has not?), the bowed head, the tense abdomen, the expanded chest, the clenched hands, the compressed lips, and the firm contraction of every flexor muscle of the body during a strong normal labor-pain, will not question it. And again, in other similar cases, who has not seen the mouth open, the head thrown back, the limbs extended, the body straighten, the diaphragm relax, the chest collapse, and the patient manifest her irritability by querulous complaints, angry cries, and the most impatient gestures.

Examine by the touch, if possible, for it is not always, by any means, permitted, and you will find the fundus almost or

quite passive, the transverse fibres of the body contracting more or less strongly and irregularly, while the os is tense, sensitive to the touch, and the soreness may extend to the vaginal walls.

So excessively sensitive and irritable is the patient that sometimes she forgets or disregards all the proprieties, and breaks away with an angry growl and a kick.

If there were no other evidence one might safely infer from that here adduced, that the longitudinal fibres communicate and harmonize with the flexor muscles of the general organism, while the transverse, or those of the cervix and lower part of the body of the uterus, which have a common origin, sympathize with the extensors proper. I say proper, for the extensors may, by accident of position, become flexors, as when the feet, during labor, are pressed against the foot-board, or other resisting body.

If it be a fact, that such a requisition is made, during strong labor-pains, upon the flexor muscles, their assistance must be highly important. Next in importance, to the action of the longitudinal fibres of the uterus is that of the diaphragm. Indeed, it is, if the expression might be allowed, a second fundus, acting in the same direction, and to the same purpose as the fundus of the uterus. Almost equally important are the muscles of the abdomen, which act both laterally and vertically, like the transverse muscles of the body of the uterus. Every accoucheur understands the value of these two powers in parturition. But few, however, seem to properly estimate the value of gaining the co-operation of every available muscle; and fewer still the importance of quieting every antagonistic power. And yet right here lies the whole secret of success in obstetric practice. The accoucheur should look upon the patient as a complicated machine, and make himself familiar with its structure, its motions, its capabilities, and its uses. He should ascertain the relations of the various parts, and what influence they have, one upon another. He will see the uterus inclosed in the abdomen, but he may not discover that its entire expulsive apparatus is repeated there for the express purpose of aiding it in case of need. If he choose, he may find the analogue of the fundus in the diaphragm; of the body in the abdominal muscles, and

the cervix, and of the os in the vagina and perineum. He must see that every part necessary to produce the desired result, is in motion, while he promptly arrests that of any part, where power is being uselessly expended, or which interferes with the general action.

If ordering the patient to clench her hands, will accelerate the labor, and he desires to hasten it, he will so order. If shutting the mouth will aid, he will have it shut. If it should be open, he will know it, and have it open. If the chin should be drawn down upon the breast, he will direct it. If the knees should be flexed, he will have it so. If it is better that the patient lie in one position than another, he should see that she has the best. If a sitting posture is best, she should sit. If standing is better, let her stand by all means. In short, he should know, under all circumstances, what is best, and have tact and management enough to see that his will is complied with. *what assumes the proper position naturally*

The mere contortion of the muscles of the patient's face may sometimes retard labor, or at least the emotion that caused it. The least, the most trifling circumstance will sometimes interfere with the most normal and promising labor-pains. He should know what to say and what to leave unsaid. He should see everything, but appear to see nothing that he should not see. He should be neither grave nor gay, but lean toward the one or the other, as the occasion may require. He should not be too officious, and yet he must not seem for a moment to lose sight of his patient, or to be indifferent to her suffering.

He should be cool and collected under all circumstances, and his hand should not tremble, his voice shake nor his countenance assume a deeper shade of gravity, though well assured that in three minutes his hand will rest on a corpse.

He should never make an unconditional promise. Better put off a promise to another time. To promise that he will promise, is enough. No one can safely promise without qualification. If the promise is not redeemed the patient is discouraged, which seriously retards labor, and the accoucheur loses the confidence of the patient.

If the patient is discouraged, he should restore her confidence; if exhausted let her rest. He should never be in a hurry. The shortest labors have sometimes the slowest convalescence.

He must in fine be kind, gentle, observing, cool, careful, firm, confident, modest, good-natured, persuasive, intelligent, honest, sincere, strong, physically and mentally, enduring, patient, persevering, and born an accoucheur. And finally, he must have the most unbounded confidence, himself, in the powers of the uterus.

And why should he not?

So far as external appearance goes we cannot conceive of an apparatus, (other than this,) so well calculated to retain its contents under like circumstances, or one whose mere mechanism, when put in motion, promises so much expulsive force in so limited a space. The broad expansion of the so-called longitudinal fibres sits upon the fundus like a saddle, extending down to the *os externum* on either side, like two straps inserted into the body of the uterus.

When the uterus contracts during labor, the fibres of the fundus and of these straps or bands shorten. If they alone contract, the consequence is the approximation of the fundus and os, and the body of the child being shortened, the breadth of course is increased, and it is pressed against the body of the uterus. The transverse muscles resist this pressure and throw it back against the fundus, and the longitudinal draw the fundus towards the os pushing the child before. The presenting point resting against the os, the parts around are necessarily drawn upward towards the fundus. It will be remembered that the os is not surrounded by a sphincter or continuous muscular fibres like a ring, but are oblique, spiral, and terminate abruptly in the neck and substance of the os. This arrangement does not offer anything like the resistance that continuous fibres would, while the longitudinal muscular bands during every pain are drawing the two sides of the os asunder, making the point of their attachment the point of resistance, and at the same time drawing down the fundus upon the upper end of the child, and thus forcing the presenting part into the os like a wedge. This is certainly economizing power: for the stronger the contraction the stronger the pressure, and the farther the lips of the os are separated. It is not at all strange, that with such a mechanism the uterus should have expelled its contents during the unconsciousness of the woman or even after her death, nor does it need to resort to

the theory of gases from putrefaction. With such an apparatus well managed one need not despair, though all the doctors in Christendom and out of it, should affirm that "delivery is impossible."

If there is no disorder or disease; if the condition is perfectly physiological, there will be no resistance. Everything will go on smoothly, and at the end there will be, so to speak, no opposing interests, no conflicting views, no misdirected efforts. There will be a consentaneous action of the entire organism. The uterus "opens the ball." For several days there has been an increased secretion from the cervical portion of its tissue and the follicles of the vagina, and a softening, so remarkable as to have been called a ramollissement of the cervix. Then the longitudinal and oblique muscular fibres of the fundus begin to contract while those of the body scarcely move, and those of the os uteri and what was the neck remain passive. Gradually from this starting-point the parturient relations or sympathies spread until every muscle and tissue hears and obeys the call and the consentaneous co-operation of every muscle and tissue is obtained. Every muscle that can by its contraction help expel the uterine contents responds to the call. Every muscle whose contraction would present any obstacle becomes relaxed. The will is in harmony with the uterus, and the voluntary muscles in harmony with the will. All the powers of the organism are diverted to one point and unite for one special purpose. Aside from the simple pressure of the head upon the soft parts there should be little more pain than from the same amount of muscular contraction in a sound arm. If the pelvis is relatively too narrow more force will be required; that is all. But this is really a rare occurrence.

I mean that it is not often that we meet with a pelvis so narrow as to present any *serious obstacle* to delivery. Indeed, I am confident that more labors are rendered tedious, and complicated by a too great relative capacity of the pelvis than by a simple narrowness or lack of capacity unless the contraction be preternatural. As an example, one complication, and a serious one for the child is prolapse of the funis. Another is hand or arm and head presentations, still more to be deprecated. And what accoucheur has not met with cases

where the head during every pain, readily descends into the pelvis, sometimes so far as even to press upon the perineum, and then rises again, sometimes above the brim of the pelvis.

And this state of things may continue for hours, and the case become one of tedious labor or worse.

And why not use the forceps here? Simply because the living forefinger is better than polished steel.

The difficulty is easily remedied and quite as easily explained. When the longitudinal muscular fibres of the fundus and all their subordinatcs, have pressed the head within the brim of the pelvis, it should be retained there until the fibres act again and force it still farther on.

If it is not retained, the *accordance* of the muscles is disturbed. The muscles of the fundus ceasing to act, the muscles of the neck and lower half of the body, which have been relatively passive during the expulsive effort, become for the time antagonistic, and by contracting, raise the child, and press it against the relaxing fundus, which yields to it for a time. This process may be repeated indefinitely.

The remedy is to retain the head during the interval, and the harmony of the muscles will directly be restored. A small disproportion in size of this kind is generally soon remedied by the curvature of the passage, which was probably designed, in part, at least, to meet such a condition. It is, after all, only an irregular contraction of the muscles, like the hour-glass, and other partial irregularities and spasms.

Convulsions are merely irregularities on a grand scale, generally involving the whole organism. The muscles become antagonistic, and those that in a normal condition are passive, or only act as simple bands or supports, now assume an abnormal activity. The forces are spent on muscles which directly oppose the expulsion of the child, or are recklessly thrown away upon the muscles of the extremities and face.

Ulceration of the os, may, at the beginning of labor cause, by direct irritation, an antagonistic action of the muscles of that portion of the uterus, and all the muscles in sympathetic relation with them, *i. e.*, those which are usually passive or nearly so, now unite and more or less actively oppose the parturient process.

Nausea, vomiting; diarrhœa; irregular, crampy pains in the stomach, chest and back, and conflicting painful contractions of the uterus occur from this condition instead of general convulsions.

So well convinced was Bennet of the intimate relations of the os uteri to the stomach, that he claims it as the chief, if not the sole cause of vomiting during gestation. He seems to believe that the os will be found to be ulcerated in every case, and recommends cauterization as the specific!

Every accoucheur has frequently met with cases where vomiting has been one of the most annoying concomitants of labor to himself, and distressing to his patient.

Labors are sometimes greatly protracted by it; the uterine forces being transferred to the muscles which produce vomiting. No doubt many a forceps-case has made a less monstrous birth. I was cognizant of such a case. It terminated on the fifth day in craniotomy and the death of the woman from chloroform, before delivery.

Such a case never occurred to me, and never will. I have the most implicit faith in the muscular theory, and unbounded confidence in the power of the uterus and organism generally. I have but a simple rule: *management*. My own experience warrants it. I had my first case in 1827, when a student of medicine, since which I have delivered 1626 women.

In all these cases the labor terminated successfully. Not one died during or in consequence of parturition, and only four within a year after. One of typhoid fever four days after; having been sick three weeks previous; child alive; two of consumption, and one of heart-disease; children alive.

I have no means of knowing certainly how many children were still-born, till the last few years. But I have from time to time noticed that the per-centage was very much below the statistical tables. If my memory thus refreshed, is at all reliable, the loss has been less than one-half of the general average.

I cannot recall by looking over all the names, but two cases of head presentation which were still-born. One of these was a face presentation, and the mother had five convulsions. The urine was highly albuminous before labor, and I predicted

convulsions. The premature separation of the placenta was the cause of death in this case.

The other case was also one of convulsions and a twin. Have lost all the others in feet presentations or its equivalent version. None in breech.

I have never used cathartics; but did use laxatives, a teaspoonful of Castor-oil previous to 1836, then to 1844 used Sweet-oil instead, and since then have never in a single case given anything of the kind. Have never had a case of puerpural fever or peritonitis in my own parturient patients, but have treated the disease in the patients of others. I have not advised a body bandage for one of my patients, or permitted one to be worn if I could prevent it, in twenty-five years, and yet my patients complain no more of laxity of the muscles or prolapsus than those of my neighbors. I have treated, or assisted in the treatment of 13 cases of puerpural convulsions, 6 in my own patients before delivery, 2 dead, 5 living—three fell into my hands after the death of the children—both delivered safely. The balance were consultation cases. I think that as a rule the children were dead. The mothers always recovered. I have never on any occasion, under any circumstances, used any kind of instrument for such purpose.

I have never been present but twice where an instrument was used, and I saw no necessity for it then. One patient was an Irish woman. She had been in labor two or three days. The child had been dead two weeks. Had three doctors. The case had been grossly mismanaged. The doctors all left, and I was sent for.

There were no contractions of the uterus. In two hours there were regular pains, and the case was progressing favorably when an Irish doctor came from St. Charles with forceps, and as the priest had sent for him and insisted on his operating I stepped back and witnessed it.

She was seriously bruised, but finally recovered. The whole performance was a tissue of blunders engendered by ignorance; disgraceful alike to humanity and science.

Any ill-bred butcher endowed with strength and brutality can thrust a blade of a forceps into the vagina and with brute force extract a child, while a very few can do it *secundem*

artem. But after all, the highest attainment in science and skill is to make the natural powers do the work in the appointed way.

And I would give it as my opinion that with the exception of cases of high pelvic deformity, that renders it absolutely impossible for the child to pass without division, and where the uterus is ruptured, no instrument is ever needed. At least all other cases may be delivered without.

The death of the child is sometimes given as a reason for the use of the perforator or forceps, when there is no more pain and the os sufficiently dilated or dilatable. The most deplorable consequences are threatened from letting it remain.

January 10th, 1864, 3, P.M. Was called to see a bright mulatto woman, 20 years old, in the sixth month of her first pregnancy. She had fallen on the ice during the last part of December, and a few days after was seized with labor pains, which have continued to date.

The pains are quite strong and frequent, the os somewhat dilated and dilatable, though the cervix is quite distinct.

There is a dark brown offensive discharge from the uterus, tinged with blood. Has pain all over the abdomen. She has occasionally taken opium. Had taken some before I saw her. Told her to keep quiet.

11th. 12, M. Saw her again. Had slept well and had no pain till an hour ago when it returned; and she then took more opium. I told her not to take any more.

The 12th was the same. Had not taken anything.

13th. In the evening the pains subsided, the discharge ceased, and she got up and went about her business.

March 23d. Saw her again. She had just expelled a dead and putrid fœtus of 5½ or six months, certainly less than seven. No doubt it had been dead since she fell some days before Christmas. And yet with the exception of the first illness she had been as well as usual.

I have never met with a case where there was any evidence of the absorption of putrid or other matter by the uterus.

Sept. 19th, 1847. Was called by Dr. M — to see a woman who had been in labor 12 hours. There was a tumor lying in the curve of the sacrum. It was soft, elastic, and nearly two inches in diameter, and the head rested upon it.

This was the 7th pregnancy and I advised to wait. As there was no advance in 36 hours it was decided to open the

tumor. The child was born alive in a short time and the woman died of peritonitis four days after. The knife touched a fold of the peritoneum.

This case was kept under the influence of opium the whole time, so that the muscular contractions could do but little.

Dr. M., her medical attendant, was a professed surgeon, and was supposed to know what was best. I tried to induce him to give the uterus a fair chance for 12 hours, but it was his case and he over-ruled, and the woman was killed.

I say killed, for 15 months after I met with a similar case when the tumor was equally large and had the same feel. The labor was somewhat protracted, but I gave the organism free play, and both woman and child lived. I do not know what became of the tumor; but as the other was filled with a gelatinous fluid, I presume that this was too, and may have been burst by the pressure of the head, or spread out on the cellular tissue allowing the head to pass.

I presume that the first case would have been equally successful, had it been well managed.

I would not be understood to affirm that woman and child may in all cases be saved. In prolapse of the funis; in feet presentation, in version, and in puerperal convulsions, I expect to lose some children.

Nor is it my opinion that the forceps can never be used with advantage. My having kept some by me for 36 years sufficiently disproves this. Nor does it necessarily commit me to such an opinion that I then gave them away to an antiquarian friend of mine to put in his museum with the pelvis of an Egyptian mummy and the umbilical cord of a dodo. I may meet with a forceps case, but I do not intend, on that account to carry a forceps in my pocket as I do my pen-knife and tooth-pick.

As yet I have not had the ill-fortune to meet with one, where the *golden* opportunity remained long enough, unless the instrument had been ready for use and in my hand.

As a rule only women who have natural labors send for me. None other need apply, as the advertisements say. Doubtless my presence converts the most unnatural to natural. A distorted spine returns to its original graceful curves; the tilted planes of the pelvis resume their natural inclinations; tumors disappear; spasms vanish; pelvic diameters increase; contract-

ed vaginas enlarge; undilatable soft parts dilate; impossibles become possible, and the dreams of fairy-land become realities.

Now, either this fanfarade is sober truth, or my professional neighbors have been often and wofully mistaken in diagnosis, or by mere chance I have never met with those cases which are supposed to render a resort to instruments necessary.

Now this last assumption is inadmissible; in fact, simply impossible. But it may be true that obstetricians are frequently mistaken as to the size of the pelvis, the relative size of the head of the foetus, the character of tumors, and the muscular power of a well-directed and properly-managed organism, constructed with special referenee to this very act.

That frequent mistakes have been made will not be questioned by any observing accoucheur.

A mere glance at the statistics of parturition must convince any one that there is among different obstetricians a vast relative disproportion of unnatural labors.

Thus while the British report one case of craniotomy in 291 labors, the Germans have only 1 in 1675. It can hardly be admitted that the fault here is in the patients, for among the British themselves three accoucheurs with 90,000 cases report only 1 in 800 while 2 others in 13,748 cases report one in every hundred; a difference of 700 per-cent.

And the French are still wider apart. In 36,171 cases there was one case in 1200, while in 2739 there was one in 70. The difference among the Germans is still greater, for while in 219,000 cases we have only 1 in 4000. The aggregate of seven reporters is below one in 200. These differences cannot depend upon natural or local causes or nationalities, although the last has much significance. I have never met, in an American born women, of English or Scotch descent, a pelvis so distorted or contracted as seriously to interfere with parturition.

All such cases have been foreigners, hard worked, almost from birth, and accustomed to carry heavy weights. I have attended both English and American women who had such serious curvatures of the spine as to feel obliged to wear an apparatus for support; and their labors were as easy and no more protracted than those of other women whose forms were ap-

parently faultless. I infer, therefore, that most cases of instrumental labor are inherent—not in the patient or the circumstances, but in the brain of the accoucheur.

The memory of every physician of any experience, will furnish one or more cases in point.

I will give you two or three—and I might easily make the list a hundred), and then I have done.

CASE 1.—Mrs. Mc.—. Irish, hard laboring, muscular, medium size, 24 years old when married.

Had two children before I was called to see her. The first was mutilated, literally butchered:—cut in pieces, with the humane assistance and cooperation of five reputable physicians, who decided that she could never have a living child.

The second labor had the services of only three, and after three days of unavailing struggle, the case was pronounced hopeless, the child dead and the perforator used. A little brain escaped, (“I say the tale as ’twas said to me,”) the woman fainted, and while the doctors were occupied in restoring sensation, the uterus expelled a living child, all right, except one too many holes in the head. Three years after, when I saw the child, I examined the skull and found an irregular cicatrix at the vertex on the right side, where the skull felt as if it had been trepanned and new bone filled the place. Several very natural inferences may be drawn from this case.

1. The woman could have a living child,
2. That child was not dead,
3. Doctors may be mistaken.
4. One can be born alive in spite of three doctors,
5. Five doctors are more likely to kill than three.
6. Some children have more brain than they need.
7. We gain important testimony in favor of the perforator, to wit, it can be used by any ignoramus, secundem artem, and not kill the child, which is much more than its most enthusiastic admirers have ever claimed for it.

Dec. 20th, 1861. This woman was in labor with her third child. She had been in labor 46 hours and attended most of the time by three physicians only one of whom had been with her before. When I was called two of them had left her, one to get his butcher’s kit, and one to sleep, and one remained to watch.

The husband learning that I was in the neighborhood, dismissed the “last of the Mohicans,” and I was aroused from a sound sleep at half past three in the morning.

Knowing the reputation of the case, I tried to excuse myself. I must start without fail on the 10.15 train for Chicago, and could not remain more than five hours.

No matter; I went, but quite reluctantly. At 4, A.M. I entered the house and found the woman pale and almost pulseless, and literally bathed in a cold sweat. The hands and feet were cold; there was a tormenting thirst, and she was unable to raise her head from the pillow. She had involuntary stools. There were no regular uterine pains, but shooting, darting ones through the abdomen and chest, and sometimes to the back and limbs. If her head was raised to give her drink she vomited. The head of the child was fixed in the superior strait, but high up, and a firm, elastic tumor of the scalp projected downward from the skull at least two inches, and I remarked that it was more than usually pointed. The lips of the os were drawn tensely around the base of this tumor. I noticed farther that the left side of the pelvis was distorted, but how much I was unable to determine, as the parts were excessively tender; nor did the examination occupy 20 seconds.

She had taken Ammonia, Camphor, Ginger, Valerian, Laudanum, Ergot, Ether, Whiskey *and bad advice* until she was unable to swallow any more. She was not absolutely unconscious, but she seemed utterly exhausted and indifferent to every thing that was passing around her.

The only feeling that she manifested was at the touch of the parts with the finger, and when a sharp pain crossed the abdomen, or darted to any other part. I could only judge of the character of the pains by her motions and the complaints she had previously made.

The room was literally filled with women, and the priest had been sent for. Altogether it had a cadaverous aspect. I would have given my forceps to the wandering Jew to be relieved.

I at once made myself master of the position and proceeded to remove, perhaps a little unceremoniously, the worst symptoms in the case; to wit, three bawling, praying, noisy, tipsy old crones, who were followed by some others nearly as bad, and these by similars until only two were left.

I felt sure that I could rely on these; but yet I told them that they would overtake the fugitives if I heard a whimper, a whine, or the Blessed Virgin, or the name of any saint or sinner in the calendar.

I gave first three doses of Arsen. 30 one every ten minutes. There was no more vomiting after the second dose, and after the third she could raise her head. I then put eight globules of

Puls. 30 into half a tumbler of water and gave a tea-spoonful every ten minutes. She had a bit of ice in her mouth every few minutes, and a tea-spoonful or two of ice-water in the intervals. She was rubbed thoroughly all over with dry cloths and then sponged rapidly with cloths only moistened with cold water, and rubbed dry again.

Bottles of hot water were put to the feet, and I sat and held her hands between my own. By this time she was perfectly herself again and wanted to get up, but I directed her to keep quiet, and as there was no noise she directly fell asleep. She was wakened in half an hour by a strong pain. The labor progressed as favorably as many cases of natural labor. She shrank at first from pressing the head against the soft parts, but I assured her that if she would press down strongly with the next pain or at most two she would have no more trouble of that kind.

The expedient was as effectual as chloroform. At 8½, A.M. she was delivered of a strong, healthy, living child, weighing 8½ pounds.

The bones of the head were well ossified, but the left side had the appearance of having been crushed in. It gradually resumed its natural shape, and when I saw it several months after there seemed to be no difference in the sides.

The tumor of the scalp had been so scratched, and bruised, and punched, and bedeviled by some unskilful and brutal manipulators, that it had more the appearance of a piece of raw beef pounded to a jelly than anything else. I was told that it suppurated, but fortunately no brain was lost. In February, 1863, I was telegraphed to visit her again, but being absent, she again fell into the hands of the Philistines, and was again cleaned out with the perforator and crotchet, after a protracted labor of 5 or 6 days; during which time she had the invaluable services of half a dozen eminent physicians and surgeons.

In this case the child was dead. Indeed it was presuming a little too much to expect to save two children consecutively in the same patient, with the perforator, however skilfully used.

January 12th, 1864, at 6, P.M. I was telegraphed for this woman again. The requisition was urgent, but it was too late for the train. I reached there at 2½, A.M.

Labor commenced the day before at 4, P.M. At 9, P.M. not hearing from me, and under the pressure of a whole clan of Macs, the husband sent for one of the old emicients. He assured them that the woman was doing well, but as it was impossible for her to get through without instruments, he pro-

posed to dispatch two messengers, one to Aurora and one to St. Charles, for two of the most eminent ancients, professional gophers, who had repeatedly explored every nook and corner of this case, and besides were exceedingly skilful and learned in things that they knew nothing at all about. Husband demurred.

Doctor yielded, and in two hours succeeded effectually in quieting the pains, and discouraging the woman.

He had changed a natural into an unnatural labor, and brought it within the purview of the perforator.

The patient became agitated, restless, wild; saw bugs and flies and flowers on the ceiling, and faces on the wall, and then the doctor peremptorily insisted on counsel.

Fortunately at this crisis the woman called my name and asked if I had come; and thereupon the antediluvian pricked up his ears, and asked if Dr. L—— had been sent for. "Yes," said the husband, with some spirit and I only sent for you to have some one here till he comes. But I see you're no account no how, and for that matter only a damage, so you can leave any time it suits your convenience."

"Now what's your bill?" The irate baby killer, scorned to answer, but left incontinently.

When I arrived she had been sleeping. Some friendly homoeopath came in after the doctor left and gave her a dose or two of Bell. At six, A. M. the pains recommenced; increased in strength and frequency; by management every muscle was brought to assist and every motion and contraction harmonized.

She bore her pains well and at 12 was delivered of a healthy, living, lively child, fully developed and weighing $9\frac{1}{4}$ lbs. Its head was much elongated and the left side crushed, in the same as the one before, but the tumor of the scalp long and pointed like the other was a little scratched, the only "mark of the beast" left upon the body.

CASE 2. In 1857 or '58 I was sent for, by Dr. Coe of St. Charles to see, with him, a case of protracted labor, and was requested to take instruments with me. A nurse had commenced with the case, after which a root-doctor had it, then Dr. Coe, and when I arrived the root-doctor had returned. He was a man of so notoriously bad character that I would not have anything to do with him or the case, and left. A surgeon, a neighbor of mine, a notorious infanticide took my place and after the usual barbarous manipulations, with every murderous hook and spear and claw and pincer in his kit succeeded in separating the dead from the living.

During my short interview with Dr. C., I had expressed the opinion, that there was no need of any instrumental interference in the case. That the woman could have a living child. The husband heard it, and several months after when she was again pregnant I was called to see her. She had strong labor pains, and some hæmorrhage, was four months advanced and I think must have induced the labor through fear, as she had been assured, that it was impossible for her to have a living child. She miscarried. But I had an opportunity to examine the pelvis. I did not take the measure, but it was considerably contracted. I told her that she need not induce abortion again, if she ever became pregnant, though every doctor in the land told her to. That there was plenty of room to answer the purpose. I gave her some written hygienic and dietetic rules, which she promised to study and practice, and left. More than a year after the husband called and desired me to be about home as much as possible at night during the second week of the next month.

Well, I heard no more of the case till I met him and his wife three months after; she having a child in her arms.

His own version of how it happened is the best comment on the text. "You see, doctor, after I told you to be ready you see, I kept a horse ready saddled in the stable every night and a boy who knew the way, so we could have you at a minute's notice.

"Well, you see the time was coming on fast, and one night my wife waked me up and she says "you, you!" and I says "what is it?" and she says, "I guess it's the colic." "Do git the peppermint."

And when I come back with the peppermint, she took a dose and directly she got over it.

"But it came on again directly, and then she said it could not be the colic, it must be something else.

And I said, "Oh don't, Beckie, for the Lord's sake, don't. But I knew she would if she took a notion. so I says, stick to the peppermint, Beckie, while I wake up Bill, and off I went, and then to save time I ran to the stable and trotted the horse to the gate.

And then I went into the house again, she says it's no use, I can't wait a bit longer to save — — and then she give one big strain, and sure enough, there we were all alone, three of us!

You better believe I had to holler some to bring Bill back." Now here was a woman, having a narrow pelvis, condemned as unseaworthy, and yet her second labor is mistaken for

colic, and with the assistance of professor peppermint terminates favorably in less than twenty minutes.

I had a case in 1858 similar to the last.

CASE 3.—The patient was a German woman, married when thirty years old, and this was her first child, three years after her marriage. She was strong, muscular, healthy, and of medium size. A German nurse had attended her three days, when two physicians were successively called in. They attended the case two days, and then pronounced the child dead, and decided to use the perforator. I was sent for, and found her nearly as bad as Mrs. Mc—, in the previous case, yet in a similar condition. She had lost more blood however.

As I could not have the entire and exclusive control of the case, to manage it my own way, without interference, I would have nothing whatever to do with it.

They wanted my opinion, and I assured them that she might be carried safely through in sixteen or eighteen hours. The others were equally certain that she would die before half that time elapsed, if not delivered.

I left. My neighbor, the butcher, was called in. He carried out the printed programme to the very letter.

But he could not help it. He had such a monomania for using obstetric instruments, that I once asked him if he didn't pull on his boots with the forceps, and scratch his nose with a crochet. He positively denied it, but I never had a doubt. He was not a bashful man. He assured the husband that it was absolutely impossible for his wife to have a living child with so narrow a pelvis, and advised abortion early enough to anticipate the mischief. April 29, 1859, was called to see this woman again. She had induced labor-pains by some means to bring on abortion.

There was considerable hæmorrhage, but the case went on and terminated favorably. I had a good opportunity to examine the pelvis at this time, and found it too narrow. I gave her the same assurance, advice, and directions I have already alluded to.

May 19, 1860, the husband called and notified me that he should most likely need my services within a fortnight, and wished me to remain at home as much as possible at night, at the same time tendering a very liberal fee. This was a symptom I have seldom met with, and impressed me with a very favorable prognosis. Well, the two weeks passed, and June followed it, and the fourth of July came, and that passed away; and I had almost forgotten my quondam patient, who lived eleven miles away.

On the 26th of July, being in the immediate neighborhood, I called to ascertain the status of the case.

I need not speak of my reception when you learn, as I did then, that the woman had a fine healthy girl, nearly two months old. The husband's description of the performance was amusing enough to furnish the text to a farce.

I give it as far as possible in his own words, noted at the time. "You zee, doctor, it was one very black night, and it rained and sundered and lightened very great, and zen it comes one very big sunder, and mine wife she says Yacob! Yacob! and I did'nt wake at all, cause I was'nt ashleep. No, no, doctor, I could'nt shleep when mine goot wife was groan, for I sought somesing was ze matter, but I lie still and say nos-sing, cause I did'nt want nossing to be the matter till it did'nt sunder and rain no more.

In two or sree minutes it sundered more as big as ever, and mine Willie—I calls her Willie sometimes, she says "Yacob, I say Yacob," this time sharp, like as when I puts mine boot with a very little speck of mud on her carpet. And then I shakes mine head and rubs mine eyes, and I says, "well mine goot wife," and she gives a yell, and she says, "mine Got, mine Got, it's comin, Jacob—it's coming now, hurry, hurry, and wake up August, and send him for ze doctor."

Zo I zhumps right out and gets on no breeks at all, and I comes and zhakes ze boy, and he zhleeps like one dead dog. Zen I hears mine wife sharper and sharper, yellin, "Yacob, Yacob, come back quick, quick," and I goes two ways all the zame time, and zhakes August, and then he don't wake up at all no more when I don't zhake him; and I runs back, and hears mine poor Willie all ze times crying, "come back, Yacob! come back, hurry, hurry!" and zen I shakes August one great shakes on to ze middle of ze floor. Zen he lies and snores like one great pig, and I makes him send for ze doctor no more at all, and I runs one way now, and hears nossing but "Yacob, Yacob! hurry! hurry! I can't wait, Yacob."

And zen, mine Got! I was go clear crasy. And I zes, "Willie, Willie! You must'nt do it. You must wait for ze doctor." And she says, "Mine Got! mine Got! I can't, Jacob, I can't." And I zes, "You must, you must." And zere I stands mit mine breeks in one hand and nossing in tozer, and mine dear Willie so bad as zhe could be, and worse.

And zen I didn't know nossing no longer. And I says, "Oh mine Himmel, what shall we do? If you don't wait for ze doctor, Willie, you never shall git through so long as you live, oh mine Himmel, mine Himmel." And zen I puts one leg in

mine breeks, and mine wife she gives one big groan, and I hears one little cry. And zen I kicks off my breeks, and mine wife cried and I cried, and laughed both ways, and ze baby cried and didn't laugh no more, and so, Doctor, you will excuse mine wife for not waiting; a very nice woman is mine Willie, but she never waits, not at all for nobody, never." I took the excuse without discount.

In closing I would ask to be indulged in a single remark, to wit, the most unsuccessful accoucheur I ever saw, was the most popular, at least for a while. He acquired and retained for several years a large practice on the triune basis of crotchet, perforator and forceps supported by ether, opium and chloroform.

Women seemed to have an insane pleasure in suicide, for his attendance was its synonym. He lost twelve women in one year, dying during or immediately after parturition.

It was at length discovered that skill was not the exclusive perquisite of a butcher, and that brutality was not necessarily monopolized by common ruffians. From that moment his reputation waned, and though really a very good surgeon, he died a few years after comparatively poor.

Sheer impudence and gas will pass for a time, the first being mistaken for the confidence of science and the last for a diamond of the first water, doubtless, because both are equally the products of carbon, one condensed, the other vaporized.

If any gentleman desires notoriety, reputation and a mushroom popularity, let him carry a speculum and a box of caustics in his pocket, authoritatively and magisterially proclaiming every disease of his female patients ulceration of the os, and turn every woman he treats inside out for the benefit of sun-light and cauterization. He may add cathartics after parturition, if he wishes the beatitudes of a puerperal fever epidemic, and if he desires a perfect ovation, he may, like some Thracian gladiator, rush into the arena with a bottle of chloroform in one hand, a long forceps in the other, and a crotchet and perforator between his teeth, and kill trusting, defenceless women and poor unbreathed innocents; if not like Sampson with the jaw-bone of an ass, verily with that which if amputated would leave an ass without *hands*.

ARTICLE IV.—*Clinical Cases.* By Dr. GALLASARDIN, of Lyons.

I. *Anomalous Perspirations of the Hands and Feet.*—In consequence of immersion in water, or even in consequence of simply catching cold, perspiration will be suppressed, and frequently either a febrile disease sets in, as pneumonia, otitis, &c., or a chronic morbid state, as catarrh, dyspepsia, deafness afflicts the person. Tradition calls epigenesis those fortunate or unfortunate changes of the diseases, lesions or symptoms, appearing under the influence of external causes. It is dangerous to resort to a method of treatment which produces violent revulsions. Yet anomalous perspiration, and even offensive and excessive perspiration of the feet may be fully eradicated. Such a metastasis of the perspiration takes place either over the whole body, or on the intestinal or uterine mucosa, whose active secretion reproduces again the normal state of digestion or of menstruation. In those cases there is not only a modification of affection, "metastasis," but simultaneously a change or metaptosis, leading the way to a restoration of perfect health.

1. *Perspiration of the Feet lasting Twelve Years, cured by Silicea.*

A young, robust, well-built man complained that he suffered since the last twelve or fifteen years with such excessive sweating of his feet, that they were cold in winter and sore in summer. I ordered him Silicea 30, three times a day, for a week. His perspiration of his feet vanished from the first day, but such a general diaphoresis set in over his whole body, that he was obliged to change his linen three times. The second night new diaphoresis, but less strong, as he only changed twice. Perspiration lessened night after night, till it was quite gone by the twelfth night. The man is now forty-three years old, and after fifteen years, which have passed since then, stronger than before. When catching cold, one night-sweat sets him right again. Thanks to this diaphoretical crisis, which appears immediately, he resists better the causes of disease and enjoys better health in every way. The cure of the anomalous perspiration and the strengthening of his health

was here done by the mechanism of metastasis, brought about by the power of Silicea.

2. *Perspiration of the Hands and Feet for fifteen Months, cured by Sepia.*—A young country woman, twenty years of age, complained of the following troubles. For fifteen months, during which she resided in Lyons: pain in the kidneys, slight leucorrhœa, deficient menses, little appetite, difficult digestion, profuse perspiration of hands and feet, chilliness of the lower extremities. I ordered Sepia 300, for ten days, three times a day, after the lapse of which she was free from her perspiration, warmth had returned to the lower extremities, leucorrhœa and pain in the kidneys had diminished, menstruation, appetite, and digestion were improved.

3. *Perspiration of the Hands lasting Twenty Years, cured by Sepia 300.*—One of my lady patrons sent me a washerwoman, twenty-three years old. She suffered from frequent and severe migraine. Nux-vomica 30, produced a slight amelioration. At her second visit she complained of suffering from profuse perspiration on her hands, so that all needles rusted and soiled her work. I gave her Sepia 300, three times a day, for ten days, curing her migraine and her perspiration. She had suffered her whole life from this abnormal diaphoresis. During the time she took Sepia her appetite increased twofold, so that she felt frequently the sensation of hunger, and was obliged to eat something during the night or early in the morning. A few weeks afterwards the same phenomena appeared after another such dose of Sepia, clearly proving that this curious increase of her appetite was no mere accident.

To complete our clinical experience, we will add these cases from Rückert:

4. Offensive perspiration of the feet, from childhood up, in a young man of twenty years, cured by Baryta-carbonica 200.

5. Offensive perspiration of the feet lasting several years, cured by Silicea 30.

6. Offensive perspiration of the feet from childhood up, in a man of thirty years, cured by Plumbum-aceticum 200.

7. Profuse, stinking and corrosive perspiration of the feet, softening and bleaching the soles of the feet, and destroying quickly stockings and shoes, existing during two months in a girl, eighteen years old, cured by Secale 12.

2. TREATMENT OF SEXUAL IMPRESSIONS IN FEMALES.—1. *Onanism of a Girl, seven years old, cured by Origanum-vulgare.*—This little girl was refused admission into an orphan asylum, on account of masturbation. She was cured in less than a week by Origanum-vulgare. The same remedies cured several other girls in that institution.

2. *Onanism, followed by Mental Weakness, in a girl of seventeen years.*—The daughter of a silk weaver got nearly idiotic, after having practised masturbation for a long time. She was not even able to learn her catechism. She took Origanum 3, and Sulphur in alternation, one week the one, the next week the other remedy. In from four to five weeks she was freed from her bad habits and her mind improved, but a few years afterwards she died from typhoid disease.

3. *Sexual Irritation and Onanism in a Girl of seventeen Years.*—A young girl, twenty years old, well every other way, abused herself daily. She tried her utmost to fight those sexual inclinations and gave herself up to religious exercises in order to strengthen her will, but in vain. Too bashful to ask advice from a physician, she sent a friend, and a few doses of Origanum 3, restored her perfectly.

4. Sexual irritation with leucorrhœa and itching of the pudenda in an old maid of forty years were cured permanently by repeated doses of Origanum 3. (Dr. Emery.)

5. *Leucorrhœa and Sexual Irritation in a Woman of thirty-five Years.*—A married woman and mother of a family suffered since several months from powerful lascivious impulses, producing anxiety from the disinclination to her religious duties. She also had leucorrhœa. Repeated doses of Origanum were necessary to restore that worthy woman. (Dr. Emery.)

6. *Sexual Irritation in a Divorced Woman.*—Dr. Cessole, of Nizza, sends me this and the two following cases: A woman, living by necessity alone, had neither rest nor quiet from voluptuousness. She was cured by one olfaction of Origanum 30, as if she never knew a man. A month later, when she had a relapse, the same treatment helped again.

7. A young girl with the same voluptuous desires was also cured by smelling Origanum 30.

8. *Erotomania cum Lypomania and Inclination to Suicide*

in a Hysterical Woman.—A girl, suffering from sexual irritation, showed the following symptoms: Deep moroseness with the idea to be lost and despised. When awakening from her stupor, she cried out that the devil comes near her, she believed herself in hell, in chains, considered herself crazy, and we were afraid that she would be so. In more quiet moments she told me her sufferings and her thoughts of destroying herself. Puls. 30, then sixth, then tincture were tried, but in vain. Arsenicum also was given without success, only smelling of Origanum quieted her a little. After three days she told me, that every olfaction produced the same happy effect, and now she is perfectly happy and contented.

9. *Sudden Sexual Passion in a Woman of Forty Years.*—A woman, forty years old, of very phlegmatic temperament, and without the least sexual inclination, mother of several children, usually enjoying very good health, got at once such a terrible sexual excitement, that her whole nature seemed changed. She wanted only to satisfy this passion, which seemed to stifle everything else. Although fulfilling her marital duties, she was insatiable. In her dreams she saw only voluptuous pictures, and, awake, she spoke of nothing else. In the uterine region she felt also an unusual voluptuous itching. She got Platina 3, one grain. After thirty hours every vestige of this passion was gone. (Stapf, Annales IV. 325.)

10. *Erotomania of a Hysterical Girl.*—A girl of twenty-five years, irritable and very sensitive, showed the following symptoms: Insatiable desire, hyper-irritation, itching in the uterus, restlessness and sleeplessness; either moroseness or excessive hilarity; cries very easily. After a year she passes every month from fourteen to sixteen days in such a state. Menses profuse, lasting from six to eight days. Ordered Platina 3, one grain at 9, A.M. A quarter of an hour afterwards she began to cry and kept it up for two hours; in the evening restless sleep. Disgust for sexual desires; the following days quiet; moderate desires; menses later and not so profuse.

Different Indications of Coffea, Platina, and Origanum-vulgare in Sexual Irritations.—COFFEA.—Useful in hysteria and chlorosis. Always indicated in sedentary women who remain much in their room.

In those persons whose intelligence and sensibility is more developed than their muscular system.

In women with nervous irritability, susceptible to light impressions, with inclination to overwork their intelligence and their bodily strength; restlessness night and day, voluptuous sensations, followed by stillness, moroseness, physical and mental malaise, tremor of muscles and hands; in leucorrhœa; in too early appearing menstruation.

As *Coffea* lessens the sexual desires, in small doses, it will increase them in large ones. *Coffea* with water and milk does not suit young girls or women. It leads them to onanism directly by its specific relations to the uterus; indirectly by injuring nutrition through bad digestion and sleeplessness. An old proverb says: *Sanguis moderator nervorum*. A good nutrition and compensation in sleep strengthen the nervous power. After sleeplessness follows frequently super-irritation of the sexual functions.

PLATINA suits hysterical and hæmorrhoidal patients, and perhaps such as suffer from gout or worms. It suits especially those of mournful mind, or alternately sad and gay; who cry easily, are pale, easily fatigued, suffer from wandering pains, are inclined to spasms; ephemeral fevers, especially evenings; to menorrhagias and metrorrhagias, uterine colics, leucorrhœa.

ORIGANUM-VULGARE.—As this plant is not yet found in our materia medica, I write more particularly about it. There are twenty-five species of exotic and European *Origanum*. In France there are two species growing wild. 1. *Origanum-vulgare*, and 2. *Megastachyum*. In gardens there are 3. *O.-humile* in Italy, Greece, Algiers. 4. *O.-glandulosum* or *hirtum*. Many botanists declare *O.-megastachyum* and *humile* as mere varieties of the *vulgare*. In spite of the similarity, *O.-gland.* stands yet for itself. In our gardens is also cultivated the 5. *O.-majorana* or *majorana hortensis*, from Algiers, Arabia Indies, which botanists declare to be a separate species. *Tragoricanum*, although belonging to the family of the labiatæ, is not *origanum*.

The plants from the family of the labiatæ have been used for a long time against sexual irritations. Thus in the fourteenth century Guainerius already recommends in similar cases

the following labiatæ in his chapter *de pruritu matricis et priapismo*:

1. Calamentum-mentanum. It is the melissa-calamintha of Linnæus, the officinal Calamentum, the antispasmodic virtues of which against worms a poet of the tenth century already celebrates "*hocque modo venerem prohibet potata frequenter.*"

2. Volium-mentanum, i. e. teucrium-montanum.

3. Hysopus, the seeds of which were used in fomentations and injections against colics and uterine pains.

4. Mentha-nepetha, i. e. nepetha-cataria, Linn.; mentha-cataria, called thus, because, like valerian, it produces erotomania in cats.

5. Mentastrum, mentha-sylvestris, Linn., wild mint. (Guainerius cites also ruta and nasturtium-off. as antiaphrodisiaca, but they do not belong to the family of labiatæ.

Among all labiatæ Origanum-v. and Majorana-hortensis were most frequently used since Dioscorides against leucorrhœa, flatulency of the uterus, sterility, leucorrhœa, (in baths and pessaries.) According to Aristophanes, the Greek courtiers covered their couches with Origanum, *quia ipsæ muliercula sibi et amasis strata ex origano suaveolente parare consuerant.*

We see, therefore, that the antiaphrodisiacal quality (secondarily, aphrodisiacal primarily) belongs to all labiatæ and especially to the species of origanum. This view of the ancients reaches up to our times. In the patois of Nizza they call Origanum-vulgare "Carna bouga," "rising the flesh." This most probably caused Cessoles to prove the Origanon-vulg. on himself and two girls.

Proving of Origanum-vulgare on Mons. de Cessoles, sixty years old, with a drop of the tinctura fort. from March 3, to April 29, 1842.

Rheumatic pains in the arms, hands, legs, feet, wandering about, sometimes ceasing.

Vividly red efflorescence, little raised, painful to the touch, on the external parts of the right and left leg.

Dispersed spots on the legs, on the belly, less light-red, from two to three centimetres in length.

A great deal of dreaming. He wakes frequently up to urinate. Swelling of the chest, in the evening itching there.

Epistaxis in the morning.

Here is perhaps, on account of his old age, no symptom of sexual irritation.

Proving of O.-v. with from one to five drops of the tinct. fort. in a young girl of twenty-four years, lymphatic, good-humored, from May 3d to 24th, 1852.

She took one drop on the 3d and 4th, two drops on the 5th, and five drops on the 6th of May.

Rheumatic pains on the foot, the toes, the bosom, the shoulder, the arms, the right hand.

Itching on the edge of her bosom for several days.

Increased sexual desire.

From the 16th of May the following symptoms showed themselves for ten or twelve days: She is very quiet, full of thoughts, sad, despairing, wants to throw herself out of the window, wants to walk about all the time; impossible to rest; everything disgusts her; desire for death; disgust for life; nothing amuses her. Great heat of the head; when this increases the head turns involuntarily from one side to another; lascivious ideas. Wants to walk rapidly in the fresh air, which does her good. Wishes to alter her state. No appetite, great thirst; wakes frequently at night; continuous and lascivious dreams; wakes trembling.

May 24. Great vivacity. Need and desire of motion.

Proving of Origanum-v. with the thirtieth dilution of another young girl from the 16th to the 27th of April, 1847.

April 16. Two pellets: Moroseness and debility the whole day.

April 17. Great vivacity, inclination to run.

April 20. Strong pains on the side and legs.

April 22. Two pellets: During the day very tired and sad, for four hours; then in a good humor. Ideas of marriage; cannot fix her thoughts; pains in the stomach and abdomen. Vertigo when going to bed.

April 23. Sexual desires greatly increased. Lascivious dreams.

April 24. Return of the pains in the stomach and abdomen. Desire to run. Great vivacity.

April 25. Severe pain in the abdomen, which fatigues her.

April 26. Lasciviousness with headache.

April 27. Headache, like yesterday, in the temples.

In *Coffea* good humor and hyper-irritation are primary, to be followed, secondarily, by moral, mental, and physical debility with sadness.

In *Origanum* the tables are turned.

Platina has primarily: Gloominess, lypemania, or alternation of sadness and gaiety; tired feeling; inclination to spasms; the mind is affected, when the body feels well, and *vice versa*. I consider it more beneficial in chronic diseases with slow reaction. We found these remedies only effective in the female sex. Dr. Servan tried *Origanum* in young men without any effect, but Cessoles and other physicians in Nizza enjoyed success also in males.

III. TREATMENT OF HYPOPION WITH SENEGA AND OTHER REMEDIES.—TREATMENT OF HYPOPION AND GLAUCOMA WITH *COLCHICUM-AUTUMNALE*.—Two cases of hypopion were treated lately at Lyons by two of our physicians with Senega 3. Both patients were scrofulous.

Senega seemed to Dr. Sichel so effective, that he considers it in one of his ophthalmiatric works as the specific to hypopion, especially among children. He usually prescribed the *Infusum Polygala-s*. The application of Senega is traditional in that disease, as already in 1777 Murray cites from Peisser two cases cured with this remedy.

We also find this remedy prescribed against ophthalmia with exudation and formation of pus, by Dr. Von Ammon, in Dresden, and against blindness by Wendt, Helmuth, Cartheuser and Smalz.

By reading the pathogenetic effects of Senega carefully, we can find *a priori* the indications against hypopion. In fact, the eye symptoms, with all their subjectivity, are of great value, as ten provers found the same effects on their eyes from a few drops of tinc. fort. Senegæ. Nine felt a sense of pressure in the eye. One felt in stooping a pressure in the eye, as if a fluid flowed into the bulbous and expanded it.

To another a shade appeared in the eye. To another all the objects were shaded. With all we find optical illusions, photophobia, or weakness of sight. One had the feeling of expansion in the eyes, as if the bulbi were too large for the cavities of the eyes.

Such an agreement in ten provers is conclusive, that Senega produces congestion, and when taken in larger doses, and for a length of time, we might suppose that it could also produce ophthalmia with formation of pus and hypopion.

But if we have had no case of poisoning from Senega, we have such proof from *Colchicum-autumnale* in a child, which died forty-five days after eating it, and where hypopion was one of the symptoms.

In his *Materia Medica Pura*, part ii, p. 253, Dr. Roth gives this case with the following symptoms:

Cornea.—Small, white, circumscribed spot on the cornea, before perfectly clear. (4th day.)

The spot is gone, but the cornea is somewhat dim. (5th day.)

The spot on the cornea appears *de novo*. (42d day.)

The spot is gone again, but the cornea is more protruding, and in the depth of the eye a greenish coloring is again observed. (44th day.)

Sclerotica.—Slightly reddened. (4th day.)

This redness diminishes on the 8th, and increases again on the 11th day. Sclerotica is again reddened (31st day), the redness of sclerotica has vanished again. (42d day.)

Anterior and Posterior Camera of the Eye.—In the anterior camera a small quantity of puriform fluid, and in the posterior a dimness of the lens and its capsule, so that there appears to the observer a perfect cataract formed in a few hours. (5th day.) The dim lens is pressed forward against the anterior camera, so that the cornea appears more convex and protruding, (7th day,) the bulbus also seems pressed out from its cavity. (8th day.)

55. The pus passes off (7th day) and the cornea received its old perspicuity. A flocculent yellow membrane rises and falls regularly in the posterior camera behind the edge of the iris (11th day), the flocculent membrane wanders from the posterior camera to it anterior, where it attaches itself (11th day).

On the base of the posterior camera appears a dim nebula, having probably its seat in the corpus vitreum (31st day).

Iris. The iris discolored (11th day) the iris left again discolored (42d day) pupils extremely sensitive to the light (11th day), right pupil contracted, left dilated (31st day), right pupil moderately dilated, whereas the left is moderately contracted (42d day.) The dimmed lens diminishes (11th day); the crystal lens gets a greenish hue (12th day). The lens loses again its greenish hue (22d day) and receives back its former clearness (23d day).

All these symptoms prove, that Colchicum is perfectly in its place in severe ophthalmias, in hypopion, and even glaucoma, as among others the greenish hue of the lens and on the bottom of the eye of this poor poisoned child proves. Considering the whole of the pathogenesis and the teachings of experience, we will find it especially indicated in the rheumatic and gouty diathesis. And yet how little have homœopaths used this remedy in the diseases of the eyes. Locher Balber has treated two cases of inflamed eyes successfully with tinct. Colch. Hypopion follows usually an inflammation of the eye, which itself is frequently only the local portion of a disease. We have therefore to look for a remedy, covering the disease, the ophthalmia and the hypopion, *i. e.* which covers the whole of the past and present symptoms.

ARTICLE V.—*Cases from my Note-Book.* By S. LILIEN-
THAL, M. D., New-York.

CACTUS GRANDIFLORUS.—1. Carl Muller, 52 years old, coachman and gardener, a man with broken down constitution; had several times in his life gonorrhœa, rheumatism, and suffers also from hæmorrhoids; he comes to us to ask relief from the following symptoms:

When walking, has much pain in the urethra, compelled to urinate often, every 15 minutes sometimes; urine during the day light and clear, turbid mornings. No pain in the urethra, except when urinating so often. Tongue dry and loaded, great thirst, moderate appetite, bowels regular, great depres-

sion of mind, as he had to give up his business, and got no relief in the hospital. Argent.-nitr. 12.

Feb. 3d. Less pain and not so thick, but frequency the same; hæmorrhoids trouble him rather more. Acid.-nitr. 30.

Feb. 17th. Urging to urinate the same yet; hæmorrhoids less troublesome; feels all in all more comfortable. Acid.-nit. 30.

Feb. 27th. Pain in urinating increasing again; frequency the same. Despondency increasing; looks rather thinner; although not so much thirst, and appetite the same. Looking at symptoms 149, 150, 154 up to 159 of Cactus, we find nearly a simillimum, and therefore gave Cactus-gr. 30.

March 17th. No remedy has yet done him so much good; comes for more of the same medicine. Cactus 30.

April 17th. Hardly any pain or straining in urinating. Can hold his water longer, feels better in mind and body. Cactus 30.

April 30th. Goes into the country for work, and wants to take a bottle of those pellets with him.

2. John Laughlin, 50 years old, of dissipated habits, had gonorrhœa several times, complains March 17th of painful urination, drop by drop. Has to get up frequently at night; penis swells at urinating. Has been treated for stricture. Urine passes by drops with much heat in the urethra. (Symptoms 146—154 show similarity.) Cactus 30.

March 28th. Greatly relieved; wants more. Cactus 30.

April 4th. Still improving.

April 12th. Some more powders wanted.

April 18th. Complains that the last powders made him worse, complains now of irritation in the bladder, says his water is thick and muddy, and passes his water again with more pains. Eupatorium-purpur.

April 25th to May 30th. Steady improvement under Eupat.-purp.

3. Richard Hoffman, 54 years old, newspaper-carrier, a sober, steady, industrious German, exposed to all sorts of weather, has been treated heretofore for chronic constipation and blind hæmorrhoids. Suffers for years from a pituitous state of the digestive organs. This winter and spring he

suffers from frequent inclination to pass water, has to press a long time, till he can urinate, but then the stream is full and in regular quantity; has to get up more at night than usual, ardor urinæ sometimes, but not always. Pulsat., Lycop., Copaiiv. helped for some times, but he got the most relief from Cactus-grand. 3 to 30.

4. Louis Kahn, 3½ years old, is carried by his parents to us with the following symptoms :

May 5th. Bluish lips, bluish face, cold upper and lower extremities; general debility; steadily increasing; dispnœa on the least exertion; pulse feeble, bellows sound of the heart, palpitation. (70, 74, 82.) Cactus 30.

May 8th. Much improved, exercises better, face and lips not so blue. Cactus 30.

May 19th—30th. Steady improvement and cure.

5. I give the case of Mrs. V., 27 years old, sanguine temperament, inclined to biliousness, in her own words.

First symptoms very slight pain in the region of the navel, but increasing rapidly and severely after the first thirty minutes. Pain like wind-colic, extending over the entire abdomen, with great soreness, wherever the bowels are touched. Nausea, violent retching, but generally ineffectual. Severe contraction of the muscles of the stomach and abdomen, which perhaps might be painless, except for the tenderness of the bowels, but which from all cases conjoined, are very painful and exhausting, frequently followed by faintness; chills, like a volume of ice-water thrown down the back. Some of the symptoms relieved by Ipec., Bell., Cerat. Additional symptoms: fever, headache, chills; darting, drawing pains from the back, over the hips, down to the bladder; great tenderness in the region of the kidneys, bladder and below the right shoulder-blade. Pains in fact everywhere! Head, arms, legs, back, chest, heart,—darting, springing like chain lightning, terminating with a *sharp vice-like grip*, only to commence again a moment afterwards,—restless, aching, groaning, indeed the whole system wound up to its utmost tension upon the keynote of distress.

After nearly 48 hours continual suffering I commenced with Cactus 30.

In about an hour I felt a pleasant soothing perspiration coming on, not an uncomfortable old-fashioned "sweat," but the beginning of a sweet let-up to the pains; gradually in one place after another those darting demons gave way; perspiration continued, fever died out; I felt lighter, better, stronger; pains grew less, and a short, hacking cough, which I forgot to mention, became an airy nothing, and within twelve hours from the first dose of Cactus, the enemy was routed—occasionally a straggler would make a slight attack, but a few hours continuation of the medicine finally subdued them, and I enjoy now my usual health again. Bless Dr. Rubini for his great gift, in creating for Cactus grandiflorus a healing reputation.

STICTA PULMONARIA.—Miss A. M., 18 years old, is delicate from childhood up. Her mother is a large, fleshy woman of happy disposition, and never knew what sickness was; her father is a healthy and wealthy farmer. She is an only daughter. She menstruated for the first time, when 13 years old, and since then has suffered continually from sick headache. When those dreadful attacks come on, she has to lie down, light and noise aggravating it; perfectly impossible to swallow anything; nausea and vomiting nearly to faintness. These paroxysms commonly last several days, and leave great debility in their train. She never was a good eater, as her stomach seems deranged; but enjoys otherwise pretty fair health. No cough whatever, although she looks like a phthisical patient. Allopathy and homœopathy have till now tried in vain to alleviate these attacks. Being on a visit to her aunt here in the city, she got one of the migranes. Sticta being a great favorite in that family, the young lady was prevailed on to try the new remedy, and for a wonder, she appeared that evening at dinner, free from headache, and enjoying her meal. She took a bottle of Sticta home with her, and we hope that her joyful anticipations of eradicating her troubles with it may be verified.

ARTICLE VI.—*Uterine Displacements.* Delivered in brief before the New-York Academy of Medicine, Section on Obstetrics, May 21, 1866. By E. P. BANNING, M.D., of New-York.

I BELIEVE it is admitted in professional circles, that the domain of medicine alone, unaided by physical forces, has hitherto proved inadequate to all the requisitions of malposition of the uterus; especially those of ante and retroversion, for the manifest reason that these cases are, in part, of a strictly *mechanical* nature. And although this fact has driven some of the brightest lights of the profession to the use of a variety of ingenious instrumentalities, still, in the aggregate, it remains a grave doubt, whether success has been very greatly enhanced by them; at least, certain it is that the desideratum is not yet supplied; and I propose to submit a few suggestions, touching the reasons of so partial a success. In attempting this, I shall pretend to *no more* than an ordinary professional intelligence; indeed, if successful to any good degree, it will be owing to my taking a *mere common sense* view of the obvious *mechanical* forces in the premises, being gladly content to leave the departments of medicine and hygiene in far better hands.

Of the Mechanical Pathology of Uterine Obliquities.—From much observation, I am induced to think that the prevalent pathology of uterine obliquities is more or less defective, the ruling idea of it seeming to be, that the physical causes originate within, and are mainly confined to the internal pelvic tissues; whereas, to the writer, it seems manifest that, in the premises, the pelvic contents are, in the main, only the objective point, and that the abnormal status there, both primarily and proximately, is caused more or less by a relaxation of the abdominal and dorsal muscles and ligaments, and by a consequent undue gravitation, not only of the abdominal contents upon the pelvic organs, but also of the whole trunk, which has lost its true centripetal bearings, and has fallen forward of its spinal axis, in consequence of a diminished and unbalanced action of its muscular braces.

To illustrate: at a mere glance at Fig. 1, we see plainly that the mathematical combinations of such a figure produce a *centripetal* state of all the trunkal bearings, or in other words, a balancing of the superior trunk upon and behind the spinal axis, (or point d'appui,) a tension of all the abdominal muscles, a consequent expansion of the chest, and a protection of the pelvic viscera from superincumbent abdominal weight, by a steady maintenance of the whole visceral series in the ascendant. Add to this the fact that, in such a figure, the medical plane of the pelvis is rendered comparatively vertical, and the lower abdominal cavity correspondingly small antero-posteriorly. By this combination, not only is the descending weight of the viscera impeded, but also the force of visceral gravity is compelled to fall upon the pubes, and not upon the uterus, rectum, and bladder, in the direction of the inferior strait.

On the other hand, a glance at Fig. 2 shows, almost painfully, that a *centrifugal* state *revolves*, as it were, throughout; for see the spine has retreated *behind* the body, leaving the whole trunk to hang forward *from* the spine, and not to swing *behind*, or to rest upon it, as in Fig. 1.

This state causes the chest to droop, the ensiform cartilage to retreat toward the spine, the medial plane of the pelvis to become horizontal, like a dish, the distance

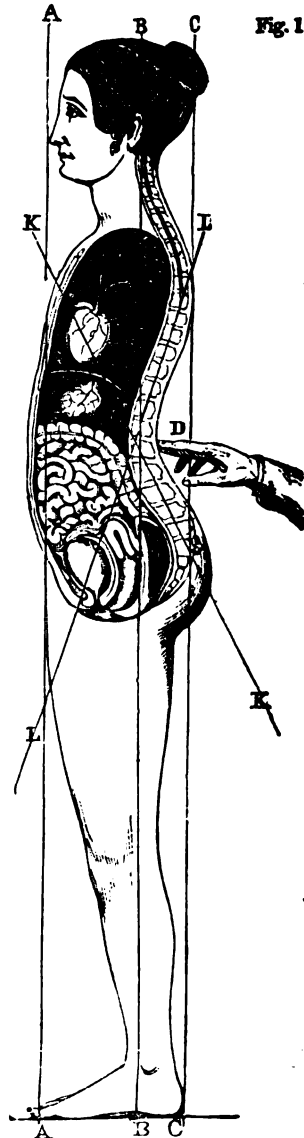


FIG. 1.—Side-view of erect posture, with natural upward and inward bearing of the internal organs.

between the sternum and symphysis pubis to be much diminished, and the abdominal muscles to become flabbed; also,

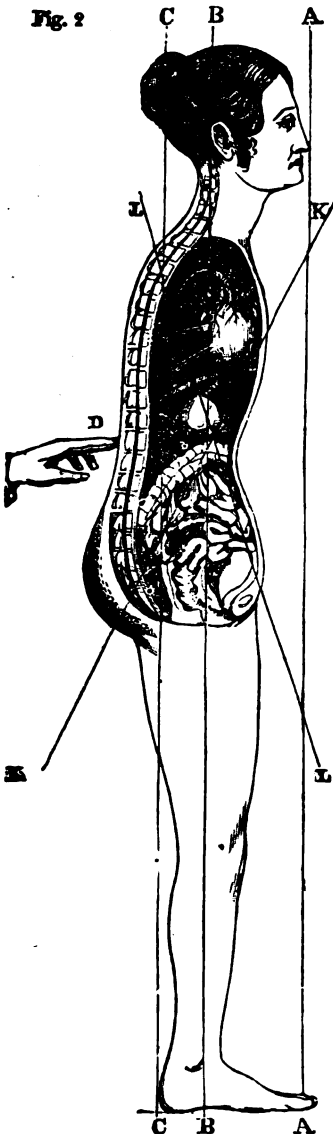


Fig. 2.—Side-view of drooping posture, with internal organs suspended and compressed.

the inferior abdominal cavity becomes greatly enlarged antero-posteriorly, and the head, shoulders, and visceral series descend, and of consequence, press with corresponding force upon the uterus, bladder, and rectum.

The contrast between the two is complete; and, whatever *inherent* causes there may be to produce uterine obliquity, is it not *certain* that such a condition of the internal, middle, and superior trunk, as is represented by Fig. 2, must greatly augment the evils, and remain at least an *obstacle* to a complete curative action; and is it not also evident, that this undue pressure must be greatly augmented by the superinduced horizontal state of the medial plane of the pelvis.

Curative Indications.—The idea of uterine obliquity being caused or aggravated by superincumbent *trunkal* weight being conceded, light at once breaks, as to some of the indications of cure. First, we should remove the superadded burdens from the uterus and its ligaments, by restoring the body to its normal or centripetal bearings, as in Fig. 1, by pushing forward the point d'appui, or dorso-lumbar portion of the spine, to an axial line between the ankle and the head.

Thus we immediately restore the normal philosophical bearings of the skeleton trunk. (See mathematical diagram, Fig. 1, compared with that of Fig. 2.) For by thrusting this portion of the spine forward into the vertical axis of the body, the very weight of the head and shoulders becomes an *elevating* agent, a tensor of the abdominal muscles, and a consequent contractor of the inferior abdominal cavity, by being compelled to throw its gravity *behind* the spinal fulcrum. This also has compelled the upper sacrum to advance, the symphysis pubis to correspondingly depress and retreat, and thereby restore the normal pelvic obliquity, which shelters the pelvic organs in the inferior strait *below* and *behind* the upper sacrum, and compels the pubes and lower abdominal muscles to receive the principal abdominal weight, which is here supposed to be so burdensome to the uterine ligaments. This balanced state of the trunk upon its fulcrum, and elevated state of the viscera once permanently accomplished, whether by nature or art, the case is changed from that of a general trunkal derangement to a more local one, and the inherent and artificial resources are left to contend only with the inconsiderable weight of the uterus.

How shall we restore the normal relations of the external and internal trunk to the pelvic viscera?

Perhaps this question can better be answered by first showing how the object *cannot* be accomplished.

First, then, it cannot often, if ever, be done by medicine alone, inasmuch as, if medicine removes every predisposing *constitutional* influence in the premises, it could not change that abnormal *mechanical* status, the reflex effect of which is to negate the legitimate tendency of medicine (*i. e.*, in confirmed cases.) On this point, general experience is so stubbornly unfavorable as to silence all opposing reasoning *à priori* on the subject.

Second: It cannot be accomplished solely by such physical discipline and culture of the body as evidently would have tended to *prevent* the obliquity, inasmuch as the laws of prevention and removal are not necessarily identical, and often bear no analogy to each other. To illustrate: (speaking only of physical combinations,) it is palpable that habitual ener-

getic muscular action, (when according to order,) tends to generate an increase of muscular power; but when muscles have lost their powers from *excessive* or protracted exercise, shall we quote the law of labor to the exhausted patient, and urge him to stimulate his muscles by great effort? It is a fact that *motion* is the law of a joint; it not only secures due lubrication of the articulations, but also tends to protect the surfaces from indurations, &c. But who would think of remedying a *dislocation* by urging the patient to use his joint by strong muscular efforts? The truth is, the laws of function and the laws of casualty are very different. Nevertheless, there are many physicians of the first intelligence, who, seeing clearly the necessity of elevating visceral weight from the uterus, even while the uterus rests upon the perinæum, place their patient upon a system of walking, riding, and gymnastics, under the idea that the obliquities being mainly induced by muscular laxity, must be removed by cultivating the inherent muscular resource. This answers very well for *logic*, but does not meet the facts; indeed, the writer has had fall into his hands, forlorn hopes, who have by this regimen of *logic* been reduced to hopelessness, the muscular efforts nearly always increasing the uterine descent when entered upon after the descent was fairly under way; whereas, with a *normal* state of the pelvic relations, such effort tends to preserve that state, the aggregate muscular action, in that case, being in the ascendant. With me, these cases have borne uniform testimony to an immediate consciousness of an increased depressing influence. Again, in many cases, this laxity of the abdominal muscles has been so entirely the *result* of excessive and protracted muscular stress, that to apply the law of labor to them as an excitant, is simply absurd: as much so as to shout to a man suspended by the arms, "Keep trying your muscles, and that will strengthen them to lift you quite up to the platform;" whereas, the only trouble is his weight, and previous efforts have reduced him already to helplessness. Such has been the writer's observation on this point, that to confine such patients to internal remedies and urge muscular effort, is to actually insult the patient. Thus, then in confirmed cases, it is evident, both *à priori* and from general ex-

perience, that the removal of visceral weight from the uterus will not be effected by medicine or the will-power of the patient.

We see then, that our main hope in the premises lies in such mechanical force at the shoulders, spine, and inferior abdomen, as shall *concordantly* and at once elevate the viscera, push forward the dorso-lumbar portion of the spine, and throw the shoulders behind the spinal axis. This should be done partly by force at the first, and lastly, by a sort of *provocative* action, which, under a proper regimen, will gradually *educe* the inherent muscular resources. Accordingly, I have, for the last twenty-five years, made it the study of my life to devise such a combination of mechanism as shall supply this desideratum.

It represents the combined abdominal, spinal, and scapular forces of the trunk in their simultaneous exercise, and consists of the following three points, viz.: 1st, an abdominal pad, *looking upward*; 2d, a steel spring, or spine, with a supporting saddle, pushing forward; and 3d, a shoulder-bow attached, looking backward: When this combination (which I denominate the abdominal and spinal shoulder-brace) is applied to the subject with settled viscera, a retreated spine, and advanced shoulders, an immediate and universal change in the external appearance and internal condition is accomplished: *i. e.*, the spinal, abdominal, and shoulder parts of the brace force the viscera upward, the spine forward, and the shoulders backward, effecting the relief of the pelvic viscera from superincumbent pressure by visceral elevation, waist and chest expansion, and the poising of the superior trunk *behind* the spinal axis. It is particularly worthy of observation that all this is performed almost in a natural way, without restraining the free action of a single muscle, the compression of a single nerve, blood-vessel, or cartilage, or the constraint of a single motion; but on the contrary, so *concordant* and yielding is the action, as to at once rest and also provoke or excite the dormant resources to increased effort.

Of Uterine Retroversion.—The remaining physical facts are simply these, viz. An examination shows the uterus not only to have subsided nearly or quite upon the perinæum, but

also to be occupying a horizontal position, with its fundus resting with more or less force upon the rectum and pelvic nerves, and the *os* looking upward; perhaps a pear lying at rest in a basin of water will accurately represent the uterine bearings in the case. In this condition, obviously, both the broad and round ligaments must be elongated, tensed, and exhausted and their points of insertion must be subjected to a more or less dragging or extracting action; the bladder must also be correspondingly dragged downward and backward. All of these things, taken together, furnish the clearest explanation of the sense of tormina and pressure in the sacrum, the desire to evacuate the bowels, and the sense of physical obstruction in the effort to do so, also the annoying dragging sensations at the insertions of the round and broad ligaments, and the more or less perpetual desire to urinate, with an unsatisfied feeling on making the attempt.

Indications in the Premises.—Of course, two things are indicated, viz. 1st, to restore the *proper axis* or *vertical* position of the organ, and next, to *elevate* it to the superior strait of the pelvis; but the accomplishment of these indications with any tolerable facility and to a comfortable degree has, so far as I can learn, fallen short of the object, so little temporary or permanent benefit being derived from all the means used, as often to leave both physician and patient in doubt whether the end gained has justified the means. To restore the uterus to situ temporarily, in the *recumbent* position, is usually an easy thing, but to *retain* it thus, when the body is vertical, is quite another thing.

The exigencies of the case have compelled the use of a variety of devices, with nearly an identical result. The globe pessary, by its *bare volume*, has elevated the uterus *some*, but done *nothing* toward restoring its axis or vertical position, (the most important point,) and, in the meantime, it has weakened the vagina, perinæum, and vulva, by distension, and more commonly it has utterly failed of even *elevating* the uterus, through its occupying *forward* of, and not *under* it.

The end, indeed, is always worse than the beginning. But perhaps the *horse-shoe pessary* has, in skilful hands, figured the most usefully; but this, too, has always weakened the

vagina by the extent of its circumference, and failed of preserving the uterine fundus in situ, because, having no *fixed point*, it is usually compelled to change *its* axis also, under the pressure of the retroverting fundus and the process of defecation. Such is the action of *all* the varieties of pessaries which have only an *internal* base, as they must ever lack a lever, or fixed point.

Appreciating this dilemma, the distinguished Dr. SIMPSON introduced the "stem pessary," with an external base. This instrument, by occupying the uterine cavity and making a fulcrum of the cervix, compelled the uterus to be repositioned; but as might be expected from so unnatural a process, (with but few exceptions,) most undesirable and sometimes unmanageable results have attended; such as uterine irritation, inflammation, profuse and frequent menstruation, and flooding. Besides all this, it can perhaps *never* be rendered self-adjustable; consequently, the nearest approach to the desideratum has been almost totally discontinued in America. In this state of things, physicians anxiously compare notes, and then, with a shrug, stare each other in the face.

Having myself, for many years, been compelled to succumb to the general professional impotence in the premises, and goaded on by a humane humiliation, under the pressing necessities, I have, after inexpressible trouble and discouragement, perfected a device, which I denominate a "uterine balance," which, attached to the abdominal and spinal shoulder-brace for an *external base*, has thus far most perfectly met all the indications without a single exception.

It occupies *vertically* in the pelvis, elongates and contracts the vagina, and, passing *behind* the uterus, restores it to its altitude and axis, by supporting the *cul-de-sac*, without impinging the uterus, or being at all affected by defecation; and, resting for its point upon a flexible external spring, protects against bruising or ulcerative pressure; to this I also attach an accommodation vulva guard, which at once prevents any undue pressure of the *cul-de-sac*, *closes* the meatus externus, and admits of defecation and micturition whilst the instrument is intact.

What is particularly noticeable in the premises is the ex-

ceedingly small force requisite to retain the visceral situ, in consequence of the *centripetal* working of the spinal and abdominal shoulder-brace, thereby leaving the *uterine balance* to contend with no weight but that of the uterus; whereas, but for this, there would be danger that the balance would exercise an inflaming and ulcerative pressure, in consequence of having to contend against the weight of the superior trunk and its viscera. Another important feature is, that contact with a congested or ulcerated uterus or vagina, which may be undergoing treatment, is obviated. In all the cases in which I have applied this apparatus, (other things being equal,) the most bed-ridden patient has immediately commenced exercises and enjoyments, and in the mean time, all the varied sympathetic affections have speedily subsided.

CASE 1, had for sixteen years (after injuries in labor) been the constant subject of retroversion, so as much of the time to be unable to stand; this was accompanied with much heat in the top of the head, confusion of ideas, vertigo, desperate melancholy, nervousness, irritability, palpitation of the heart, and indigestion; the sense of pressure upon the rectum, and the cramps in the thighs were unbearable when standing; but especially was the annoyance great on attempting to evacuate the bowels. She had, for sixteen continuous months, been under the care of a distinguished physician of Philadelphia, who, by imposing constant recumbency and the adjustment of various pessaries, (frequently several times a day,) barely *improved* her state, from which she soon afterwards relapsed. Upon examining this lady whilst upon her feet, and after the abdominal and spinal shoulder-brace had been applied, I was astonished to find how small an amount of support was requisite for holding the uterus in situ. I also noticed that my fingers passed *behind* and about two inches *above* the os uteri, and that the os was forcibly dragged back against my fingers, by the tension caused by crowding up the cul-de-sac.

To this lady the spinal and abdominal shoulder-brace had been applied, with great benefit to all of the symptoms, save the pressure upon the rectum. I then applied the *uterine balance*, attaching it to the brace in front, by all of which the whole superior trunk was erected, the abdominal viscera ele-

vated, and the uterus balanced. Immediately the lady arose to her feet, and exclaimed, "That is it, you have found it at last." This lady improved rapidly, and has since (three years) attended to her household duties, and frequently expressing some vexation that sixteen years of such precious time should have been so unnecessarily wasted, and such unspeakable suffering have been endured.

CASE 2. A lady, with the means to procure anything for her comfort, had for thirteen years been the constant subject of retroversion to such an extent that, shortly after standing upon her feet, the uterus and bladder were forced through the vulva, to the amount of a handful. As was to be expected, this also was attended with all of the sympathetic concomitants described in case 1, and like that case, had been exhaustive of all professional skill which could be obtained. In this case, the abdominal and spinal shoulder brace and the balance were adjusted, and immediately this patient arose to her feet, and remarked to her husband, "Well, I could dance, I feel all up." In this case, also, all the sympathetic symptoms subsided, and it may be instructive to state, that in a few months from that time, this patient attended to her own housework; often, in the fore-part of the day, forgetting to put on her balance, and thought, ultimately she would dispense with its use. Other cases in illustration might be added from my case-book, to a great extent, but their similarity in most particulars renders the above all that is requisite.

Anteversion of the Uterus.—Of this uterine derangement, so nearly of kin to retroversion, there is a numerous class, than which retroversion has not proved more intractable. A digito-vaginal examination shows the following conditions, viz.: The vulva are found full and flabby, the labia disposed to be separated, and there usually will be felt a small tumor pressing with more or less force in front, crowding the *urethra* before it; quite frequently this tumor is completely extruded, or rests constantly within the meatus; but, on assuming recumbency, it pretty uniformly recedes. On introducing the finger, the *os uteri* is found more or less posterior to the fundus, and the latter either resting on the top of the bladder, or has settled and fallen *against* it, and by the weight of the abdo-

minal viscera, is compelled to crowd the bladder before it. This protrusion of the bladder and urethra has given rise to the idea that this state is a "*hernia of the bladder*;" but, inasmuch as I have ever found these cases accompanied by an anteverted state of the uterus, I can see no reason for so naming it, as evidently the settling of the abdominal viscera, and of the *uterus* in consequence, is the *power*, and *not* the consequence in the premises. *Anteversion of the uterus*, it appears to me, is the proper name; and this more especially, as I find that a correction of the uterine status invariably relieves the whole train of morbid conditions. With this the description of the patient corresponds, viz., "constant desire to make water; "much heat and irritation about the parts;" a "feeling of constant openness, as though something wanted to be born;" "dragging feelings in the groins, and a bearing down in the front," "with misery in the small of the back."

Indications.—Most obviously, the indications are, 1st, to elevate the abdominal viscera from the pelvic organs, by means of an abdominal and spinal shoulder brace. 2d, to both elevate the uterus to its normal height, in the superior strait, and to restore it to its normal axis, thereby removing all compression from the bladder. This, of course, cannot be done by that form of uterine balance which acts so happily upon retroversion; because, in anteversion the posterior vagina is shortened, and the anterior elongated; consequently, any instrument acting *behind* the *os* would aggravate the case, by carrying the *os* still higher and further back. To obviate this, I change the form of the balance from that of a curve to perfect straight; I then introduce it as in retroversion, only differing in that I carry it in *front*, or between the uterus and bladder, and thus elevate the anterior cul-de-sac.

The result in each case has ever been, that so soon as I commence to push up the shaft of the balance, the tumor and fullness of the urethra commence to disappear without my giving any attention to them.

I next attach this shaft, as before, to an external spring-base, which depends and acts from the *brace*, and the patient immediately gives unmistakable and progressive signs of improvement. |

CASE 1.—Mrs —, Wiscasset, Maine, aged about thirty-three; had for several years suffered greatly from a “constant settling of something in her parts, increasing to a large external tumor towards evening,” on sitting or standing; said heat and itching were intolerable, with constant desire to make water, and never satisfied by trying; limbs suffered much also from cramps and trembling.

One surgeon said it was a tumor, and proposed to extirpate it. Eminent surgeons in Europe, Boston, and New-York, had been unable by pessaries, astringents, and tonics, to accomplish anything of importance for her.

On touching, whilst she stood, I found great relaxation of the vulva, and a fullness, as though the head of a foetus was in the inferior strait. On directing her to bear down, (as at stool,) it seemed as though she would be eviscerated in a moment.

To this lady I applied the abdominal and spinal shoulder-brace, as a preliminary to correct the superincumbent bearings. This immediately aggravated the descent of the pelvic organs, as the lower bowels lay so far below the axis of the action of the brace.

I then introduced the straight balance, and attached it to the curved spring, which descended in front from the brace. The lady expressed immediate relief, and on the same day walked several miles with impunity. She has since made the tour of Europe, and recently presented me with the balance, saying that she had to wear it but a few weeks, retaining, however, the constant use of the abdominal and spinal brace, as “a general support, and a luxury.”

CASE 2.—In brief, this patient had all the sympathetic, nervous, cardiac, digestive, and mental disturbances usually attendant upon anteversion; whilst *locally*, she complained of an intolerable “itching and bearing” about the mouth of the urethra, which was much of the time attended with an “unnatural and annoying sexual desire.” Her propension to urination was very annoying, and accompanied by the presence of a “small rose” (tumor) at the mouth of the urethra, which disappeared on lying down; her limbs habitually trembled and gave way under her; in her hips she felt a great sense of

fullness, crowding, and pressure, with dragging and "bearing down" in the hypogastric and iliac regions.

In this case I made no application but that of the brace and straight balance combined, with instant relief.

About eight weeks have elapsed since this application, and but two days since she reported herself to be "perfectly well and happy, in body and mind;" and so it has been through a lengthened list of cases.

Lateral Obliquity.—This form I have found much less frequently than either of the other two; and, abundant experience has shown, that for complete relief from it we have only to carry out the above principles, modifying the balance by bifurcating its extremity, so as to support the cul-de-sac at each side of the uterus. If this latter form of balance were used in cases of ordinary prolapsus, or procidentia uteri, how much better would it be than to apply the bungling globe, or horse-shoe, which so usually increases vaginal relaxation, debilitates by distension, and acts as a fruitful source of leucorrhœa, which latter symptom I have ever found to disappear on the application of either of my combinations.

A Radical Cure.—We now see that by this combination the uterus is completely repositied, the vagina both elongated and transversely contracted, and the uterine ligaments, and the tissues of the vulva so totally rested as to encourage all the parts to regain their normal length and strength. Further, I have to add on this head, that five of my patients have recently reported; two of which have totally recovered, and the other three are gradually discontinuing the use of the combination.

And now, may I not respectfully ask, whether the profession, and the timid patient, can ever *hesitate* between the choice of this comfortable, self-manageable and successful process, and that of the bloody, painful, intimidating, and, to some extent, uncertain operation by the knife and needle.

ARTICLE VI.—*Tuberculosis.* By Dr. ROTH, of Paris.

ON the 4th of December, 1865, J. A. Villemain delivered to the Academy of Sciences a dissertation on tuberculosis. The following extract, made by the author himself, I have translated word for word for the benefit of our readers.

The pulmonary phthisis, like tuberculous diseases generally, produces such a great mortality among mankind, that no other plague could be compared with it. This easily explains the many works on it. For years we have labored assiduously against that disease, and our studies have led us to ideas on tuberculosis, which are greatly at variance with the usual ones. The conditions of its rise, its development, its form and anatomical lesions, as well as its peculiar stages made us trace an ætiological connexion, as it were, between tuberculosis and typhus; it seemed to us also related of certaining virulent diseases, especially glanders.

We put forth the following hypotheses:

Tuberculosis is the effect of a specific causal agent: a virus.

We must find this agent, like other similar agents, in the diseased products, produced by direct action of the morbid elements on the affected tissues.

Introduced into an organism, which is capable of feeling its effect, this agent must have power of reproducing itself, and at the same time also the disease, whose positive cause it is.

Experimentation has verified these hypotheses.

I. On the 6th of March, 1865, we chose two young rabbits, three weeks old, for our first experiment. They nursed yet and lived with their mother in a covered cage, raised from the floor. To one of these rabbits we introduced in a superficial wound, made under the skin of the ear, two small fragments of tubercle, taken from the lungs and entrails of a corpse of a phthisical patient, dead about thirty-three hours. On the 6th of March and 4th April the inoculation was repeated. After each operation there appeared some local symptoms, as shown in our memoir.

Both rabbits were killed on the 20th of June. On the inoculated one we find the following lesions: Tuberculous ker-

nels along the great curvature of the stomach, some tubercles in the small bowels and in both kidneys. The lungs are filled with large tuberculous masses, formed by agglomeration of granulations. The brother of this rabbit, who was not vaccinated, but had lived exactly like the other, did absolutely not show a trace of tubercles.

II. On the 15th of July, 1865, we vaccinated three beautiful, healthy rabbits, living in the fresh air under a covered cage, and being fed with bread, bran and grass. On the 22d we repeated the vaccinations on all three. At the same time we vaccinated another rabbit, of the same parentage, which had lived all this time with the others.

On the 15th, 16th, 18th and 19th September we killed all four rabbits. Here is the resumé of the autopsies.

No. 1. Numerous tubercles in the lungs, appearing raised on the surface of the lungs, divided in patches of the size of a pea. Some miliary granulations also found.

No. 2. Same as in No. 1.

No. 3. Lung-tubercles the same. White yellowish tubercles in processus ileocæcalis.

No. 4. (Vaccinated only once on the 22d July.) Lung-tubercles especially on the left side, projecting on surface like peas. We find also a considerable number of granulations, surrounded by a red congested aura; some tubercles in the peritoneal covering of the liver, three tubercles in the upper part of the jejunum.

During the experiments with these four rabbits, we killed also two rabbits, who housed and lived with the inoculated ones, but were sacrificed to different physiological researches, and not a trace of tubercles could be found in them. A third rabbit, living also with them, but greatly debilitated from special causes, was killed Nov. 21st, but showed nothing of tuberculosis.

III. October 2d. We procured three pairs of young rabbits, about three months old. Every pair had its own mother, but each pair a different one. Of each pair one rabbit was vaccinated; all six inhabit the same place, but are divided off in pairs. On the same day and under the same conditions we inoculate a full-grown, healthy rabbit.

Pair No. 1. Nov. 23d. The vaccinated rabbit is found dead. Post-mortem examination shows the following lesions:

Congestion on the back of both lungs; very small, gray granulations in the midst of the congested tissue, especially under the pleura; on the cortical substance of the kidneys a large quantity of cysts, filled with a clear fluid. We killed eight of the un-inoculated brothers of this rabbit, but found not a particle of organic lesions.

Pair No. 2. Nov. 29th. The inoculated rabbit showed a large quantity of miliary granulations, especially under the pleura; two granulated agglomerations, forming knots of the size of a pea. His un-vaccinated brother proved perfectly healthy.

Pair No. 3. Nov. 29th. The inoculated rabbit showed in both lungs marble-spots, in the midst of which we could discover very small gray granulations, two or three to every spot. They have their seat under the pleura. His brother again perfectly sound.

No. 4. The large single rabbit, which had lived and was housed and fed with the other ones. The whole surface of both lungs is covered with granulations, the smallest ones surrounded with a congestive aura. Two or three pea-like tubercles projected on the surface. The parenchymatous substance contained also granulations. The surface of the spleen is also covered with them.

The hystological examination of all those artificially-made tuberculous products shows all the characteristics, which we required in our thesis printed 1862: "Du tubercule au point de vue de son siege."

Parallel with these tubercle vaccinations we inoculated other rabbits with different animal matter, as psoro-enteria of a cholera corpse, with pus of a phlegmonous abscess, with pus from an anthrax; but when killed, they showed no pathologico-anatomical particularities.

Not knowing which degree of tubercular development is best adopted to the vaccination, we always took the vaccine from two granulations, a gray and a softened one. As much as possible we took the vaccine also from other places than the lungs, as we did not wish to be exposed to the danger of

finding consecutive inflammatory products, which is very often the case in the lungs. The subjects, from which we took the virus, were dead 24 to 36 hours. With a small-bladed bistoury we make a superficial cut on the basis of the ear. We shove in the wound a small fragment of tubercular substance, after having it ground down with the point of the knife.

Conclusion: Tubercles are a specific disease.

The cause is an agent, which can be inoculated.

Inoculation from man to rabbits takes well.

Tubercles belong to the class of virulent diseases, and may be put side by side with syphilis and glanders in nosology.

Hirschel's Klinik.

ARTICLE VII.—*Camphor Provings.* By DR. JAMES LEMBKE, of Riga. (*Hirschel's Klinik.*)

June 14th, 1865. 8, P.M. 15 drops Spts-camph., and water drunk afterwards. Pulse before taking it: 70. After ten minutes inward chilliness in the region of the loins and small of the back, increased by walking, even only a few steps; feeling of heat in the stomach; easy passing flatulency.

Fore-head hot, heaviness of the head, more in vertex.

Pupils inclined to quick dilatation.

Pressure in the left knee, over the right, below the left leg, hands warm.

Strong pressure on the right side over the vertex, which keeps on; afterwards dull pressure deep in the brain in the vertical region, as it seems to me, with increased heat of the skin, of the vertex, and feeling of heaviness of the head. At the same time internal chilliness about the loins, pupils dilated, much flatulency, in walking a pressure deep in the whole right leg, tension in the left calf, pressure towards the right temple. No variation in the pulse.

Frequent eructations, tasting of the Camphor.

Pressure on the left sole of the foot.

Fine stitching in the left calf.

Half past eight: Bruised feeling in the lower part of the left arm; stitches in the skin of the fourth right hand finger

near the last joint; frequent eructations. Tired feeling in the right knee with great heat in it, then numbness of the right toes, followed by internal chilliness from the knee down to the foot, during sitting.

Drawing, stitching in the second joint of the left second finger.

Pressure in the middle of the left calf, in walking or sitting.

Internal chilliness between the shoulder-blades.

Internal coldness through the left leg, as if a cold wind blew on it. Pressure in the fore-head on the left side. 9, A.M.

Drawing in the left ball of the thumb; tired feeling in the left arm. Pressure and heaviness in the vertex diminished, but not entirely gone.

Heaviness and pressure in the left and right knee during sitting, with cold feeling internally right, then left, as if a cold fluid ran down from the knee. Walking does not alter the symptoms, but during walking the internal chilliness increases, the hands get cold also, though they were warm till now; the air of the room, breathed through the nostrils, appears cooler; yawning, eructations, partially yet with the taste of camphor.

Much yawning in walking, with cold skin, with sleepiness. 9½ o'clock. Cold hands and fingers.

Drawing in the carious teeth in the lower jaw and back; when walking, drawing in the upper affected front-teeth, which I never had before. Pressure in the left lower leg, in the toes of the right side. 9½ o'clock. Stitches in both sides of the left achilles sinew in walking; from the right elbow a tired feeling goes to the hand. After taking about 10 o'clock a few cups of tea (as usual every evening), the sensation of chilliness passed away, the head also felt more free, except some pressure in the front.

Slept more sound than usual. Awoke June 15th about 5½ o'clock, and felt a peculiar sensation of heat all over the body, as if perspiring, and then slept again. On rising some heaviness in front of the head.

I thought during this first trial, that those pains in the limbs were similar to those I felt when proving Ledum, but

with this difference, that in Ledum I felt them more during rest, whereas in Camphor there was no difference between motion or rest. In Ledum the pains last a great deal longer, whereas the Camphor symptoms exhaust themselves not exactly in ten to fifteen minutes, but in a few hours. In Jahr we read : During several nights seminal pollutions. Want of sexual desire during the first days, afterwards erections, and a few symptoms show even a longer effect. How does this correspond with the annotation of the duration of its effect from five to fifteen minutes. The quantity of the dose will certainly make a great difference.

June 21st, 8 o'clock, evening. 15 drops Spts.-camph. with sugar-water. After a few minutes chilliness in the back, stitches in the left ball of the foot; drawing in the toes to left from the right ball of the foot.

Chilliness in the back increases; it is as if a cold air blew over the back.

Pressure in the right knee. Heaviness in the left arm.

Tired feeling in the legs, especially in the knees, during sitting, then in the left arm, beginning in the shoulder down to the joint of the hand, ameliorated by moving the arm; when resting the arm the pain reappears, pressing, compressing.

Pressure, heaviness in the front.

During rest feeling of the same pain in the right arm as it was in the left. Slight scratching in the throat, producing a short cough. Eructations of Camphor. Severe drawings in the right foot.

Cold feeling in the right knee downwards while sitting.

8½ o'clock. Feeling of heat, and an internal trembling in the neck and between the shoulder-blades, goes as a pressure down the extremities, with head and transpiration in the forehead, in sitting.

Drawing in the right sole.

Pressure in the occiput, in the right forearm, foot-joint.

Paroxysmal pressure in the head above the left ear. Over the left-side of the neck, over the left clavícula a crawling, formicating sensation.

Feeling of heat, from the neck rising to the head, changing

with chilliness, but the skin warm, in light transpiration, forehead moist, pulse hardly changed, perhaps a few beats more.

Sudden boring right, near the nose for a moment. Severe, continuing pressing pain in the flexors of the left hand.

Transpiration in the back and forehead in sitting.

During rest of the arm and legs pressure and drawing on the inside of the both lower legs down to the ankles, and more yet on the inside of the arms as long as they are at rest. On a slight motion the pains disappear, but begin again during rest.

9 o'clock. Itching of the eye-lids, also at 10 $\frac{1}{2}$ o'clock.

I have been sitting since 8 o'clock, now I walk about.

During walking pressure in the neck, forehead heavy. Camphor eructations.

Much flatulency.

Stitches deep in the left ear.

Heaviness and heat in the forehead, worse in walking, then in sitting. Pains in the joints of the feet and in the lower legs during walking.

Itching in the left nostril, twice sneezing.

Pressure in the forehead in different places. In sitting prickling in the lower extremities, as if they would get numb. Heavy pressure in the left joint of the foot and above the left knee.

10 o'clock. Heavy forehead. Severe pain, as if bruised, in the left elbow, in the right knee, on sitting.

Also during walking pressure in the joints of the foot, during sitting it is more felt in the knees.

Retiring at 11 o'clock, I could not get asleep right off. The sleep was very hard. Urine in the morning of June 22d less than usual, of natural consistency.

In the forenoon of June 22d heaviness of the forehead, pressure in the right lower leg. Smarting on the point of the tongue, as if from pepper. June 24th, 9 $\frac{1}{2}$, AM. 5 drops Spts.-camph.

After a few minutes increased feeling of heat in the neck, head and face, which is hot to the touch; hands more warm, the inside slightly perspiring; more warmth in the back, pupils contracted, and sensitiveness of the eyes to light.

Pressure in the toes. Camphor eructations. Cold feeling in the right lower leg and toes.

All these symptoms observed, sitting and reading.

Heaviness of the head, pressure of the left knee.

Free perspiration of the hands, all other symptoms continue. Small black spots fly around before the eyes.

As far as I can recollect, that symptom showed itself also in all former provings, as soon as I felt heat in the head, rush of blood and contracted pupils.

Pressure on the right ankle externally and in the right knee.

Heaviness in the joint of the right hand with drawing in the thumb, and sensation of stiffness in the fingers.

Increased sensation of cold in the right leg, as if a cold air strikes it, with drawing in the back of the foot.

Towards 9 o'clock coolness of the hands, contraction of the blood-vessels.

Head and right leg especially heavy. Contracted pupils. Black spots before the eyes.

Standing or walking the right leg is painful, especially the knee. Much flatulency, hands very cold, chilliness in the back, pain in the back in bowing. Singing in the left ear. Repeated sneezing, smarting in the edges of the eyelids. During walking alternately chilliness and heat in the small of the back. In walking pain in the right knee, drawing in the left tibia, in the muscles of the left upper-arm, tired feeling in the small of the back. Later pressure in the left knee and tibia, drawing in the right corner of the lower jaw, stitches in the chin. Repeatedly drawing in the left tibia during motion. June 29th, 8 o'clock, A.M. 10 drops Spts.-camph.

Right after taking it heat in the head, especially on the vertex, in the ears; burning in the face, repeated drawing in the left toes. Heat in the face and head increases, the face reddens, increased burning in the ears, drawing in the left arm, veins swelled, arms hot.

Eyes sensitive to light, black spots before the eyes. Pulse increased by a few beats.

Pressure in the muscles on the inside of the left upper-arm. Coldness of the whole right leg down to the toes (pressure in the left foot) like a cool air going down through the calf to the foot; in standing the same sensation.

Bruised pain in the right elbow, hand and fingers; heaviness of the head. 8½, A.M. In walking heaviness of the whole right leg; the heat in face and head decreases, but more heaviness in the forehead. When sitting down, every time chilliness in the right leg, and feeling of weight during motion.

Pressure in the muscles above the right elbow; frequent eructations tasting of Camphor. Drawing in the palm of the left hand, pressure in the left knee, drawing in the muscles of the calf, in the left lower leg down to the foot, during sitting.

Drawing in the head over the ears. A pressure around the front and forehead. Repeatedly feeling of heat in the stomach.

Drawing on the left side near the nose, on the right shoulder, followed by heavy pressure on the top of the shoulder.

Frequent drawing on the top of the right foot, during walking, in the skin above and below the left clavicle.

Bruised feeling in both shoulders.

The pulse appears to be fuller, larger.

Severe pain in the back, lasting the whole day, weariness, easy inclination to transpiration on every little movement during cool weather and rain. 11° R. 2 o'clock, P.M.

Pains in all extremities more during rest, than in motion. Towards 5 o'clock in the evening repeated chilliness in the right leg, when sitting.

Slight burning on the edge of the tongue and on the palate.

Tearing on the top of the left foot, in the left elbow and right tibia; bruised pain in the left arm, especially in the shoulder-joint.

At 9 in the evening stitching and crawling in the skin of the root of the nose, going down over the back of the nose to the tip, several times repeated and so disagreeable that I move my finger over the nose, which makes it disappear, although it returns afterwards. I was reading when I felt that sensation, and do not remember to have ever felt anything like it. During the night pollution without dreams.

June 30th more towards evening, drawing in the tibia and ankles of the left foot, drawing on the left side of the neck, towards the left shoulder during rest and motion. Motion of the bowels this day later than usual and hard, had been heretofore normal during my provings.

July 12th, 9 o'clock, A.M. 5 drops of Camphor 200. The high potencies arrived here from Markgraf in Leipzig about the last days of June.

Between 10 and 11 o'clock much flatulency passes off.

After 11 o'clock tearing in the left third finger, in the muscles on the inside of the left upper-arm, and in the muscles on the front-side of the right upper-leg.

At 2 o'clock severe burning on the tip of the tongue, as from pepper, continues for a few moments.

At 10 o'clock, A.M. Nausea and queer sensation of malaise, lasting over an hour. I had made no change in diet or anything else. The weather had been dry for ten days, and the heat of the same power.

4 o'clock, P.M. Drawing in the joints of the left fingers.

In the evening pressure in the big right toe and over the right eye.

Some perhaps will laugh over the effects from Camphor 200. I can only assure that I wrote down what I felt. And more yet, that very day I was so busy and nearly the whole day on my legs, that I might have forgotten my provings, if the former well known Camphor symptoms would not have reminded me of it. Neither did I feel those symptoms before or after the 12th.

July 19th, 9 o'clock, A.M. 5 drops Camph. 200.

About 10 o'clock, in walking, two attacks of vertigo with inclination to fall forwards. Tearing on the inner side of the left upper-arm, going sometimes to the thumb and second finger; during the forenoon the tearing pain is alternating between the upper-arm and the fingers.

Drawing in the left molar-bone about two o'clock.

Towards evening bruised pain in the left arm, especially in the left elbow, with feeling of heaviness. Heaviness also in the knees, but not so severe as I felt it in former provings.

8 o'clock, P.M. Drawing in the left fingers and toes.

July 20th. The same pain in the left upper-arm.

July 23d. Pressure in joint of the left hand and right knee. Perhaps influenced by the weather, as cool temperature followed some very hot days.

July 25th, 8, A.M. Tearing in forehead and cheek and

shoulder, all on the left side. Last night and to-day rain, wind and 12° R., whereas it was on the 24th clear, warm and pleasant. But if those cosmic influences were the cause of those symptoms, why was I not formerly liable to them? Or did the Camphor render the nerves more sensitive to other influences?

July 25, 4, P.M.—From thirty to forty drops Spts. Camph., then some water. A few minutes afterwards heat in occiput, heaviness in the knees, pressure in the forehead, feeling of heat over the whole back, skin of the body and face moist; lively pressure in the joints of the feet and knees. Blood-vessels swelled out, pupils contracted, everything appears clearer. Pulse 80. Drawing on the back of the foot; heaviness in the arms, hands, and legs. Feeling of heat passes several times over the back to the lower extremities. Pressing pain in the right elbow. Drawing between the left fingers. Heat in the face and head. Several times hot flashes in the back with general warm sweat. Tearing behind and above the ears. Feeling of numbness in the right leg; vertigo when sitting.

4½, P.M. Severe stitches in the right big toe. Drawing on the left side of the neck towards the shoulder. Black spots hover before the eyes, with the sensation of increased light. Heat and general perspiration. Pulse 80. Burning in the edges of the eyelids. Stitches in the calves, drawing in the toes. Stitches below the left knee, in the left knee. Numbness of right foot; drawing round left ankle. Frequent eructations tasting of Camphor. 5 o'clock. Heaviness in forehead, pressure in left shoulder, worse on lifting the arm. Heat and perspiration have ceased. Compressing pain in the joints of the feet, pressure in right hip-joint.

5½, P. M. heat again in back, then over the whole body and face with moist skin. All these symptoms I observed sitting, as I was either reading or receiving patients. Now I began to walk up and down the room, to observe any change, and the following symptoms appeared on walking:

Prickling in the toes, right and left.

Much flatulency passes off. Pressure in right shoulder, drawing in the toes; drawing pain in the skin of the neck and below both cheek-bones. Pressure in the toes, stiffness in the neck. Burning and stitching in sole of right foot. Passing

much wind and frequent Camphor eructations, lasting till 8. Tearing in front of the soft parts of the left upper leg. Burning in the left eyelid. Drawing in the forehead on the right side.

6 o'clock. Boring in the right cheek-bone. During my walk, painful stiffness in right leg. Pain in neck keeps on, especially in fifth, sixth, and seventh cervical vertebra, aggravated by motion of the head, relieved by pressing it with the hand.

7 o'clock. Tearing in the foot when sitting. Pressure in the joint of the left hand, then in the left foot. Pain in the neck eases off; felt then so tired and sleepy that I laid down. Restless sleep.

July 26. In the morning, tearing in the right hand. During the day pressure in the shoulders and knees, also in walking. Drawing in the toes and on the inside of the left upper arm, left fore-arm, hands, between the fingers. Towards evening aggravation of the pains.

Resumé of the Provings.—Shortly after taking the drug, a fever, which may last a few hours, without thirst, with congestion of the head, slight chilliness, but predominating heat and perspiration. Drawing, tearing, pressing in the head, neck and extremities in rest and in motion. Aggravation may be in either one. Wind, rain, cool air appear to aggravate. The night may be considered free from symptoms. Action lasts longer than one day. No action on organs of digestion, urinary secretions or sexual organs. Nothing, that could lead us to cholera, spasms or effects from Cantharides. As antidote against the vegetable drugs, nothing is found in my provings in favor of Camphor. According to our provings, it seems indicated in fevers after catching cold or getting wet, in rheumatic fevers, with wandering pains. Tea, coffee, lemonade I used, as usual, without disturbing the action of the medicine.

ARTICLE VIII.—*Hygiene.* By HENRY HARTSHORNE, M.D., of Philadelphia.

Without any intent to arrogate more than belongs to the department of Hygiene, it appears to me not too much to say, that it is hardly second in *intrinsic* importance to any of those

taught in the university. If prevention is always *better* than cure;—if the enjoyment and strength of life depend not only on rescue from dangerous diseases, but also on the possession of vigorous health;—and if a large part of sound practical therapeutics consists in measures rather hygienic than medicinal, as I believe,—then I think my proposition is sustained. Should more be wanting to enforce it, it may be found in the relation of sanitary science, public hygiene, to the vitality and mortality of communities. Sanitary science is essentially State medicine. There is no other therapeutics for masses of men. And when we compare results, involving large numbers of human beings, does not preventive medicine exhibit triumphs greater than those of curative practice? I have no wish whatever to depreciate these; I rejoice in them all. But look at the facts.

In Constantinople, in the year 543, of our era, 10,000 people, for a time, died daily of plague. In eight years from 1345, plague destroyed in all, in various places, about half of the then existing population of the globe. In 1665, 68,000 died from the same disease, in the city of London alone.

Now, from hygienic measures, there is no reason to doubt, from the application of sanitary principles, it has come that plague has been banished from Europe, and almost extinguished in the East.

Severe epidemics of cholera have a mortality of 50, or more, per cent. The power of medicine to reduce this, has at yet been small. But it is considered that the city of Baltimore was saved from the visitation of this scourge, in 1849 and 1854, by timely precautions taken by its authorities, favored by local facilities for them in its site.

Yellow fever has, at some times, and in certain places, been almost as destructive. No antidote, no specific remedial treatment has as yet been found for it. But General BUTLER demonstrated the possibility of its total *prevention*, in the midst of war and previous confusion, during the late military occupation of New-Orleans. A great mortality, among persons altogether unacclimated, must have been thus averted.

It is almost a proverbial saying in England, that “the annual slaughter in England and Wales, from preventible causes of

typhus fever alone, is double the amount of what was suffered by the allied armies at the battle of Waterloo." In the time of SYDENHAM, plague, small-pox, dysentery, and scurvy, caused most of the mortality in London; diseases, two of which are capable of prevention, and the others of great mitigation by sanitary measures.

In France, BAUDELLOCQUE describes a striking example in regard to scrofula. The village of Oresmeaux, though one hundred feet above the plain, was, sixty years and more since, built of clay, without windows to the houses; all being very damp. Scrofula affected nearly all the families, and extinguished several. A fire then destroyed nearly a third of the village. That part was rebuilt in a better manner, and by degrees scrofula disappeared from it; remaining in the rest. Twenty years after, another fire consumed another third; this, too, was rebuilt with improvements, and the same gain in health was observed. After that, while scrofula continued destructively in the old portion of the village, the new parts continued entirely free from it.

The remarkable cures of goitre and disgusting cretinism obtained in Switzerland (by Dr. GUGGENBÜHL) through the simple removal of those affected to high and salubrious localities, illustrate the same point.

So does the account cited by Dr. COMBE of the Island of St. Kilda. In 1838, of every ten children of its inhabitants, eight died between the eighth and twelfth days of their existence. Yet a clergyman resident there had at the same time a family of four children, in good health. What made the difference? His house was constructed and managed as a house ought to be; while the huts of the natives were small, low-roofed, without windows, and used in winter as receptacles of manure, laid out upon the floors and trodden under foot to a depth of several feet. But I need not multiply these examples, in which all sanitary records abound. I wish to add only one, which has great significance. Mr. CHADWICK asserts that, in a well-marked instance, involving a number of families, *intemperance*, hopeless to all appearance, in a low, insalubrious quarter of London, became curable—yielded to reform under effort—when the subjects of it were transferred to an open, healthful,

and comfortable locality. Our bodies and our spirits are held fast in close companionship. To raise the one is to help the other. Past all doubt, sanitary improvement promotes domestic, social and moral reform. The Board of Health is a good handmaid or helpmeet for the Board of Missions. Bread in the one hand and the Bible in the other, will do more for the feeble, suffering and degraded poor, than two Bibles and no bread.

Let us glance now, for a few moments, at the *history* of our subject. Hygiene as an art, is older than therapeutics; as the avoidance of disease must have been, from instinct as well as intelligence, an object sought before the discovery of means for its medicinal relief. First hygiene, then surgery, then medicine, was the natural and historical order. The early temples of Æsculapius, before Hippocrates, were *sanitaria*, rather than schools of medical art; to that time a body of medical science could hardly be said to have begun to exist; and the first surgery, at all systematic, is referred to the need of the masters of the gymnasia and palæstra, to deal often with accidents occurring among the contestants in their exercises.

But, further back than this, some recognition of hygienic principles may be traced in the cradle of the most potent civilization of antiquity—in Egypt. In the great pyramid of Cheops is an arrangement evidently intended for the ventilation of its dark interior chambers. The embalming of bodies of the dead, not only of men but of animals, however it may have been associated with superstitious beliefs, is so well adapted to the prevention of insalubrity in a populous land with a tropical climate, as to make it likely that it sprang in great part from the preventive wisdom of the priests.

Neither is it irreverent, nor a disparagement of the divine authenticity of the Mosaic law, in whose ritualism so much reminds us of Egypt in the days of its monuments, to suppose that some things were retained in the Levitical code, of what was known and practised in the land of bondage before the Exodus. No doubt, however, Moses greatly extended the provisions required for health among his people. His regulations concerning food, ablutions, and other purifications, and segre-

gation of persons with certain diseases, were imperative and precise. I will not detain you with examples from so familiar and accessible a document.

In ancient Greece, as I have intimated, physical culture was most highly estimated. Socrates was in person a match for more than one, not only in philosophic disputation, but as a soldier on the field. Plato was a superior athlete, as well as the most divine of sages; and Alcibiades and Pericles were as swift of foot and strong of arm as they were eloquent of tongue and keen in state-craft, or bold in war. It is on good authority that I state the opinion, that the amazing intellectual supremacy of the men of Athens and other parts of Greece, from Homer to its decadence, was, in no small part, owing to the abundant care always maintained of the development of the *whole organization*, brain and body together—“*mens sana in corpore sano.*” In Sparta a barbaric ruthlessness induced the custom of exposing infants to the rude elements, so as to allow only those whose bodies had vigor enough to be thus hardened to live; the feeble ones being destroyed by it. In most of the cities of ancient Greece, public baths existed, for both the rich and the poor. Gratuitous attendance, too, of the poor, for prevention as well as cure of disease, by *arch-iaters* appointed publicly for the purpose, prevailed. Democedes was one of the earliest of these. This custom was afterward imitated in Rome; and later, in Germany—where the *Meister-Arzt* of the 15th century, and the *Stadt-Arzt* and *Kreis-Physicus* of later dates, had a similar place.

The goddess of health, Hygeia, of the Greeks, was the daughter of Æsculapius, god of medicine. Her name was mentioned, with the other deities, in the Hippocratic oath; which every loyal physician was required to take, as one of the Æsclepiadæ: By “Apollo, the physician, by Æsculapius, by Hygeia, Panacea, and all the gods and goddesses.”

Of early *writers* upon hygiene in Greece, we have Hippocrates himself, the first, in his work on “Air, Waters, and Places;” a treatise in which the influence of climate and locality, not only upon health, but upon the characters of races of men, was pointed out as clearly and sagaciously as it has been since by Montesquieu, in his “*Esprit des Lois*,” written

in 1748, and, with less originality, in our own times, by Michelet, Guyot, and Buckle. Philiston, Diocles and Plutarch also wrote early hygienic treatises.

Positive measures of public hygiene were instituted, perhaps, first by Acron, of Crotona, of the school of Pythagoras, who is said to have dissipated the cause of a plague at Athens, by fire burned in the streets. Empedocles afterwards found it possible to destroy or impede the action of malaria, in one instance by draining a swamp, and in another by building a high wall to protect an exposed town. Herodicus was so famous for his application of gymnastics and regimen to the improvement of health, that Plato accused him of doing an ill service to the State—by keeping alive people who ought to die, because, being valedutinarians and below par, they cost more than they were worth to the community.

Rome showed her appreciation of sanitary art, by extensive drainage of the hills on which the city was built; by the magnificent sewer, Cloaca Maxima, of which a part is yet left, the oldest ruin of Europe, thirteen feet in diameter at the outlet; by the aqueducts, and by suburban interments, whose number is attested all along the Appian Way; and by the appointment of Ediles, officers whose duty was to inspect and regulate the construction, with a view to salubrity and safety, of all private and public buildings. Regulations of internal sanitary police, in regard to impurities of all kinds, were also highly advanced among the ancient Romans. Besides these, the private and public baths of Rome, some of them palatial in grandeur, were in part hygienic, although degenerating into effeminate luxuriousness; as the gymnasia did, at last, into the scenes of bloody gladiatorial fights of men and beasts.

Latin writers upon hygiene were especially Celsus, Galen, in an express work upon the care of health, Oribasius, Ætius, and Paulus Ægineta.

Pass we from these, for want of intermediate material, over the quaint Latin poem of John of Milan, in the beginning of the 12th century, to Quarantine. The purpose of this institution was the exclusion of the Egyptian plague from Italy. The name was derived from *quaranta*, forty, the term of days prescribed for the detention of suspected vessels on arrival

at or near port, the time probably following one of the Mosaic periods of purification. I will give you here only a few dates, for I fear being tedious upon this historical theme, while able to make it but an outline.

Florence had the first beginning of quarantine, about 1348. Then Venice and Sardinia, and the other countries, afterward, of Europe. The earliest *lazaretto* dated about 1453. Regular quarantine was established in England in 1710. In 1700, William Penn, the founder of our State and city, had enacted a quarantine law in Philadelphia.

Although the utility of quarantine for any purpose is now warmly disputed by some, and its range of availability and proper mode of management obviously need very different limitations, at all events, from those of the middle ages, its existence has been a cardinal fact in the history of sanitary science. It is to be hoped that our own day will witness the final settlement of all questions concerning it; and the bringing into harmony the now conflicting opinions of medical men, and, with the real facts, a reconciliation of the interests of commerce and the popular understanding of communities.

Including rightfully under hygiene all measures of "preventive medicine,"—we may rank the introduction of vaccination, by Dr. Edward Jenner, in 1798, as its most signal triumph. Nothing in all the records of our profession, not even the discovery of the power of cinchona in the cure of malarial disease, excels this in value to mankind.

A few words now upon the literature of modern hygiene.

Bœrhaave and Cullen incidentally taught hygiene. Locke, the philosopher, wrote on physical education; but it is to France, in our own century, that we must ascribe the credit of the establishment of a definite science of "*hygiène*." The word itself is French. I shall not enumerate many names; but those of Tourtelle, Hallé, Du Chatelet, Tardieu, Villermé, Fodéré, Cabanis, Boudin, Levy, and Becquerel, must not be passed by here.

Personal hygiene was many years ago written upon in England, by Dr. A. Combe and others; climatology, by Johnson, Martin and Johnston; public hygiene has had its later lights there, in Chadwick, Southwood Smith, Simon, Letheby, Green-

how, and Florence Nightingale, the angel-hearted and nobly strong-minded English woman. On the continent of Europe, outside of France, there have been—most noted as hygeists—Quetelet, Friedlander, Mühry, Casper, Hufeland, and others. Sanitary topics have now become—in Great Britain—favorite ones with all highly educated men. Their Social Science Association, and Epidemiological Society, have accomplished a great deal of good work. (*Phil. Med. and Surg. Reporter.*)

ARTICLE IX.—*Parasitic Disease—Tape Worm and Trichinæ.*

By Dr. JAMES GIBBS BLAKE, of Birmingham, Eng.

THE natural history of all the entozoa is not sufficiently investigated to enable us to speak of all these parasites in the same positive terms. If we consider generally the condition of the parasitic diseases, they may be arranged under three heads:

1. The existence of a suitable soil.
2. The presence of the parasite.
3. The pathological lesions resulting.

The first condition is a very important one. For if we can prove that the healthy body is the suitable soil for the parasite, (and this *has* been done in the case of *tænia* by experiment), then the only thing to be treated, in an uncomplicated case, is the parasite itself. But if, on the other hand, a diseased condition is necessary to the production of the parasite in any individual, then general constitutional treatment becomes necessary.

What is the condition of body which favors the entertainment of parasites? The answer to this question depends on the kind of parasites. If we take the tape-worm, the answer is that the more healthy the body the greater chance there is that the immature tape-worm will remain and grow in the intestines. In the numerous experiments of Küchenmeister, Leuckart, and other workers in the same field, it was found that the *tænia serrata* could be produced in as many dogs as were fed with mature *cysticercus pisiformis* obtained from the rabbit; and that the *cysticercus pisiformis* could as certainly be produced in rabbits, by the administration of the

proglottides of the *tænia serrata* obtained from the dog, These experiments more fully detailed in Dr. Cobbold's book, clearly show that no "psoric taint" is required to favor the production of tape-worm.

We find also that the species of tape-worm varies with the kind of diet and preparation of food. The tape-worm of the poor is the *tænia solium*, the tape-worm of the rich is *tænia mediocanellata*; and this accords with the fact that pork, which is the chosen seat of the larval condition of *T. solium*, is eaten in larger quantities by the poor; whereas the larva of *T. mediocanellata* is found in mutton, beef and veal.

There is a tribe of Cossacks (*Burâtes*) who are, almost all of them, infested by tape-worms. In 130 post-mortem examinations only two were found free from these parasites; and among 500 other persons treated in hospital, the existence of these entozoa was demonstrated in all (Cobbold). The habits of these herdsmen explain the prevalence of the parasite: they feed almost exclusively on flesh imperfectly cleansed and cooked, and this is eaten from bare tables which are never washed. Their *tænia* is the *mediocanellata*; the ruminants are their principal source of food, and they rarely touch pork.

On the other hand, Dr. Cobbold has not succeeded in reproducing at pleasure the common thread-worm (*oxyuris vermicularis*) in its perfect form; and until this can be done we cannot alter our opinion, that the presence of these ascarides is merely a sign of delicate health, appearing, as they do, amongst a train of other symptoms, which are not all removed when the local cause of irritation is removed.

Quite different is the relief experienced by a judicious expulsion of a tape-worm. All the reflex symptoms disappear, and no ill consequences have been shown to result.

It is evident that a thorough acquaintance with the natural history of parasites is necessary to decide the question whether the treatment should be local or general.

The presence of a parasite and the pathological lesions resulting therefrom, can be illustrated by a sketch of the natural history of *trichina spiralis*, which unfortunately is engrossing a large share of the attention of the public at the present time.

Trichina spiralis is an extremely minute nematode helminth:

the male in its fully developed and sexually mature condition measures only $\frac{1}{8}$ of an inch, whilst the female fully developed reaches a length of $\frac{1}{2}$ of an inch.

It was discovered in its larval condition existing in human muscle as long ago as 1834, in a subject at St. Bartholomew's Hospital, and described and named as *trichina spiralis* by Mr. Owen; although the relation of the larval form to the developed animal was not made out, and no ill effects during life were then attributed to the presence of these entozoa. Leuckart thus briefly gives the main points of the natural history of this parasite:

"1. *Trichina spiralis* is the juvenile condition of a little round worm, to which the generic name of *trichina* must remain attached.

"2. The sexually mature *trichina* inhabits the intestinal canal of numerous warm-blooded animals, especially mammalia (also of man), and constantly in great numbers.

"3. At the second day after their introduction the intestinal *trichinæ* attain their full sexual maturity.

"4. The eggs of the female *trichinæ* are developed within the uterus of the mother, into minute filaria-like embryos, which from the sixth day are born without their egg-shells.

"5. The new-born young soon after commence their wandering. They penetrate the walls of the intestine and pass *directly* through the abdominal cavity into the muscles of their bearers, where, if the conditions are otherwise favorable, they are developed into the form hitherto known.

"6. The directions in which they proceed are in the course of the intermuscular connective tissues.

"7. The majority of the wandering embryos remain in those sheathed muscular groups which are nearest to the cavity of the body, especially in those which are smaller and most supplied with connective tissues.

"8. The embryos penetrate into the interior of the separate muscular bundles, and here, after fourteen days, acquire the size and organization of the well-known *trichina spiralis*.

"9. Soon after the intrusion of the parasite, the infected muscular fibre loses its original structure. The fibrillæ collapse into a finely granular substance, whilst the muscular corpuscles change into oval nucleated cells.

"10. The infected muscular bundle retains its original sheathing up to the time of the complete development of the

young trichinæ, but afterwards its sarcolemma thickens and begins to shrivel at the extremities.

“11. The spot inhabited by the rolled-up parasites is converted into a spindle-shaped widening, and within this space under the thickened sarcolemma, the formation of the well-known lemon-shaped or globular cyst commences by a peripheric hardening and calcification.

“12. The migration and development of the embryos also takes place after the transportation of impregnated trichinæ into the intestines of a new host.

“13. The further development of the muscle-trichinæ into sexually mature animals is altogether independent of the formation of the calcareous shell, and occurs as soon as the former have reached their completion.

“14. Male and female individuals are already recognisable in their larval state.

“15. The immigration of the trichinæ-brood in masses produces very grave or even fatal consequences, peritonitis (from the embryos perforating the intestinal walls), pain, and paralysis (from the destruction of the infected muscular fibres).

“16. In proportion to the quantity of imported parasites, the eating of trichinous meat is attended with more or less dangerous symptoms (or even death) as its consequence; enteritis with the exudation of a croupy mass, which is sometimes thrown off in flakes (in rabbits and rats), sometimes in pus bodies (in the cat and mouse), or (as in the dog) becomes converted into psoro-spermiæ.”

Until recently the opinion has prevailed that an immigration of trichinæ may take place without any general disturbance, but the publication in 1860 of Zenker's fatal case led to inquiry, and this to the discovery of the disease trichiniasis, endemic in many parts of Germany, where the inhabitants show a remarkable partiality for chopped raw-pork. (*Monthly Hom. Rev.*)

ARTICLE XI.—*Rhus-Venenata*, or *Rhus-Vernix*. (*Dogwood*, *Swamp Sumach*, *Poison Sumach*.) Two Provings with Clinical Experiences. By F. G. ОЕНМЕ, M.D., of Plymouth, Mass.

THE following are the results of two provings of dogwood, made upon myself several years ago, and some experiences since, concerning its use in diseases, and the treatment of cases of poisoning with this drug.

Regarding my constitution, this only is necessary to be mentioned: medium size, robust, weight about one hundred and forty-five pounds. Ten years ago, urticaria acuta; then, for four or five months, urticaria chronica. Always great sensitiveness of the skin to mosquito-bites, or all irritations of the skin generally. Liability to diarrhœa. Piles. Generally good health.

During the two provings, I adhered to my usual plain diet.

First Proving.—On the 15th September, I applied several times the juice of the plant, as it oozed from between the bark and wood of a fresh-cut branch, on an oval place about one and a half inches long and an inch broad, on the back of the left fore-arm, three or four inches above the wrist. On the same day I made a tincture of the stem, by previously cutting it in small pieces (without protecting the hands). As the bark became in this way loosened from the wood, the alcohol commenced coloring very rapidly, after being poured over the chips. On the next day I repeated several times the external application in the same manner as before, for which purpose I had kept one stem in water. But as on the third day the tincture looked already pretty well saturated (forty-eight hours after making), I commenced taking from it every day as much as I needed, allowing the rest to grow stronger. Consequently I used externally and internally a tincture which was becoming stronger every successive day.

From the 17th till about the 28th or 29th September, I applied the tincture three or four times a day to my arm, and took also as often, internally four drops of the first dilution (1: 9). Twenty-four hours after the first application of the juice, I perceived a slight inflammation and swelling where the application was made. On pressing this part, there was slight soreness, apparently near the bone. These symptoms increased steadily but slowly during the next eleven days, with occasional itching and burning on the place of application. On the 28th September, the arm presents the following appearance:—

The epidermis, on the place of application, can easily be removed with the finger-nail, and then little scabs form in a short time. The whole place inflamed, very much swollen,

and red; almost three inches broad, and a little more than three and a half inches long; the centre redder and harder than its surroundings. A fold of the skin, on the affected part, at least six times thicker than one on a corresponding place on the other arm. When uncovered, there is little itching and burning, but very violent when covered by the shirt-sleeve (linen). Slight rubbing causes a pleasant sensation, a kind of satisfaction; scratching is painful; but both increase the itching and inflammation. A slight impression only is produced by severe pressure with the finger. The redness is not circumscribed, but passes over into an eruption, like measles. The arm measures on the affected place, in circumference, almost an inch more than the other arm. The surrounding parts itch more than the place of application, although the latter is the chief seat of the disease.

30th September. At dawn of day I was awakened by violent itching. The swelling is five and a half inches long. Considerable œdema, especially on the side of the ulna, and a half-inch above the affected part. When covered by the shirt-sleeve, very violent itching. On scratching, I removed a part of the epidermis, which was followed by a secretion of a little serum, and a very slow formation of scabs. The remaining epidermis, for the last two or three days, adheres closer than before. I took, for the last time, internally, three times, three drops of the first dilution.

1st October, half-past three o'clock, A. M. I was again wakened by a violent itching and burning. The arm, looking very much worse, presented the appearance of a severe phlegmonous inflammation. The part affected has a livid color, and the inflammation extends from two to three inches each way, so that the whole inflamed part is six and a half inches long and six inches wide. The inflammation is not circumscribed, but passes over into an eruption, like measles, which varies from one-half to two inches in width. The inflamed skin feels very hot, and is (though uncovered) eight and a half degrees warmer than the corresponding place on the other arm. (I held the thermometer on the arm, slightly pressing, but without covering it.) Small scabs of dried

serum on the inflamed surface. The swollen part of the arm is hard, like board, but without pain. After dinner, disagreeable, drawing sensation in the arm, extending into the hand, and feeling of tightness. Towards evening, re-appearance of the pain. The swelling and inflammation increased through the day, in violence and extent, towards the elbow a whole inch; not so much in other directions. The nerves in the armpit sore, and sensitive to pressure. Late in the evening, red, irregular spots on the left cheek.

2d October. Good sleep. The swelling extends this morning from the elbow to the hand. The spots on the face larger and redder; elevated a little above the surface of the skin, and slightly burning. Some swelling about the left eye; two red spots and a blotch under the right corner of the mouth. The arm, on walking, was not so red and swollen as soon after, when the itching and burning commenced. On waking, the redness of the inflamed part passed over very gradually into healthy-looking skin, towards the elbow; less so towards the other sides; but, soon after rising, the burning and itching reappeared, which was presently followed (without scratching) by increased redness, inflammation, and an eruption of blotches, vesicles, small pimples, and spots like measles. These efflorescences were around the evenly inflamed part (which was about seven inches long and six inches wide), forming a border between that and the skin; most numerous near the former, and especially on the side of the ulna, and around the wrist. This border itched most. The swelling was of greater extent than the inflammation, and continued so through the whole proving.

All these symptoms, although they had, on the whole, grown daily worse, were periodically better. This periodicity, however, was the same when the disease decreased. Every attack, from six to eight a day, commenced with itching, then increased inflammation; after which, red spots of various sizes, like measles, appeared on the border; finally, blotches, vesicles, and little pimples. The three latter eruptions were particularly full; and the inflammation of the *whole* arm vastly increased when the itching caused me to scratch, which I sometimes could not possibly avoid. This itching was per-

fectly intolerable. At such times, I would put the arm in very cold water, which gave immediate relief; and, if I kept it in eight or ten minutes, it would greatly subdue the inflammation and eruption, and bring the arm to its usual appearance. I could at any time cause an attack by the slightest rubbing; they were also brought on by heat, or violent bodily exercise; but especially by close study. They were least frequent during conversation, light bodily exercise, or when in a cool atmosphere. For this reason I commenced bathing the arm occasionally in cold water. These general remarks pertain to the whole proving.

2d October (continued). On severe external pressure, pain deep in the arm, as if on the bone. An eruption like measles over the third, fourth, and fifth metacarpal bones, and vesicles on the fingers of the left hand. The latter appear and disappear very quickly, causing most violent itching. The affected part is painful, like a sore spot. Transient itching on different places of the body. A sensation of coldness creeping over the back; frequent, but of short duration. This, also, on subsequent days. The left arm measures one inch more in circumference than the other. In the afternoon, vesicles on different parts of the body, with violent itching. The swelling to the middle of the metacarpal bones. At noon, drawing pain in the large nerves of the arm, from the armpit downward.

3d October. During the night I keep, against my habit, the arm outside the bed-cover, as the heat in bed quickly causes itching. On waking, a severe attack of itching. The swelling reaches upward two inches above the elbow, and downward almost to the fingers. Almost the whole fore-arm is violently inflamed, strikingly like a phlegmonous inflammation; and is, at the inflamed part (uncovered), nine degrees hotter than the other arm. The temperature was not taken during an attack of itching and eruptive outbreak. When there is none the skin looks smooth, tight, and shining. At times painful, as if from a sore or wound, which looks as if the skin would peel. Itching on different parts of the body. To-day, very few blotches and vesicles on the arm, probably on account of the occasional bathing in cold water, though

the swelling and inflammation are of greater extent than on any previous day. Towards evening the inflammation not circumscribed, but is very gradually passing over into healthy skin. As the affection of the arm does not seem to have increased during the day, it appears to have come to its height. Appetite and general health unaffected.

4th October. This morning, after seven o'clock, a severe attack of itching. The skin of the affected part peels off, and the new skin looks healthy, but inflamed, and is very sensitive. Directly on this, two pustules, with six or seven very small ones near them, filled with matter; and the larger ones with an inflamed halo around them. Edema on the back of the hand. Itching on different parts of the body; but on attempting to rub the spot, the sensation immediately passes to another place near by. In the evening, the swelling as large as on the first October. About two-thirds of the skin, at the place of application, has peeled off.

5th October. The circumference of the left arm as on the first of October. The itching is worst around the wrist and elbow, and on the inside of the arm; none on the place where the poison was applied, which has peeled entirely. The arm has pretty nearly the normal temperature. The skin looks normal, only a little redder, and not shining in appearance.

6th October. This morning, another eruption of small pustules on the same place, but a little larger than yesterday. The skin peels off again on the affected spot, and still looks red, as well as the skin about it; though the latter is not as red as the former; the arm still somewhat swollen. The thickness of a fold of skin is not sufficient to account for the comparatively large circumference of the arm; consequently, the parts *under* the skin must also have been affected and swollen, and are still somewhat so. Regarding this, I could not make an examination, when the affection was the worst, as it was absolutely impossible to form a fold of the skin, on account of its thickness and hardness.

8th October. The swelling almost wholly gone. The skin almost normal, only a little redder and thicker at the affected part. It commences to peel off at the edges. Itching around the elbow and wrist. Vesicles.

11th October. The skin of the whole forearm peels, and large pieces can easily be got off. Itching. A few very small scabs of serum. The skin around the wrist thick, callous, rough, with vesicles and blotches.

17th October. The skin, on the place of application, though better, looks still red, and is still thickened. This appearance lasted several weeks, and has disappeared very gradually. The skin on the left forearm looks normal, but is very irritable; as the slightest rubbing causes a very profuse eruption of blotches, vesicles, and small pimples.

31st October. Violent itching several nights in succession, especially on the back; but day-times on the face, neck, and hands, followed soon by the appearance of red spots, blotches, vesicles, and little pimples.

From this time up to March, nearly every night, especially at midnight, I had severe itching, particularly on the back. It then began to be less frequent. Generally, it wakened me, as I commenced scratching while asleep, and in this way increased the affection and itching; but, if the waking was from some other cause, I was sure to have an attack. As I have said, scratching with the hand aggravated it greatly; rubbing with a soft brush gave relief; but it was entirely subdued by washing with cold water or snow. At night, in December and January, I placed my back several times on snow for relief. Doing this in a cold room, it seems singular that I never took cold, although I left a warm bed, very thinly clad, to go out-doors for the snow, the mercury being frequently twelve and fifteen degrees below zero.

My back presented, during this time, a shocking appearance; it had been severely scratched, and was covered with bloody scabs. During the attacks, it was burning hot, and covered with blotches and pimples.

When I commenced this proving, I had two objects in view: the first was the proving of the drug; the second, the treatment of the poisoning after it had reached a certain height. The frequent occurrence of poisoning by this plant, and the great insufficiency of remedies usually recommended in such cases, made this second point of no less importance than the proving itself. For this reason I commenced, on the 1st Oc-

tober, with the internal use of medicines. I took for several days, Bry. 2, Anacard. 2, Ars. 2, Urtic. 2, and others; and, during the winter, for the itching, Dolich, Anacard., Sulph., Sil., Ignat., and others,—but *all entirely* without effect: only cold water or snow gave relief.

Second Proving.—The unsatisfactory result of the search for an antidote to Rhus-vernix, during my first proving, induced me to expose myself a year later, a second time, to the influence of this plant, by preparing a tincture on the 8th August, 1859. This time I did not chop the *whole* stem in fine pieces, as formerly, but peeled off the bark, which contains the most poison in the form of a resinous juice, and cut it up in very fine pieces. Being out of doors, the mosquitos troubled me considerably during the work; and I was frequently obliged to put my hands to the face to drive them off. I must also mention, that I chewed for some time a piece of bark, and passed water before washing my hands. I was so completely impregnated with the odor of the juice, that I smelt strongly of it for some time, in spite of repeated washing, and even imparted the scent of it to the room where I afterwards sat.

10th August. On rising, œdema under the right eye; difficulty in looking down, with disagreeable sensation. Red spot on the face, especially on the left side, and on the upper part of the chest. Itching. In consequence of the œdema, the eye is somewhat sensitive when writing or reading, but causes no difficulty in looking straight forward. During the day, the face swollen.

11th August. A round group of hidroa-vesicles, filled with yellowish serum, between the nose and the left corner of the mouth, and another group under the latter. Left side of the face somewhat swollen, and covered with red spots. Left ear thick and red; posterior surface of it rough. Some itching on the lower part of the ear. The nose and right side of the face considerably swollen, especially close under the eye; so much so, that the cilia of the lower lid lie on the swelling, and the eye appears very small. The eye considerably irritated. The rays of the sun cause burning in the face. Much itching of the sexual organs, especially upon the scrotum and præpu-

tium. Hidroa-vesicles on the back of the first and third fingers of the left hand, and of the second finger on the right hand. In the afternoon, two o'clock, small yellowish hidroa-vesicles on different parts of the face. The right side of the nose and right cheek much swollen; the right nostril obstructed. The œdema of the face worse than yesterday; the skin rough (not chapped) and uneven. On the back of the left hand, and on the fingers, some efflorescence, which looks strikingly like itch. Rubbing of the affected parts causes itching. Slight dull feeling in the head. Three o'clock, p. m., an eruption like measles, with unevenness of the skin on the back of the left arm, close above the wrist; soon followed by blotches, with violent itching and burning. Discharge of a little water from the left nostril, with sensation in the nose, as if from a commencing cold. Face hot. The arms fall easily asleep. In the evening, much itching and burning on different places in the face. The feeling of dullness in the head worse. Burning in the eyes and slight lachrymation. (*New Eng. Med. Gaz.*, No. 4.

General Record of Medical Science.

1. *The Relations of Carbonic-Acid to Typhoid Fever*

THE composition of alcohol coincides in a very important point with the physiological analogy of its action with that of its component constituents carbon and hydrogen.

They become causes of death by arresting the exchange of matters necessary to hæmatosis.

All that has been said, concerning the *predisposition* to zymotic or fermentative diseases, and their *aggravation* by *alcoholic* stimuli, applies to carbonic-acid. It is an atmospheric poison engendered by animal respiration, intended by nature to operate as an insuperable barrier to the crowding of populations in our cities or of persons in our halls of assembly. And the disregard of this organic prohibition is entailing continually on the peoples of the north, as much suffering, disease, premature deaths, deterioration of constitution and of character physically and socially, as all the dietetic poisons combined, with alcohol at their head. All other special reforms are insignificant compared with the need of ventilation, which is scarcely provided for in any modern building, either public or private, in a thoroughly efficient manner. Not possessing like alcohol, the rattlesnake virtue of ringing an alarm in the ears of civilized morality by pleasing the senses of man or rousing his passional nature, carbonic-acid is respired with the

tacit and practical approbation of those very reformers who struggle against its asphyxiating influence in their denunciations of alcohol.

The defective ventilation of public halls, and lecture-rooms is not particularly an abuse proceeding from ignorance, for it is quite as common among the learned as among the people. An intelligent student says: "I have more than once been obliged to come out when Professor Draper of New-York or Claude Bernard of Paris was lecturing on the analysis and physiological properties of the gases, on account of being nearly stifled with the carbonic-acid gas of the lecture-room.

I can only ascribe this sinister departure from common sense and practical virtue to the disjunction in civilized man, of the *use*, from the *truth* principle, or of knowing from doing. He becomes learned and even intellectual without becoming wise unto salvation, whether organic, or social, or spiritual salvation be in question. He trifles with truth, and from that moment all the sciences become frivolous."

The breathing of Carbonic-acid, under ordinary circumstances, implies simultaneously that of the putrescent exhalations of animal matter which are expired along with it and which render so offensive the smell of a room in which many people have been confined for a short time, or one person for a long time. Of course, in a promiscuous crowd, many of the bodies present are diseased, and their expirations doubly pernicious and disgusting to those who are so unfortunate as to preserve a sense of what is right and decent, without the courage to act up to it, and either open the windows or go out.

The experimental researches of Claude Bernard upon Oxygen, Carbonic-acid, and Carbonic-oxyd, &c. are among the most complete proofs of that analytic genius which has made him a prince of modern science. He has demonstrated that Carbonic-acid is not a direct poison when injected under the skin or into the veins or absorbed into the blood through other organs, and that its fatal effects are due entirely to the fact that its accumulation in the air of which it normally constitutes only $\frac{1}{20000}$ part, prevents in a rapidly increasing ratio that exchange of gases between the blood and the atmosphere on which our life depends from moment to moment. Although the proportion of oxygen introduced, be much larger than that natural to the atmosphere (about $\frac{1}{5}$ or 21.81 in weight, and in volume oxygen 20.90, nitrogen 75.10, the rest being nitrogen in nearly constant quantity), still the animal dies by accumulation of carbonic-acid, which prevents it from making use of the abundant oxygen.

Thus a chaffinch dies in an atmosphere containing $\frac{1}{1000}$ of oxygen, when its carbonic-acid has been increased up to $\frac{1}{100}$, while other birds, unaccustomed to an atmosphere so rich in oxygen, will live in the same air which had poisoned the first, until the carbonic-acid increase to 13, 14, 15, and upwards. A much smaller proportion, 3 or 4 per-cent. of carbonic-acid suffices to destroy life in an air poor in oxygen, but it is remarkable and explanatory of the prolonged endurance by men and women of the most unwholesome atmospheres, that a healthy and robust warm-blooded animal will quickly perish in air containing a proportion of carbonic-acid which is breathed with comparative impunity by feeble and sickly animals, or by

cold-blooded animals, or by warm-blooded animals which have been very gradually reduced to a low point of vitality by the vitiation of the air. The reason why an animal dies, and that instantly, in an atmosphere containing even 50 per-cent. of oxygen, if it also contains $\frac{1}{100}$ of carb.-acid, although it will bear to have carbonic-acid in large quantities injected into its blood, is because carbonic-acid is more soluble than oxygen, and entering before it, through the air-cells of the lungs, prevents the carbonic-acid of the blood from escaping to be exchanged for oxygen.

Neither hydrogen nor azote have this solubility, hence either of them may be breathed with impunity so long as oxygen is breathed along with them in the proportion of $\frac{1}{3}$, which is necessary to a proper aëration of the blood.

Carbonic-oxyd, which is generated by the burning of charcoal, and which is the chief cause of death when charcoal is burned in a close room, is a true poison, and kills when injected into the veins; it kills by paralysing the blood-globules and preventing the arterial blood from becoming venous, or, in other words, it arrests hæmätosis.

Analysis of Air in which a Dog was suffocated by Charcoal, the Candle still burning.

Oxygen, 19.19	Carb.-ox., 0.54	Olefiant gas? trace?— <i>Lobanc.</i>
Azote, 75.62	Carb.-acid., 4.61	Carbon.-hyd., 0.4

Carbonic-acid is not merely innocent to other organs than the lungs, it is for the stomach an agreeable and wholesome stimulant and imparts their pleasantly exhilarating qualities to champagne, to hock and soda water, to porter and other beverages. In the form of an air-bath to which its specific gravity, greater than that of common air adapts it, it has been applied to the skin by Dr. Herpin, of Metz; with very salutary effects, increasing the animal heat, and inducing transpiration, although itself not warm. The urine is also augmented in quantity. He found it useful in promoting or restoring the natural secretions and fluxes which had been suppressed.

We have now the physiological key to the relations of carbonic-acid with the animal organism. Let us examine the comparative evidence of pathology.

In the London workhouses mortality of babes under one year of age formerly averaged $\frac{1}{3}$. By a partially improved ventilation of the nurseries, this mortality has been reduced from 2600 down to 450 annually.

In the Dublin lying-in-hospital previous to the year 1782, babes died in the proportion of $\frac{1}{3}$ by convulsions during the first fortnight after birth. By the improved system of ventilation and cleanliness introduced by Dr. Collins; during a period of seven years, the deaths per annum never exceeded 4.

On the Northern islands of Iceland and St. Kilda, the people live in low huts often without windows and floored with trodden manure, in a state of the most disgusting filth, never washing or changing their clothes. In St. Kilda $\frac{1}{3}$ ths of all children born die of convulsions, in other words, by carbonic-acid and putrescent affluvia of animal respiration, before their twelfth day. In Iceland where the habits of the people are a little better,

only $\frac{2}{3}$ ds of the babes there perish. Too many unfortunately continue to live the life of their parents, for among such a people early death by carbonic-acid must be a positive blessing and is doubtless regarded as a measure of preventive hygiene. I mean as a hygienic measure for prevention of human existence.

In the unventilated prisons of the English in Hindostan, where during their sway, they held, on an average, 40,000 natives in confinement, this unfortunate population was every year liberated by death in proportion varying from 4000 to 10,000.

But this enlightened and humane people can hardly be accused of favoritism towards the natives, for the annual average mortality by crowded and unventilated barracks in their own army was enormous, some stations as that of Barackpore, never fell short of $\frac{1}{10}$. That is to say that its garrisons were every year decimated by fevers or cholera, while the officers and other inhabitants who lived in ventilated houses did not find that place particularly unhealthy.

The same fact of general exemption among the officers and complete exemption among their ladies was observed in the marching regiments, which lost 638 men by cholera out of 6380, in some regiments as many as $\frac{1}{4}$ th in a short time. These soldiers were packed 10 or 12 at night in tents but 14 feet in extent, with the thermometer at 96.

These statistics are quoted from the British official reports. The dimensions of the celebrated Black Hole of Calcutta, where in 1756, 123 prisoners out of 146 died by carbonic-acid in one night, was 18 feet square with two small windows. Most of the 23 who survived until morning were seized with putrid fever and died very soon afterwards.

On the 1st of December, 1848, the deck passengers of the steamer Londonderry were ordered below by the Captain and the hatches closed upon them. Out of 150, 70 were found dead next morning.

In the workhouse at Taunton, England, where only 68 feet of air per head was allowed to each girl, the cholera broke out, although there was none at that time nor before or afterwards in the town or neighborhood, but within this establishment only. There were 42 cases and 19 deaths within 48 hours, 60 died in a week, and none escaped illness. Only 9 boys died, though they had even less room than the girls, but though in other respects well behaved, as the report states, they could not be kept from breaking the windows.

It would be most providential if we could have our boys trained to break the windows of every ill-ventilated school-house, court-house and church in the country. It was the instinctive protest of human nature against carbonic-acid. This gas becomes incompatible with the full health and activity of warm-blooded animals, man included, in the proportion of 1 per cent. Air once breathed contains from 4.33 to 4.60 it becomes from that point capable of destroying life unless the oxygen be artificially augmented in the air breathed. At 10 to 12 per cent it puts a stop to the absorption of oxygen, if formed at the expense of the oxygen in the air breathed, and thus causes immediate death. The air in which animals enclosed have thus died by the carbonic-acid exhaled from their own bodies, has con-

tained 12½ per cent of it. It cannot be increased beyond this point, because it can only be formed by the exchange of gases between the animal and the atmosphere, and at the expense of the oxygen of the latter.

Man consumes of oxygen and produces of carbonic-acid in breathing nearly twice as much as woman, and, after puberty, twice as much as during childhood in the same length of time. During vigorous muscular exercise, he doubles his usual proportions, but during the intense mental occupations of the closet falls below them. Measles and other eruptive fevers considerably increase the carb.-acid usually expired; as do, in woman, pregnancy and the turn of life.

The ratio is increased during the digestion of food and diminished by fasting; but the absorption of oxygen is increased while fasting. After the forty-fifth year in both sexes it gradually diminishes, until in the very old it falls below that of the young menstruating female.

Any being can be gradually accustomed to live in an atmosphere so vitiated that any other of the same species suddenly introduced into it, will perish of asphyxia, or be seized with typhus. The organic condition corresponding to the vitiated sphere is a depression of all the functions, which assimilates the bird, for example, to the toad or cold-blood animal. The activity of respiration is lessened, the animal is chilled, the circulation is retarded, the secretions less abundant, the consumption of oxygen diminished. Fasting diminishes the amount of carb.-acid exhaled, and also, but in a less proportion, the oxygen absorbed, until they stand in Marchand's tables as 420 of O. to 200 C. A. From this point, fasting continued, the proportion of O. sinks until scarcely sufficient to form C. A. The ratio is uniform for the most different animals. (Regnt. Reiser.) The diminution of absorbed oxygen is constant, but the ratio of diminution is greater during the first and last periods of starvation.

The diminution of exhaled carbonic-acid follows the same course.

The excreted carbonic-acid, compared with waste of tissues, is at first in quantity scarcely double, in the middle $\times 2\frac{1}{2}$, at the close triple. The fat yields 78.1%, the albuminates 46.1% to the respiratory process. Aqueous vapor observes the same variations as O. and C. A. but less marked. Aqueous vapor and carbonic-acid are both exhaled in maximum proportions when both food and water are withheld, difference daily when water was given freely—

16.281	21.641
15.600	16.200

.681 of aqueous vapor; 5.341 of C. A.

Difference at 2, P.M., depending on whether or not dinner has been taken; by Vierordt.—In

Pulsations.	Respirations.	Volume of one expir'n.	Air expired	Carb.-acid in one min.	Quantity of C.A. in 100 vol's of expired air.
16.3	1.72	16.3	383	49.18	0.01

Nitrogenous food determines absorption of larger proportions of oxygen

The carnivora exhale little more than half as much O. in form of C. A. as the herbivora, and in Guinea pigs fed on nitrogenous food, the ratio rises $\frac{1}{2}$ in O. absorbed. Difference in dogs from 74.5% O. in C. A. to 91.3%, or 69.4% when fed on fat to 91.3%. Less nitrogen eliminated from vegetable diet.

In the carbo-hydrates only the carbon needs to be oxydated.

	(grammes)		(grammes)
In fat the carbon of 100 parts needs of O.	208.35	}	= 30.27 Ox.—
“ “ hydrogen “ “ “ “ “ “	93.92		= 10.13 Ox. cont'd.

Ox. req'd, 292.14

Mean composition of the fats 78.13 C, 11.64 H, 10.13 O.

Respirations.	Per-centage of C. A.	Constants.	Augmentation of p.-c. C. A. for duration of resp.	3.2 1.6 0.8 0.4 0.2	}	Volumes of air expired in undisturbed breathing, 500 c. centi- meter, or 30.5 c. inch.
6	5.7	2.5				
12	4.1					
24	3.3					
48	2.9					
96	2.7					

C. A. in normal expiration (of 574 c. c.) = 4.63%, per-cent. 4.63.

Air in normal respirations containing C. A. 4.60 p.-ct., 1800 c. c. = 5.18%.

Do.	twice as deep,	4.	per-cent. = thrice the normal frequency.
	thrice	“	3.70
	4 ×	“	3.38
	8 ×	“	2.78
	$\frac{1}{2}$ ×	“	5.38

} Air in first half of an expiration contains p.-ct., 3.72%.

} “ “ last “ “ “ “ 5.44.

} Hence in deeper stratum = 1226 c. c.

There are 66.67 cub. centim., or per-cent. 5.43.

Highest per-centage of C. A. in pulmonary cells, 5.83, i. e. 1.2% more than in ordinary.

In breathing pure oxygen more O. is absorbed, but no more C. A. given off.

“ “ “ “ “ “ “ “ and more Az. given off.

“ “ air charged with C. A. less O. absorbed, more Az. given off.

“ “ “ “ “ “ “ “ less C. A. given off, but some C. A.

abs'd.

“ “ “ “ “ Azote, “ “ “ “ “ Az. and O. “

“ pure Azote more C. A. given off than in common air.

“ Nitrous Oxyd, Az. and C. A. more given off, and N. Ox. absorbed.

“ Hydrogen C. A. more given off, and more O. absorbed.

Carbonic-*oxyd* is the chief ingredient in choke damp, and to which fatal effects are due. The exhalation of C. A. is direct in ratio to temperature among lower and hybernating animals, bats, and marmots, with molluscs and insects, but inverse with higher mammalia and birds.

Largest relative am't C. A. exhaled at a temperature bet'n—5° and +3°.

Smallest “ “ “ “ “ “ “ “ +28° “ 43°.

Reviews and Bibliographical Notices.

1. *A Treatise on Abortion.* By EDWIN M. HALE, M.D., Prof. of Materia Med. and Therapeutics in Hahnemann Medical College, &c. &c. Chicago, C. S. Halsey, 147 Clark-st., 1866. 8vo., pp. 348.

AN article on "Abortion: its Prevention and Treatment," by the present author, was published in the *eighth volume of this Journal*, (1860). The views presented in that paper were approved by the profession generally; an extension of it was issued at a later day by the publisher of the present work; and now, after five years of further observation and research, the author presents to the medical public the present octavo volume in which he has endeavored to collect and condense all the available knowledge of the profession on the subject of which he writes.

The purpose of the author is to embody in *one systematic treatise* the sum total of our existing knowledge on abortion as it was partially understood ages ago, as well as in the many aspects in which we now meet with it in civilized society. The importance of the subject, the absence of any previous reliable work upon it in any school, the devotion of our author, and the extent and character of his work, combine to justify an extended notice of it.

"The term ABORTION, is derived from the Latin word *aborto*, which means literally—*to bring forth before the time.*" In the broadest sense of the word, an abortion may take place at *any* period of pregnancy. It is, however, divided into different species according to the period at which it takes place and the condition of the placenta and fœtus:

I. *Ocular* Abortion,—when the ovum is lost before it is impregnated.

II. *Embryonic*,—when the impregnated ovum is expelled before it is attached by the placenta to the uterus.

III. *Fœtal*,—when the expulsion occurs after the attachment and before the child is viable.

IV. When the child is born before the normal end of pregnancy, but is capable of maintaining a separate life.

The importance of the subject is first proved by an extended review of the statistics which are supposed to demonstrate the humiliating fact that *abortion*, especially *criminal abortion*, is really and constantly increasing in our country. At the same time it is seen "that in many countries of Europe it has been ascertained that the 'fecundity' of the population, or the rate of its annual increase is rapidly diminishing."

In the United States the statistics reveal melancholy facts, some of which for the city of New-York are thus summed up:

"In brief, while the ratio of foetal deaths to the population was, in 1805, 1 to 1633.40, in 1849 it was 1 to 340.90; and when we consider that a large proportion of the reported premature births must always be from criminal causes; and that though almost all the still-births at the full time,

even from infanticide, are necessarily registered, but a small proportion of the abortions and miscarriages occurring are ever reported to the proper authorities, it will be apparent that at the present moment the abortion statistics of New-York are far above those of 1849."

From 1804 to 1809 the ratio of still-births to the total number of deaths was

- - - - -	1 to 37.6
1809 to 1815 - - -	1 to 26.3
1815 to 1825 - - -	1 to 19.1
1825 to 1835 - - -	1 to 15.8
1835 to 1855 - - -	1 to 13.3
1856 - - - - -	1 to 11.1

From the statistics given more at large, it is said that "there can be drawn but one conclusion—that criminal abortion prevails to an enormous extent in New-York, and that it is steadily and rapidly increasing." From comparisons between New-York and the large cities of Europe it is apparent that New-York surpasses them in the rate of fetal mortality; and that "in the description of New-York, we find that of the country."

We pass from the elaborate tables which demopstrate the correctness of such unsatisfactory conclusions, to notice their results upon the health of the women who suffer them.

Dr. Hale supposes criminal abortions are more frequent than other authors have discovered them "in the fourth week after conception." The influence on the health of these women is only beginning to be studied. Dr. Storck says: "The results of abortion from natural causes, as obstetric disease, separate or in common, of mother fœtus or membranes, or of a morbid habit consequent on its repetition, are much more serious than those following the average of labors at the full period. If the abortion be from accident, from external violence, mental shock, great constitutional disturbance, from disease or poison, or even necessarily induced by the skillful physician in early pregnancy, the risks are more. But if, taking into account the patient's constitution, her previous health, and the period of gestation, the abortion had been criminal, then the risks are infinitely increased." In thirty-four cases of criminal abortion reported by Tardieu, where the history was known, twenty-two were followed as a consequence by death, and only twelve were not. In fifteen cases necessarily induced by physicians, not one was fatal. (*Annales de Hygiene*, 1856, p. 147.)

Consequences of Abortion.—1. Ulceration, erosion, and congestion of the os uteri.

2. Premature and profuse menses.
3. Retroflexion and retroversion of the uterus.
4. Prolapsus uteri.
5. Ovarian disease.
6. Pelvic cellulitis.

Classification of the Causes of Abortion.—I. Constitutional or predisponent.

1. Plethora.
2. Anæmia or chlorosis.
3. Scrofulous Diathesis.
4. Return of Menstrual Crisis.

5. Zymotic Diseases, {
- a. Syphilis.
 - b. Mercurialization.
 - c. Variola.
 - d. Scarlatina.
 - e. Diphtheria.
 - f. Cholera.

II. Local or Organic.

1. Malformation of Ovum.
2. " of Membrane.
3. Placental Abnormalities, {

 - a. Mal-location of (Placenta Prævia.)
 - b. Organic Diseases of.
 - c. Detachment of.
 - d. Fatty Degeneration of.
 - e. Calcareous Degeneration of.
 - f. Hydatids.
 - g. Moles.

III. Reflex (Exciting)

1. Centric, {
 - a. Emotional—as fright, anger, grief, &c.
 - b. Direct blows upon the brain or spine.
 - c. Medicinal.
 - d. Cerebro-spinal Meningitis.
2. Concentric, {
 - a. Parotidean Irritation.
 - b. Thyroideal "
 - c. Thoracic "
 - d. Mammary "
 - e. Dental "
 - f. Gastric "
 - g. Rectal "
 - h. Vesical " also Renal.
 - i. Vaginal "
 - j. Hysterical "
 - k. Epilepsy.
 - l. Falls, jumping. blows, &c.
 - m. Functional and Organic Diseases of the Uterus.
 - n. Functional and Organic Diseases of the Ovaries.
 - o. Displacements of the ovaries.
 - p. Death of the Embryo.
 - q. Genital (Coitus.)
 - r. Instrumental.

IV. MEDICINAL.—*Emmenagogues or Oxytozics*.—Drugs which may, under certain circumstances, cause Abortion.

Apis-Mellifica,	Borax,	Podophyllum,
Actea-alba.,	Bovista,	Quinæ-sulphas,
Aloes,	Cantharis,	Ruta-graveolans,
Asarum-Europæum,	Caulophyllum,	Sabina,
Asarum Canadense,	Cimifuga,	Secale-cornutum,
Asclepius-syriaca,	Decodon-verticellatus,	Sanguinaria,
Asclepius-incarnata,	Gossypium-herbaceum,	Terebinth,
Aletris-farinosa,	Ilex-opaca,	Tanacetum-vulgaris,
Baptisia-tinctoria,	Mercurius,	Ustilago-madis.

I. The effects of these various agents, and their mode of action in causing abortion, are dwelt upon by the author at sufficient length; but, though necessary in their place in a systematic work, they do not need special notice here.

It is believed that loss of the ovum very often occurs within the first month of pregnancy, as Smellie and other observers taught. The blighting power of syphilis over the ovum is fully shown, where the virus has been received by one parent or the other. It causes miscarriage at an early period. "The menses are retained a few days over the usual period; there is finally a somewhat profuse discharge, accompanied by more pain than usual, and the passage of what are considered clots, but in them lies concealed the semi-developed ovum."

Mercury in form of large doses of Calomel often causes abortion; but in minute doses "the system may be so saturated with the poison, that the blood and tissues are deprived, by its baleful influence of the normal vitality necessary to carry on the process of gestation."

Variola is a well known cause of abortion. "Confluent small-pox nearly always occasions abortion, and this is almost uniformly followed by the death of the mother."

Asiatic cholera and yellow fever, as well as other epidemics, very commonly cause abortion. In the epidemic dysentery of the malarious portions of the central Western States we have very often met an abortion at the hour of being first called to treat the inflammatory disease.

II. The *local causes* of abortion are numerous, and the fœtus is liable to many diseases which imperil its life. When diseased, it may excite by its irregular movements, the uterus to premature contractions; it sometimes winds the funis three or four times around the neck. Dr. Smellie gives instances in which it had tied a knot in the umbilical cord.

Instruments used for wilful expulsion of the fœtus, effect their purpose by injury to the child.

Mal-development of the embryo are manifested in the forms of *moles*, *hydatids*, &c. Structural deterioration of the chorion and placenta are less common. Fatty degeneration often causes abortion by "destroying the vitality of the ovum; or, owing to the friable condition of the placenta, partial separation may occur; or the partially degenerated blood-vessels may burst and lead to placental apoplexy." Details may be sought for in Tyler Smith's Lectures on Obstetrics, p. 185.

Congestion and inflammation of the placenta are likely to be confounded with other morbid conditions, as only the following symptoms of placentitis are given: "pain in the uterus, near the site of the placenta, pains in the back and thighs, and general fever."

Placenta Prævia.—"When the placenta is implanted on the *os uteri*, abortion is inevitable, and this almost always takes place before the fifth month. When only a small portion of it extends over the orifice, gestation may proceed to the seventh or eighth month, or even to the full period," but separation always "takes place to some extent as the cervix expands, although premature expulsion is not an inevitable consequence."

III. *Reflex Causes*.—The causes which originate in the nervous-centres,

the brain, or spinal cord, embrace the *emotional, physical, and medicinal*. We can notice now only the

MEDICINAL CAUSES.—Of these, *Quinine, Strychnine, and Ergot* produce congestive conditions of the brain or spinal cord.

1. *Quinine* has this power. It causes abortion in bad hands, and averts it when wisely prescribed: we have seen its operation very often both in causing and preventing abortion. In the common western allopathic doses of five, ten, or fifteen grains, it is of unquestionable power as a *parturifacient*; Dr. Hale's maximum dose, which *never* caused abortion in cases where it might fairly be feared, was one grain every two hours.

2. *Strychnine* has caused abortion. When used in the minute dose which cures ague with safety, it *prevents* the abortion which under the malarial influence is impending.

3. *Ergot*.—Brown-Sequard is accepted as authority for the opinion that Ergot causes congestion of the vessels of the spinal cord. Its power to cause abortion is undoubted. Its power to cure the condition which could only end in abortion is equally well established.

IV. *Concentric or Reflex-Spinal Causes of Abortion.*—The clear exposition of this subject by Prof. Ludlam in the preceding volume of this JOURNAL, leaves nothing to desire; it is therefore adopted in the present work. (See *N. A. Journal of Homœopathy*, Vol. XIII., p. 2.)

The remaining causes of abortion we will notice only so far as they have important relations to practice in other respects, and in cases which occur more frequently even than abortion. We pass over the proofs of the sympathetic relations existing between the uterus and the various other organs, all of which are well brought before us in this work; but we must stop for a moment with an extract on the pathology of Leucorrhœa.

"All pathology has its basis in physiology. The demonstration of two very differently organized surfaces in the vagina, and in the canal of the cervix uteri, with the existence of two very distinct forms of secretion, naturally lead us to the consideration of two principal forms of leucorrhœa. But at this point it may be well to revert for a moment to the special difference between the vagina and the cervical canal. The membrane of the vagina approaches in organization to the skin; it is covered by a thick layer of scaly epithelium; it contains in the greater part of its surface few, if any, mucous follicles or glands; its secretion is *acid*, consisting entirely of plasma and epithelium, and the chief object of the secretion is the lubrication of the surface upon which it is formed.

"On the other hand, the lining of the canal of the cervix is a true mucous membrane; it is covered in great part by cylinder epithelium; it abounds with immense numbers of mucous follicles, having a special arrangement; it pours forth a true mucous secretion, *alkaline* in character, and consisting of mucous corpuscles and plasma, with little or no epithelium, and this secretion has special uses to perform in the unimpregnated state, and in pregnancy and parturition." (*Tyler Smith*.)

The use made of this anatomico-physiological exposition by Dr. Hale is worthy of notice:

"Leucorrhœa admits of the same divisions as are set forth in the above quotation. The *first* and most important, is the *Mucous* variety, consist-

ing chiefly of mucous corpuscles and plasma and secreted chiefly by the follicular canal of the cervix. The *second* is the *Epithelial* variety, in which the discharge is vaginal, or is secreted by the vaginal portion of the os and cervix, and consists, for the most part, of scaly epithelium and its debris.

"These two varieties may, of course, exist in various degrees of combination. Sometimes the one and sometimes the other preponderates, or is the original affection. The old division of *uterine leucorrhœa*, as arising from the cavity of the *fundus*, is now obsolete—such discharge rarely occurs. In certain cases of menorrhagia the periodical sanguineous discharge is converted into a constant colored discharge, in which may appear some mucus, but hardly enough to constitute a leucorrhœa.

The distinction between *cervical* or *mucous*, and vaginal or *epithelial leucorrhœa* is carefully drawn at considerable length: and it appears that the percentage of abortions attributable to leucorrhœa is quite large. In 2000 pregnancies Whitehead found 1116 subjects affected with this morbid accompaniment, and of these cases 575 abortions could be assigned to leucorrhœa as their cause. In many of these the discharge is supposed to have proceeded from an ulcerated surface.

The section on *organic diseases of the uterus* is much more explicit, intelligible and practically valuable than the space given to the subject in the larger works. The common abuses of local measures and the indiscriminate application of caustics and corrosive escharotics has within a few years added immensely to the practice of a certain class of physicians. These abuses are now adding largely to the perils and miseries of female life; and, since we must meet them, and must continue to find the wrecks of frail constitutions increasing in number around us, it is well that scientific precision can be brought to bear upon them.—We have just seen a most intelligent and amiable lady who has within a few days been reduced from her morning walk of half a mile to the prison-bounds of a bed-room by *four cauterizations of the os uteri* by a noted practitioner in "female diseases." Whether there was any ulceration of the cervix or os at first or not—there is no mistake about it,—*there is now*.

Syphilitic ulceration, induration of the os uteri and displacements of the uterus are fairly considered by our author.

The medicinal causes of abortion are considered in detail after an imperfect though useful classification of the chief medicinal agents, known to have that power. The relative importance of each of the articles enumerated in the preliminary table is satisfactorily presented. However interesting we must pass by them now.

We now reach Part III., devoted to a scientific exposition of the whole subject of *gestation* (we prefer this word here); and then beginning at page 113, and in the space of forty pages we have the symptoms, diagnosis, pathology, mechanism and prognosis of abortion. As a systematic summary of the facts and principles involved here we consider the author's treatment of the subject the most lucid and useful in practice that can anywhere be found; though on the question of the existence of *pregnancy* we could have desired that the exposition had been carried out at greater length. The diagnosis of abortion and the subsequent sections are sufficiently full for the author's purpose.

Part IV., is devoted to the treatment of abortion, which is thus divided :

1. *Preventive.*
2. *Remedial.*
 - a Mechanical.
 - b Medicinal.
3. *Post-partum.*
 - a Postural.
 - b Dietetic.
 - c Medicinal.

The treatment involves constitutional predisposition to disease, anæmia, chlorosis, plethora, adiposia, scrofulous diathesis, menstrual periodicities, zymotic diseases, syphilis, mercurialization, variola, scarlatina, diphtheria, and cholera.

Section II. contains the treatment of abortion arising from local or organic causes. These include

1. Malformation of the ovum.
2. Malformation of the membranes.

In the next section we have the remedies for abortion from REFLEX (EXCITING) CAUSES.

1. Centric.
 - a. Mental Emotions.
 - b. Injuries of the Brain and Spinal Cord.
 - c. Medicinal.

1. *Concentric.* Sympathetic Irritations from other organs.

The practical measures here prescribed are most judicious *and* the best that science has to offer.

Section IV., V., and VI., occupy the next 27 pages, in the course of which are still more elaborately treated the "Functional Diseases of the Uterus," ulceration of the os and cervix uteri, and uterine displacements. And here at page 217 we enter upon the main subject of the book, the REMEDIAL TREATMENT OF ABORTION.

This is divided into,

1. Mechanical.
2. Medicinal.

The measures and remedies proposed are too numerous to be enumerated here with the specifications under which they are advised to be respectively used. Any garbled selections of symptoms under a few remedies could be of little value.

Section VIII. is devoted to the

CONDUCT OF THE PHYSICIAN.—In considering the position of a medical man when called upon to attend a case of abortion, our author divides the cases into three classes.

1. Respectable (married) patients in whom the abortion has been excited by some of the above-named causes.
2. Married women who "wish to shirk the trials and responsibilities of maternity, as well as desire to lead easy lives, or lives of fashion and luxury."
3. Cases of abortion wilfully caused for the purpose of averting public

exposure and disgrace, though at the expense of serious induced disease, which may threaten the life of the mother.

In all cases the duty of the physician can only be to treat with his best skill the symptoms that imperil the life of the patient, and, "*under any circumstances whatever,*" in or out of his patient's room, "*he should avoid all mention of the occurrence of an abortion in his patient.*"

The specific directions to the young physician for the management of cases in which the patient desires to conceal the fact of abortion having taken place are correct and professional. The same may be said of the section on the management of the abortion which is admitted to be a true labor. We have been accustomed to rely less on instruments, and more on tact and remedial measures. Let it always be a law in the physician's mind that the life of the woman is to be saved by some means, of course, with as little pain as possible, and by means which shall *make the best of the case* in regard to fever, inflammation, and the ordinary perils of parturition.

The *sequelæ* of abortion are treated of at length in Section XI., under the separate heads of,

- a. Postural.
- b. Dietetic.
- c. Medicinal.
- d. Mechanical.

Among the post-partum affections consequent upon abortion, we notice a few:

Cellulitis, hypertrophy of the uterus and mammary inflammation, puerperal metritis, puerperal peritonitis, mental aberrations, premature and profuse menses, chronic menorrhagia, prolapsus uteri, and retroversion are common; they deserve careful consideration, and they here receive it. Everywhere the superiority of the homœopathic treatment of diseases generally is conspicuous; but in this section of the work, the wealth of resource, the safety and efficiency of a treatment largely based upon Hahnemann's elementary principles, and affluent in the materials appropriated from every school, presents self-evident claims to universal acceptance. Here, as elsewhere in the work, a fuller detail of symptoms under some of the remedies might be desired. But what we have is of great practical value.

Part V. is devoted to OESTETRIC ABORTION, or abortion artificially induced.

1. *Premature Labor* (after the sixth month).
2. *Fetal Abortion* (from the end of the third month to the end of the sixth month).
3. *Embryonic Abortion* (during the first three months after conception).

These points have long furnished matter for discussion in the books, and we must pass them over now.

Finally we arrive at the closing chapter:

PART VI. *Jurisprudence of Abortion*, including the normal and legal bearings of both *obstetric* and *criminal abortion*. In this branch of his theme, the author avails himself of the valuable aid of two of his colleagues of Hahnemann Medical College. The moral aspects of "*Criminal Abortion*"

are sternly and fairly presented by Professor A. E. SMALL, in a lecture of Dec., 1864; and an elaborate and highly instructive review of the law in regard to this subject as it has been laid down by legislators in the principal civilized countries and American States is furnished by Professor Woodhouse, the present incumbent of the chair of medical jurisprudence and insanity in the same Institution. The imperfection of the law in relation to criminal abortion is faithfully exposed; and it is apparent that the interests of humanity would be advanced by the dissemination among legislators of the intelligence here collected. New-York in this point, as in some others, is behind some of the old nations, as well as some of the new states. The old distinction between "*quick* and not quick" is too absurd to be kept up any longer. It is now about three score years since Aaron Burr declined to discuss the distinction between "*contemptible*" and "*more contemptible*," in his correspondence with Hamilton. His reason was that the distinction was *too small* to furnish a matter of debate "between gentlemen." We hope, that before the century closes, our legislators will abolish the distinction between abortionists who are "*more contemptible*" than other criminals, and others (if there be any) who are "**MOST CONTEMPTIBLE.**"

2. *Pharmaceutical Directory of all the Crude Drugs now in general use; Their Etymology and Names in Alphabetical order, in four parts:*

- I. English, Botanical, Pharmaceutical and German Names.
- II. Botanical, English, Pharmaceutical and German Names.
- III. Pharmaceutical, Botanical and English Names.
- IV. German, Pharmaceutical, Botanical and English Names.

A most necessary and indispensable Hand-book for every druggist, physician and the intelligent public in general. By JOHN RUDOLPHY. New York, 1866. William Radde, 550 Pearl-st. And John Rudolphy, 536 Pearl-st. Imperial 8vo., pp. 116.

In offering this work to the public the author says it is the result of the research of many years; and it is his "ardent desire that it shall be the means of overcoming a long felt necessity." He "has collected the scientific names of all the crude drugs now in general use, in the various languages named in the title-page, and has also given the most popular local names of the drugs." The whole is arranged "to facilitate the search for whatever is wanted." We have used this work and find it convenient, accurate, and sufficiently extensive to embrace all the articles known to Orthodox Medicine, and many more than it knows how to use. About 2400 names are arranged in alphabetical order under each language, so that if a name be known in *one* language it is found in its place at once; and then opposite in other lines on the same page its name in the other languages is seen.

3. *Cancer: Its Nature; and successful and comparatively painless Treatment without the usual operation with the Knife.*
By John Pattison M.D. Author of Diseases of Women, &c. &c. London. H. Turner & Co., 77 Fleet-st. &c. 1866. 12mo. pp. 133.

The author claims for this little work that it will give us some of the best results of twenty-five years' observations in search of a better mode of treating cancer than that in general use. The common hospital treatment is indeed bad. "In a recent report of the governors of the Cancer Hospital, speaking of operations by the knife (and alas! they can do but little else), they state "that of 244 persons operated upon, the average lapse of time before the disease returned, (and it nearly always returns in an aggravated form) was no more than fourteen months." In 37 cases of operation noted during the past year, 29 were attacked again in less than six months."

There is then room for improvement in treatment; we wish to see the man who can effectually initiate the reform. The present author says he has some words of hope to give us. Let us hear them. He says; "If success is to be obtained in treating a malignant disease, we should *avoid above all things*, setting up or increasing any inflammatory action by irritating applications."

Fourteen years ago our author proposed a method of treatment which he does not yet call *infallible*, but still thinks it "the best that has been adopted."

The author's opinion of the nature of cancer is that it is a malignant disease, first appearing as a tumor, possessing a power within itself of extension and reproduction." He has seen it in all ages between 18 months and 90 years. It may be developed by any "continued irritation," but "previous to this irritation, the disease must have been in the system, for it is a constitutional disease." "The only cause I have learned from observation that will produce it (*even in a constitution in which it did not previously exist*), is the frequent application of such caustics as, Nitric-acid and Nitrate of silver, when long applied to a mucous surface, as the mouth, tongue or neck of the womb."

A further description of the growth and progress of cancer in common cases is then given. Then follow a few cases of "Malignant Ulceration of the scalp."

We have next:

CANCER OF THE ORBIT, EYE AND CHEEK:

Cancer of the Lip. Cancer of the Tongue.—Some cases, all cured, but we are not told how. We find however this "golden rule?" "That a sore in a mucous membrane should never be touched by caustics," *Cancer of the Antrum. Fungus Hæmatodes.* Cancer of the upper and lower maxillæ.

CANCER OF THE NECK.—*Cases.*—Cancer of the shoulder, cancer of the hands and fingers; of the breast; cases; cancer of axilla.—Ulcerated cancer

of the right breast; scirrhus of the right breast, cured by enucleation.—Of the left do., cases: Testimonial from a surgeon; cancer of abdominal walls.—Other cases: Cancer of the groin; cancer of the scrotum.—Cancer of the womb. Cases.—Cancer of the rectum; cancer in the cavity of the abdomen.—Cases: Cancer of the stomach. Cases. Cases of the thigh, leg, and foot.

Chapter II.—1. Simple and Non-malignant tumors. Case. 2. Malignant tumors.

MODE OF TREATMENT.—We are now to be initiated into the art of cure. We will permit the author to describe his mode of treatment in his own way:

The “process which I have greatly modified and successfully employed for many years, is known by the name of *enucleation*.” The agents employed differ from those previously employed “in causing but little pain or suffering, but in having a powerful effect upon the constitution, they afford a guaranty, in the majority of cases, against the recurrence of the disease. My *Enucleating Paste* is composed of equal parts of powdered root of

Hydrastis-canadensis,
Chloride of Zinc,
Flour and water.

These, when properly mixed, combine and form a mucilaginous mass. If this should be applied on the healthy cuticle, its action would be merely that of an irritant; and in treating a deep-seated, malignant tumor, it would do much more harm than good; to avoid this, and to enable the paste to act upon the part, I invariably rub over the cuticle with a few drops of Nitric-acid of the specific gravity of 1.35. This seldom causes more pain than that produced by a mustard plaster or blister, and it seldom continues longer than ten or fifteen minutes; indeed, it is no unusual thing for delicate and acutely sensitive ladies to submit to this application in my consulting rooms, and within a quarter of an hour to leave, free from pain or suffering. Of course, in those cases where the disease is near the surface, or in those where ulceration has already commenced, this first application is unnecessary, and is, of course, never made. In those cases where the diluted acid has been applied, on the following day the surface should present a whitish appearance; this I dress with an ointment composed with one part of the enucleating paste, mixed with nine parts of Calendula ointment. Very seldom is there any pain felt from this dressing, for by using a diluted ointment, the nerves of sensation, which are principally ramified on the surface, are gradually benumbed and destroyed, and by this means I avoid much unnecessary pain and suffering. The strength of the ointment is increased by degrees, until generally on the fifth or sixth day the surface is thoroughly deadened, and all feeling in it is lost. After this I draw perpendicular lines about half an inch apart, and parallel to each other with the point of my instrument; these scratches never penetrating beyond the deadened structure, are never felt by the patient; these I dress with narrow strips of cambric, spread with the undiluted paste. This dressing is only retained for an hour or two, and the same kind of dressings are applied from day to day until the disease is destroyed. As

the process advances there is a feeling more of discomfort and uneasiness than of pain; this is owing to the circumstance that as the tumor is destroyed, it becomes heavy; but this discomfort can be readily relieved by care and ingenuity. This process, however, cannot be carried on without giving rise to some constitutional irritation evinced by feverishness, loss of appetite, and sometimes restlessness at night, these symptoms being accompanied by torpidity of the liver and bowels. For the first I gave Aconite 2, or Verat-viride 2, one or other of these never failing to overcome the feverish symptoms. For loss of appetite, I generally turn my attention to the state of the liver and bowels; for this I generally give Mercurius-sol. 2, or Leptandrine, given in two to four-drop doses, until the bowels are relieved. If restless at night, I generally give a few drops of the liquor Nепenthe, but if the pain should occur during the treatment (I state it for I have treated many cases without suffering from pain), then I give the $\frac{1}{4}$ or $\frac{1}{2}$ of a grain of Codeine. I may here remark a curious thing regarding this sedative and Morphine, viz., that though they are both prepared from the same substance, yet their actions are very different. Codeine will almost certainly banish pain, but it, excepting in a few cases, never induces sleep; whereas Morphine induces sleep but seldom relieves pain unless given in considerable quantity."

In employing this process for removing cancers, the author says: "That although he has enucleated many hundred" malignant tumors, he "has never had the misfortune to lose a patient during this part of the treatment."

Nature of the Tumor to be Removed.—"The paste will penetrate and destroy a tumor of true scirrhus much quicker than it will an equally sized tumor of a medullary character. In none, however, does it require longer than from four to five weeks to destroy the disease.

"After the disease has been destroyed, which can be ascertained only by experience and practice, the strips on which the enucleating paste has been spread are withdrawn, and no dressings are applied until the fourth or fifth day, by which time a line of demarkation will be found between the living and the dead parts." After removing the strips "I now avoid all dressings of lotions or ointments," but when the line of separation is drawn, "I dress with strips of calico an inch wide, spread with Calendula ointment. These are placed around the mass, one half of their width being laid on the living structure, the other half on the dead. I only remove these once a day, as it is important to retain the pus, which serves to soften and assist separation. About the tenth day, separation is so far advanced as to admit the introduction of a finger between the two. I then discard the strips and dress with strips of medicated cotton wool well spread with the same ointment." The tumor generally falls off from the fourteenth to the twenty-first day from the removal of the dressings of enucleating paste." In one case "a lady's breast (for in this case the tumor occupied the whole left breast) fell off, when throwing on her shawl before going out for a walk. In no case, however, even when loose, do I attempt to hasten its removal, as experience has shown me that non-interference is always the best. After the mass has dropped off, a flat surface

is exposed to view, covered with a thick purulent matter, but never bloody, for one great advantage of this mode of treating malignant disease is, that seldom is one single drop of blood lost from the commencement to the termination of the treatment." The after-dressing consists only of Calendula ointment on cotton wool or calico. The sore is occasionally cleansed; and, if a particle of diseased surface be visible it is immediately dressed with the enucleating paste.

Having permitted Dr. Pattison to state his own case to the jury of American physicians we can not wait to hear any arguments upon it now. We can safely entrust him, as the "London Medico-Chirurgical Review" did his distinguished uncle thirty years ago, "to the *chivalrous honor of the American Medical Profession.*"

4. *The London and Provincial Medical Directory.* Edited by WILLIAM BAYES, M.D. London: H. Turner & Co., 77 Fleet-Street., &c. 12mo. 168 pp.

THIS volume is a handsome monument to the genius of Hahnemann, presenting at one view, a strong array of *living witnesses* "in favor of that reform which homœopathy has introduced into the art and science of medicine."

As a Directory, it "professes to give the address of every recognized practitioner of homœopathy in the British Islands." "It affords the strongest evidence in favor of *homœopathy* as a *practical science*, to which it is possible to refer, when it is considered that each and all of these professors, lecturers, medallists, physicians, surgeons, and apothecaries, have, after a full study and careful experiment in hospitals, dispensaries, and clinics, abandoned the *older system* of Medicine, and given their adhesion to the *new.*"

THUS A HOMŒOPATHIC DIRECTORY "is something more than a mere list of *addresses and qualifications* of physicians and surgeons practicing homœopathy."

The present volume contains:

1. Preface. 2. Notices, &c.
3. Homœopathy: its relation to specific medicine. Peruvian Bark, &c. Homœopathy is the medicine of specifics.
4. List of registered practitioners, practicing homœopathy in England, Wales, Scotland, and Ireland.
5. List of non-registered practitioners, 1865.
6. List of homœopathic veterinary surgeons.
7. London District list, arranged by Postal Districts.
8. Provincial list.
9. List of members of British Homœopathic Society.
10. New Medical Act. 11. Homœopathic Hospitals and Dispensaries.
12. List of English Homœopathic Serials.
13. List of American Homœopathic Serials.
14. List of Works on Homœopathy.
15. List of Tracts on Homœopathy.

We find also names of large towns not yet supplied with Homœopathic practitioners.

5. *Diseases peculiar to Women, with a new and successful treatment for the same, without the use of Caustics.* By JOHN PATTISON, M.D.—London, Henry Turner & Co. 77 Fleet-st. 1866. 12 mo., pp. 136.

The object of the present work of moderate size on a subject so extensive is thus announced: The author says that in giving special attention to the treatment of cancer he found so many cases of ulceration of the os uteri and cervix which had been pronounced incurable that he was obliged to give to that subject his particular attention also. The result of his researches in that direction are before us. He begins with brief descriptions of the usual diseases dependent on functional derangements of the uterus, with the treatment he has found most satisfactory. We must notice a few points.

Dysmenorrhœa.—There are three varieties:

1. From Inflammation. The treatment is successfully conducted by means of Acon., Bell., Cham., Cocc., Nux-v., Plat., and Puls.

2. Neuralgic Form. The origin of suffering here "lies in some irritable condition of the nerves of the womb or the ovaries, which cold, sudden shock, or mental emotions have excited into neuralgia."

In treatment the author relies much on medicated baths, and the ordinary remedies for the inflammatory stage; after which,

Xanthoxylon and Caulophyllin are important. In the cases in which these fail.

"Hamamelidin possesses a peculiar power almost *sui generis*, in assuaging the pain caused by dysmenorrhœa, whether in inflammatory or neuralgic phase." Whereas; "*The Hamamelis Virginica*, from the Hamamelidin is extracted has none of this power." The Hamamelidin has "in a number of cases" "warded off the periodical suffering without checking the flow, by giving repeated doses of the alkaloid for a number of days before the beginning of the anticipated paroxysm.

Other remedies for this form of disease are: Gelsem., and Xanthox., and Veratr.-vir. The latter is used locally, paint the hypogastric region with the tincture.

3. From *Mechanical obstruction*. In this form of disease nothing will cure but relieving the obstruction. How is this case to be distinguished?

"As a rule, when partial obstruction is the cause of stricture of the neck, the following symptoms occur:" "A day or two before the flow should take place, fever, rigor, pains in the back and lower portions of the body occur; to these are frequently added vomiting, bearing-down pains, and a feeling of total prostration."

These painful symptoms last from 12 to 48 hours; then a drop or two of menstrual flow appears and relief is afforded. The discharge is slow, and lasts from 6 to 10 days; and when it does appear, all the agonizing symptoms disappear. Why? The menstrual fluid collects within the uterine

cavity: the stricture or small size of the orifice prevents its escape, until by accumulated force it is allowed to flow." Dilatation of the stricture is the only remedial measure proposed (after the above means have been tried.)

Non-Malignant Ulceration of the Cervix.—The author gives many cases in brief. We will permit him to tell one story for himself:

"Miss —, aged twenty-two, of an active habit, menstruated before fifteen years of age. During the last three years the catamenia had degenerated into menorrhagia returning every third week; no dysmenorrhœa. About a year previous to seeing me she had consulted a homœopath, who applied caustics twice. She suffered from leucorrhœa, which at first was streaked with blood. I first saw her professionally in March, 1865, and, on examination, found that her former medical attendant had used his caustic to some purpose, for nearly one-third of the cervix was destroyed. I put the lady on Cerasin and Hydrastis, and ordered an injection night and morning of the latter. These injections cleansed the parts, and healthy pus was secreted for the first time. Three times a week Hydrastis or Myricin was applied to the cervix, and in about five months the young lady was restored to health."

Non-Malignant Tumor of the Uterus.—Case. "Mrs. —, aged twenty-seven, had been a widow for two years. About six months previous to my seeing her she felt much pain in the passage, with a feeling of weight and fullness in the parts, a constant desire to urinate and pain in the back. Catamenia regular, but at these times suffers greatly from dysmenorrhœa. She also has leucorrhœal discharge. Has one child. On examination detected fibrous tumor situated within the structure of the walls of the vagina on the left side about an inch and a half beyond the meatus urinarius: it was about the size of a pigeon's egg. I had determined to cut into it, but, as I always do in case of tumor, I placed her under constitutional treatment; I ordered Hydrastis 6, three times daily; the bowels being confined, to be moved by an enema of tepid water every morning; and to arrest the leucorrhœal discharge, an injection of the infusion of Hydrastis twice daily was prescribed. In a fortnight I was greatly surprised to find that this tumor had nearly disappeared. The treatment was persevered in for some little time longer and when I saw her three months after the first interview I could detect no sign of the tumor. The lady has since married, and at present has no trace of the difficulty.

6. *An Epitome of Veterinary Homœopathy.* Compiled from HAYCOCK, MOORE, and others, and adapted to the use of Farmers and Breeders of Stock. Chicago: C. S. Halsey, 147 Clark-st. 1866. 12mo. pp. 82.

THE compiler of this Hand-book on the Diseases of Animals, has furnished a very useful work, though it is but small in size. In endeavoring to make up from existing materials, a book so small and so plain, that every farmer may read and understand it, he has succeeded in compressing into it the most important portion of the practical knowledge in the possession of the

veterinary practitioner. I. Judicious and useful observations are given on the difference between diseased and healthy animals. The pulse, diet, drink, food of the various qualities. Medicines. Internal and external directions for giving the medicines. II. We have next the different diseases of the skin: Diseases of the organs of breathing, including nasal gleet, laryngitis, pleurisy, broken wind, catarrh, bronchitis, pneumonia, cough.

III. Diseases of the Organs of Digestion.

IV. Diseases of the Urinary Organs.

V. Generalities: Rheumatism, Strangles, Inflammation of the Lymphatics, Abscess, Dropsy, Purpura Hæmorrhagica, Glanders, Farcy, Ophthalmia.

VI. Diseases of the Brain and Nervous System. Phrenitis, Tetanus, &c., &c.

VII. Diseases of the Feet and Legs;—Inflammation of the Feet, &c., &c.

VIII. Wounds and Injuries.

IX. Diseases Peculiar to Cattle,—Inflammatory Fever, Vesicular Epi-zootic; Foot Rot. Loss of Cud. Gloss-Anthrax or Blain. Milk Fever. Inflammation of the Udder. Red-Water. Flooding, &c.; European Cattle Plague.

X. Diseases Peculiar to the Dog.

7. *How I Became a Homœopath.* By WM. H. HOLCOMBE, M.D., of New-Orleans. Chicago: C. S. Halsey, Homœopathic Pharmacy. 1866. 8vo. 30 pp.

We have read of men who were born to be great, and of others who have had greatness thrust upon them, (and of these last but few could make it stick to them). We have also read of men who were "natural-born doctors;" but, they are perhaps not common. If we have any left, surely the author of this beautiful little book is one of them. You cannot read the first page without admitting this; and you cannot read that far without going on to the end of the book before you rest. We dare not attempt to prove the truth of our assertion by making quotations from the book; for we should not know where to stop. And we cannot trust our printers with it, for they would print the whole of it.

The narrative claims only to be a chapter from the autobiography of an individual, but it is more romantic than any chapter of fiction; for the author, in describing his professional conflicts of spirit in breaking through all the lessons of education, the personal influence of much respected teachers, and, above them all, his noble father, who is still loved by so many of us, is narrating with the inspiration of a poet, the interior history of many a professional brother. Each man will read the story for himself; and each will recognize in it the lesson which his own experience has been teaching him through the trials of the passing years.

8. *Informe Sobre Las Propiedades Higienico-Medicinales Aguas y Temperatura De La Isla de Pinos.* Habana: Imprinta "La Antilla." Calle de Cuba. Numero 51. 1865. pp. 42. 8vo.

WE have in this pamphlet a strong appeal in favor of the ISLE OF PINES as a resort for invalids. Situated on the south side of Cuba, and sheltered by that Island from the north winds which are much felt by northern invalids at Havana, the tropical Isle of Pines offers many sanitary advantages. These are well presented by the present author, who also claims peculiar virtues in all pectoral and psoric diseases for the mineral waters of the Island, as well as for its mild and salubrious climate.

9. *Home Papers.* A Monthly Journal, Devoted to the Physical, Social, and Moral Interests of the People. Volume I., No. 1, July, 1866: Medicine, Physiology, Hygiene, Diet, Care of Children, Chemistry, Botany, Geology, Natural History, Phrenology, Literature. Published by C. S. HALSEY, 147 Clark-street, Chicago.

To the making of books there is no end. "This assertion of the King of Israel, like that of a few other inspired men, becomes more evidently true as the world grows older. The city of Chicago alone can certainly "beat all creation" (so far as it was known to Solomon) in the making of books; and the single publisher of "*Home Papers*" could now supply all the readers living in this day in all the countries the Jewish King ever heard of. The medical profession have received many books from the same House designed to aid them in their service of the people. We have here a new one designated to visit the people at their *homes*, freighted with so many treasures and attractions that the old gentleman in the middle of the title-page will soon become as popular among the young folks as Santa Claus and Saint Valentine. A new and popular journal which knows how to take hold of all the subjects named in the programme must soon become, what the publisher says it shall be:—"A journal which every one must have, because no one can afford to do without it."

In the first Number we have:

"Our Bill of Fare.—Homœopathy.—The Management of Children.—About Bread.—Concerning Matches.—Entomology.—[We would like to see that '*Bug-Editor*']—Botany (also Illustrated).—Old Maids.—Fashions.—Military Mortality.—General Scott.—Microscopy.—Cholera.—Interesting to Bee-holders.—Paralysis with Dementia.—Teeth of Fish.—Nitro-Glycerine.—Plant Trees. Talks with the Little Folks.—Sewing Machines."

10. *Cholera: Its Prevention and Cure.* By George E. Shipman, M.D. Chicago, C. S. Halsey, 1866. 8vo. pp. 22.

So many small works on cholera, designed to give the people instruction upon the best means of averting or curing it have been recently published that a particular notice of each one is no longer called for.

All of those emanating from men of the homœopathic school are good in the various degrees claimed by their authors. The smaller ones, being restricted in their limits to exact rules of prophylaxis and treatment, are quite as well suited for their purpose as the larger ones. The work of which the title is given above demands a little further notice on one or two points.

1. The *cause* of cholera though admitted to be unknown is supposed to consist in some agent in, or changed condition of the air, the influence of which "is all-pervading. There is something added to, or taken from the atmosphere, or the electric influence by which we are surrounded in a cholera epidemic which produces a depressing effect upon every one, at least to a sensible extent. In some places, birds, beasts, and even plants, have seemed to be under the influence of this depressing cause: the swallows and rooks have left some German cities at the approach of the cholera, and returned again at its disappearance; which shows, that the cause, whatever it is, pervades not only the lower, but the upper strata of the atmosphere." "Ehrenberg, the great microscopist, discovered thirty new kinds of infusoria, or microscopical insects in the atmosphere in Berlin, during the prevalence of the cholera: a hundred were known to him before."

Prophylaxis or Prevention.—Air, earth, and water are full of germ, which when brought into fitting circumstances, produce living beings: these germs of evil power are only to be feared "when they are found in circumstances fitting to their complete development." No matter then "if we have the *germs* of cholera" always "in our midst, even though we know not what they are, provided we know what conditions are needed for their complete development, and what conditions will prevent it." There is something new in this view of the origin of the cholera. Is it possible that it is not the egg that is imported but the "*circumstances*" that may develop the egg into a malignant existence. We suspect that these "*circumstances*" are always very close about us. We fear they will be hereafter. Let us see what they are. The author says: "Now, though we do not know what the germs of cholera are, we do know what kind of a soil is needed for their development." In the earlier stages of this development the disease is "readily recognized, and as readily destroyed."

What then are the "conditions which favor the development of these cholera germs?" They are surely such as we have long been acquainted with.

They "may be characterized in a general expression as *depressing*—by avoiding these depressing states, you avoid cholera." This "if not an absolute fact" is to be found true in the vast majority of cases. What then are the *depressing conditions*? They are:

1. *TAKING COLD.*—This is a cause of disease, and the subject of it is liable to take the *prevailing disease*, whatever it be. The advice given for avoiding it is good.

2. *Deleterious Gases.*—All that is said against them here or anywhere else is true. If Hercules should come this way now he would probably begin his operations for cleansing New-York by turning the Hudson river through it, and then, what oceans of Carbonic-acid, Sulphate of Copper, (is not Sul-

phate of Iron the article) he would use? But we have no demi-gods now. Hercules has not been seen for a *long time*. Then, what *must* we do? Disinfect everything. That is right. "Some think (and with apparent good reason) that cholera is propagated by means of the discharges of the cholera patients." No doubt this is true: hence the "vessels" used by cholera patients "should not remain in the room any longer than needed;" and should in any event be disinfected at once by Carbolic-acid or a solution of Sulphate of Copper, and, "as Florence Nightingale well suggests, the lids should receive attention as well as the vessels."

The *offensive gases ought all to be destroyed* by any disinfectant science can discover. We have no objection to cleansing the sewers. We will accept the quotation from our own much esteemed Wilkinson: "Heaven forbid that I should not honor the social office of the scavenger. From the adjutant birds of Calcutta to the ediles of Rome, they are purveyors of a cleanliness, which makes their adventitious dirt into dignity: but then, hitherto, they and the medical profession, though communicants and friends, are something apart, and no patient on his bed of sickness was ever attended before by a professed scavenger. * * * * That time has now however come: and our cholera doctors employ no treatment in which they confide, but the treatment by draining. If cholera rages call in the white-washer—call in the gully-hole trapper—call in the drain-maker,—call in the chloride of lime maker, the butcher, the baker, the publican and the rapid spell and coffin maker—and let the scrap and remnant of the medical man be, to be the caller." Yes, we accept all this from Dr. Wilkinson's ("*War, cholera, and the Ministry of Health*," London, 1855.) Men in authority in most of our cities question the powers of remedies to cure cholera when it comes: let us not blame them if they make some extra ultra efforts at purifying the atmosphere of the streets, tenement-houses and sewers. We return then to our author whose creed is so nearly our own that he pains our nerves the more when he happens to strike a wrong note.

According to the theory that the cholera *germs* exist always around us, and may be perpetually received within us, it is useless to try to prevent their *importation*: the only business of national or municipal governments is to correct the "circumstances," the "conditions" which are threatening to develop these cockatrice eggs into the fearful proportions of the deadly pestilence.

Here lies the serious problem which we think our respected and talented author has disposed of too hastily: While still speaking of the evil influence of impure air, the importance of which we rate as highly as he does, he says: "Nearly akin to this question is that of quarantine, and this may soon be disposed of. Quarantine in this country is impossible, in the first place: people will go to and fro, and there is no stopping them. Whether human beings are the bearers of cholera or not, it is not necessary now to discuss: one thing is very certain—cholera *can* travel without them—cholera *does* travel without them—cholera *will* travel without them. Cases enough can be adduced, of cities in Europe, which have been hedged in with the greatest military care and rigor, and yet the cholera has invaded them: nor is there any lack of cases, where cholera has spared communi-

ties not at all guarded, and on great thoroughfares. All thoughts of quarantine should therefore be abandoned: they are puerile, inadequate, and of no use in any way. Not only this, they keep communities in constant excitement and apprehension; hence, besides doing no good, they are an injury."

We regret that this paragraph is found in a book which is otherwise so good. The time has been when we could have endorsed every word of it most heartily. It was the doctrine of the whole profession a third of a century ago. Willing to live or die under the faith of the whole Hippocratican church we walked through the dwellings of the sick and dying, and breathed with reckless indifference the cadaverous atmosphere of the death-room and the coffin: took the disease, indeed, but held fast to the faith that there was no such word as *contagion*. There is no such word in our vocabulary *now*, when we speak of cholera.

And the faith we then received was fortified by many strong batteries of *facts* which *were facts*; the profession in its united aggregate wisdom dwelt ever with authority upon *these facts*. The experience of other years have added to *these facts*, but closer observations have accumulated *another series of facts* which taken alone would *seem* to prove that the disease is propagated, not indeed by *contagion*, but by *direct infection*. The deadly "germs" from which grew the scythe of Death so much dreaded in all the four continents of the globe from 1817 to the present time were not *always* among us. They originated no matter how, in India in 1817. They may have originated *de-novo* many times since; but in later years, cholera germs have been conveyed from one country to another; and have found on different soils the material elements among which they could reproduce themselves. Thus, though cholera can easily be shown to be *not contagious*, it can by any number of unquestionable facts be proved to be *portable*, capable of being carried, and, like yellow fever, capable of being *planted* and propagated in nearly every kind of place, but most successfully planted in those places where the "*circumstances*," as Dr. Shipman says, are favorable for their rapid development. We have then good use for all his ventilations and purifications and disinfections. We have good use for all his precautions against the bad air of crowded rooms, churches, hospitals and street cars; for all his precautions against giving way to morbid timidity, telling frightful stories about who has just died; for the avoidance of "excessive labor of mind and body," disordered digestion, bad food, pork with all other things half as bad, and intoxicating drinks. We fully approve of giving our patients and the public good advice, though we all know in this case, as in most others, it will not be followed.

But in sanctioning all that is good and useful, let us not go back to trust to the theories and practice of our elder brethren of 1832. Their practice and their theories permitted cholera to travel wherever it pleased, and also permitted its victims to pass through their hands by hundreds and thousands in every large town. We must do better than they did if we prevent the spread of cholera from the ships that will bring it to our sea-ports, to crowded populations of the Atlantic cities and those of the interior. What are we likely to do? Asiatic cholera is now arriving almost every week

in some of the over-crowded vessels from Europe; and it would be *planted* in the worst parts of New-York City in a hundred different localities, where every "condition" for its rapid development already exists, if we had not a despotic quarantine regulation, which prohibits both the *sick* and the *well* of the infected ships from reaching the city. Medical treatment has not improved in allopathic hands since cholera was here before. The Board of Health does not follow Hahnemann's mode of treatment; and we do not feel inclined to praise the mode of treatment at Quarantine. But *the fact that we have a rigid Quarantine* is one which future history will look back to as the *first* efficient step taken by a modern government for completely shutting out the pestilence from this hemisphere. Let us claim still that the *Hahnemannian remedies* are the true specifics for cholera as for other diseases; and where the opportunities occur for using them they will demonstrate their virtues. Let us admit the importance of all true hygienic measures, though we know that they *alone* cannot be trusted to keep cholera out of any city. But let us also admit that an *efficient quarantine* must also be depended on to prevent the malignant "germs" from landing; if, in spite of this, they do become established in the city, let us meet them with medical powers as potent for good as they are for evil.

The cholera broke out at Elizabeth on the 13th of June, and lasted until the 19th, on which day the last death occurred. It originated in a filthy privy that had been used by a family which found its way to the city from one of the ships that recently brought the disease to this port. There were in all twelve cases, nine of which died after an average illness of sixteen hours.

Fortunately, the Mayor of Elizabeth is a physician who has had some experience in the treatment of disease, and knows the value of prevention and sanitary science over methods of cure. Taking a couple of medical men, and without waiting to hold a council, he immediately used the agents that chemistry names as able to oxydize the poison that produces cholera, and the epidemic was vanquished. No other case has occurred since. (N. J. Papers.)

The *Lancet* comments upon the remarkable phenomena which have lately been presented in connection with the cholera in Liverpool. "Its clear importation from an infected place; its frightful development under the insanitary conditions of a crowded emigrant ship; its quick and rapid disappearance under a better sanitary condition of the affected; its limitation by isolation, the only parties attacked beyond the original group, who came from an infected place, being those waiting upon the sick in various ways. The phenomena require no comment now. They involve no particular theory of contagion: but they involve the portability by persons or personal luggage of the cause of cholera, and are full of interest and importance. They go to show that cholera may be carried into a country, and may be 'stamped out' of it."

Miscellaneous Items.

Homœopathic Medical Society of the State of New York.—
Abstract of the Proceedings of the fifteenth annual meeting,
held in Albany, February 13 and 14, 1866.

DELEGATES were present from the Homœopathic Medical Society of Connecticut and Massachusetts. There were present also, one Honorary Member, twenty-five Permanent Members, and thirty Delegates from County Medical Societies. Seventeen county medical societies were represented. The officers elected were as follows: Dr. Horatio Robinson, of Auburn, President; Lucien B. Wells, of Utica, 1st Vice-president, William B. Stebbins, of Little Falls, 2d Vice-president, Edgar B. Cole, of Waterford, Third Vice-president, Horace M. Paine, of Albany, Recording Secretary, H. Barton Fellows, of Sennett, Corresponding Secretary, John S. Delavan, of Albany, Treasurer.

Censors.—Dr. S. J. Pearsall, Saratoga Springs, Northern District: William S. Searle, Troy, ditto; James W. Cox, Albany, ditto; Benjamin F. Joslin, New York, Southern District; Daniel D. Smith, ditto; Albert Wright, Brooklyn, ditto; M. M. Gardner, Holland Patent, Middle District: W. Henry Hoyt, Syracuse, ditto; E. A. Potter, Oswego, ditto; D. F. Bishop, Lockport, Western District: A. R. Wright, Buffalo, ditto; Cornelius Ormes, Jamestown, ditto.

Executive Committee.—Drs. H. Robinson, L. B. Wells, Wm. B. Stebbins, E. B. Cole, H. M. Paine, H. Barton Fellows, J. S. Delavan,

Committee of Publications.—Drs. H. M. Paine, E. D. Jones, J. Beakley, H. D. Paine, T. Dwight Stow.

Committees on Materia Medica.—Drs. S. B. Barlow, New-York, First District; Henry Minton, Brooklyn, Second District; W. S. Searle, Troy, Third District; H. J. Ward, North Granville, Fourth District; J. G. Bigelow, Syracuse, Fifth District; T. L. Brown, Binghamton, Sixth District; E. R. Heath, Palmyra, Seventh District; G. A. Hall, Westfield, Eighth District.

Committees on Epidemics.—Drs. Eghert Guernsey, New-York, First District; S. S. Guy, Brooklyn, Second District; J. W. Cox, Albany, Third District; S. J. Pearsall, Saratoga, Fourth District; A. R. Morgan, Syracuse, Fifth District; G. B. Palmer, East Hamilton, Sixth District; H. Barton Fellows, Sennett, Seventh District; L. M. Kenyon, Buffalo, Eighth District.

Committees on Clinical Medicine, or Correspondence.—Drs. J. Beakley, New-York, First District; H. E. Morrill, Brooklyn, Second District; A. P. Cook, Hudson, Third District; Chas. Lowrey, Union Village, Fourth District; F. D. Stow, Fulton, Fifth District; T. S. Blodgett, Cooperstown, Sixth District; E. W. Rogers, Dundee, Seventh District; D. F. Bishop, Lockport, Eighth District.

Committee on Statistics.—Drs. Carroll Dunham, F. W. Hunt, L. Clary, A. R. Morgan, M. F. Sweeting, H. M. Paine, S. S. Guy, Charles Sumner.

Committee to present a Memorial to the Speaker of the Assembly.—Dr. S. S. Guy.

Committee to present a Memorial to the Governor.—Drs. E. D. Jones, and H. M. Paine.

Honorary Members elected: Drs. Elial T. Foote, New Haven, Connecticut; Samuel Gregg, Boston, Massachusetts; Charles D. Harris, Madison, Wisconsin; William E. Payne, Bath, Maine; Francis Sims, Philadelphia, Pennsylvania; David S. Smith, Chicago, Illinois.

Permanent Members elected: Drs. Albert Wright, Brooklyn, Kings county; John F. Gray, New-York, New-York county; Edwin M. Kellogg, ditto ditto; Benjamin F. Bowers, ditto ditto; John Searle, North Granville, Washington county; W. G. Wolcott, Whitehall, ditto; Samuel J. Pearsall, Saratoga, Saratoga county; William H. Watson, Utica, Oneida county; M. M. Gardner, Holland Patent, ditto; T. Dwight Stow, Fulton, Oswego county; Ethan A. Potter, Oswego, ditto; A. R. Morgan, Syracuse, Onondaga county; G. B. Palmer, East Hamilton, Madison county. Horatio Robinson, Sr. Auburn, Cayuga county; Edwin R. Heath, Palmyra, Wayne county; L. M. Kenyon, Buffalo, Erie county.

Nominees for Honorary Membership.—Drs. W. F. Jackson, Roxbury, Massachusetts; W. Williamson, Philadelphia, Penn.; Ira Barrows, Providence, R. I.; A. E. Small, Chicago, Illinois; E. C. Franklin, St. Louis, Missouri; R. E. Dudgeon, London, England.

Nominees for Permanent Membership.—Drs. A. C. Burke, New York, New-York county; F. W. Hunt, ditto, ditto; E. M. Kellogg, ditto, ditto; E. P. Fowler, ditto, ditto; L. Hallock, ditto, ditto; J. W. Dowling, ditto, ditto; L. DE V. Wilder, ditto, ditto; Hudson Kinsley, ditto, ditto; D. L. Everett, Modena, Ulster county; G. D. Crispell, Kingston, ditto; W. H. Barnes, Spencertown, Columbia county; F. Vanderburgh, Rhinebeck, Dutchess county; C. H. Carpenter, Troy, Rensseler county; D. Springsteed, Albany, Albany county; J. S. Delavan, ditto, ditto; D. E. Southwick, Ogdensburgh, St. Lawrence county; J. C. Raymond, Utica, Oneida county; D. D. Loomis, Whitestown, ditto; T. Dwight Stow, Fulton, Oswego county; Augustus Pool, Oswego, ditto; Ira C. Owen, Sherburne, Chenango county; M. F. Sweeting, South Butler, Wayne county; H. Robinson, Auburn, Cayuga county; R. S. Bishop, Medina, Orleans Co. E. G. Cook, Buffalo, Erie county.

Delegates to State Homœopathic Medical Societies.—Drs. W. A. Hawley, L. DE V. Wilder, S. S. Guy, H. D. Paine, J. Beakley, *Massachusetts*; F. W. Ingalls, E. A. Potter, Henry Minton, *New Jersey*; J. F. Merritt, R. C. Moffatt, H. Beakley, *Pennsylvania*; W. H. Hoyt, A. P. Cook, J. W. Mitchell, *Connecticut*; W. H. Watson, S. C. Hanford, L. W. Flagg, *Rhode Island*; A. R. Morgan, L. M. Pratt, L. Clary, *Illinois*; L. B. Wells, H. Robinson, E. P. K. Smith, *Ohio*; M. W. Campbell, C. W. Boyce, E. R. Heath, *New Hampshire*; C. E. Swift, C. Sumner, O. S. Wood, *Western Institute of Homœopathy*; J. Beakley, L. B. Wells, William Wright, A. R. Morgan, H. B. Fellows, H. D. Paine, H. M. Paine, *American Institute of Homœopathy*.

Resolutions Adopted.—By Dr. W. Wright;

Resolved, That Drs. E. D. Jones and H. M. Paine be appointed a committee to present to the Governor the memorial signed by the officers and

members of the Society in attendance at this meeting, requesting that at least one of the physicians comprising the Metropolitan Sanitary Commission may be selected from the ranks of the Homœopathic profession.

By Dr. S. S. Guy :

Resolved, That the members of the Homœopathic Medical Society of the State of New-York, now in session, are in favor of an efficient and economical Health Law for the Metropolitan district of New-York.

Resolved, That we consider the bill now pending before the Assembly as highly liberal and just in its provisions; we accordingly give it our cordial approval and commendation.

Resolved, That a copy of these resolutions be transmitted to the Speaker of the Assembly.

By Dr. H. D. Paine :

Resolved, That the President, Vice-Presidents, Secretaries and Treasurer be constituted the Executive Committee of this Society.

By Dr. C. E. Swift :

Resolved, That all communications to the Society be made in writing.

By Dr. S. S. Guy :

Resolved, That delegates to other State Homœopathic Medical Societies are hereby requested to attend the meetings to which they are appointed or procure substitutes; to present such communications as they may deem suitable, or such as may be placed in their hands for that purpose by the officers of the Society; and report in writing at the annual meeting of this Society next after that at which they are elected.

Reports and Communications presented.—Dr. C. W. Boyce, entitled, "Epidemic Dysentery in Cayuga County."

Dr. W. S. Searle, entitled "The Utility of Bichloride of Platinum in the Treatment of Necrosis and Caries."

Dr. J. Beakley, entitled "Tumor on the Inferior Maxillary bone cured by Hydrastis, Arsenicum, and Carbo-veg."

Dr. S. S. Guy, entitled "Chloroform as an Anæsthetic in Accouchement."

Dr. A. R. Morgan, entitled "The Appointment of Homœopathic Physicians for Medical Examiners by Life Insurance Companies." Also, "The Relative Mortality in Homœopathic and Allopathic Hospitals."

Dr. W. S. Searle, entitled "History of the Introduction and Progress of Homœopathy in Rensselaer county."

Dr. B. F. Cornell, entitled "Clinical Cases."

Dr. H. B. Fellows, entitled "Clinical Cases."

Dr. Charles Cropper, entitled "Speciality in Medicine."

Dr. J. W. Mitchell, entitled "Second Annual Report of the New-York Women's Infirmary Association."

Dr. J. C. Raymond, entitled "Clinical Cases,"

Dr. B. W. James, entitled "Protoxide of Nitrogen as an Anæsthetic."

Dr. S. O. Scudder, entitled "Gunshot Wounds."

Dr. E. R. Heath, entitled "Materia Medica."

Dr. O. S. Wood, entitled "Peritoneal Tuberculosis."

Respecting a salary to be paid to the Recording Secretary.

The committee appointed "To devise means for the payment of a suitable salary to the Recording Secretary," beg leave to report,

That having considered the subject, they are of the opinion that at least one hundred and fifty dollars should be raised, and they would earnestly recommend that it be increased to two hundred and fifty dollars annually, which is the sum paid to the Secretary of the State Allopathic Medical Society.

The committee would further recommend that the amount be raised by a pro-rata assessment based upon the official lists of membership of the several county medical societies in this State, and that the treasurer of the State Society be authorized to apportion and collect this assessment, and as soon as practicable, pay it to the Secretary, taking his receipt therefor.

S. S. Guy,	} Committee.
L. B. Wells,	
A. R. Morgan,	

On motion, the report was adopted, and the Treasurer was requested to comply with the recommendations therein contained.

Report of the Committee appointed to present a memorial to the Governor.

At the late meeting of the New-York State Homœopathic Medical Society the undersigned were appointed a committee to present to the Governor the claims of the Society, and the Homœopathic medical profession for representation in the Metropolitan Sanitary Commission.

Immediately after the passage of the bill creating the Health Commission the committee prepared and distributed to Homœopathic physicians throughout the State a petition addressed to the Governor, soliciting the appointment of one or more practitioners of the Homœopathic school for Sanitary Commissions in the Metropolitan Sanitary District of this State. The members of the profession were requested to procure the names of a few influential citizens in their immediate neighborhoods, and return them promptly. The time allotted for the accomplishment of this labor did not exceed three or four days; still, in this short period more than six thousand (6000) signatures were obtained, including in many instances the names of many of the most influential and worthy citizens in their respective localities. One of the petitions, containing eleven names only, represented more than fifteen millions of dollars.

The Governor stated in reply to the petition, substantially, that he was a believer in and a patron of the Homœopathic system; that he was well aware a very large and respectable proportion of his political friends desired the appointment; and that, while he admitted the justness of the claim, he could not consistently comply with the request, chiefly because the Allopathic nominees could not be induced to accept a position which would, in their opinion, compromise the dignity of their branch of the medical profession.

The committee are decidedly of the opinion, that the time has fully come when the patrons and friends of the Homœopathic system of practice should insist on an equitable distribution of all the public medical appointments. The committee would therefore suggest the importance of taking such action as they may deem proper to secure the nomination of a candidate who will not refuse to grant, so far as may be in his power, to the rival

schools of medicine, an equal and fair representation in all the public medical institutions in this State.

E. DARWIN JONES, }
H. M. PAINE, } *Committee.*

The Secretaries desire to call especial attention to the committees of *Materia Medica* to the first section of the circular published on page 401 in the third volume of *Transactions*.

Also, the committee of *Epidemics*, to the second section, on page 402.

Also, the committee on *Clinical Medicine*, to the third section, on page 402.

Also, the Secretaries of county Societies, to the fifth section, on page 403.

Also, they request all the members of the profession to peruse the whole article. They are confident that if its suggestions are complied with the volume of *Transactions* will form an increasingly useful annual contribution to medical science.

The Sixteenth Annual Meeting of the Society will be held at the City Hall, in Albany, commencing *Tuesday, February 12, 1867*, at 10 o'clock, A. M. The meeting will continue two days.

It is desirable that all the county Societies be represented by a full attendance of delegates. Delegates, or their alternates, should be furnished with properly certified credentials.

Communications for presentation at the meeting and publication in the *Transactions*, should be forwarded, as soon as practicable after the first of January, to the Recording Secretary. Papers requiring suitable lithographic illustrations are especially desirable.

2. *Loss of the New-York University College.*

THE great fire of May 21st in New-York, which resulted in the destruction of the Academy of Music, the University Medical College and many other large edifices, destroyed some valuable Scientific Collections which time and money may not soon replace. Some of the most serious losses were the following:

Dr. Valentine Mott's entire Collection of Surgical and Anatomical specimens, the work of half a century, valued it over \$40,000;

Dr. J. W. Draper's Library and costly and delicate Chemical Apparatus;

The glasses of the great Telescope of Dr. Henry Draper, by the aid of which he took the photographs of the moon;

The Museum of the Old Lyceum of Natural History, embracing the Collection in Mineralogy, Geology and Botany.

The Medical and Surgical Collections of Professors Bedford, Post, Van Buren, and the large Herbarium collected by Dr. Martin Paine, were also all consumed in one hour by the flames.

3. *The American Institute of Homœopathy.* Report of the Nineteenth Annual Meeting, held at Pittsburgh, Pa., June 6 and 7, 1866.

PRELIMINARY MEETING.—The usual preliminary meeting was held at the house of Dr. M. Côté, 284 Penn-Street, on Tuesday evening, June 5. A large number of the members were present from various parts of the Union.

Departing somewhat from the usual custom which makes this meeting merely an informal session or caucus, to discuss the business of the following day, Dr. Côté, with the assent of the Committee of Arrangements, tendered to the members and their ladies a social levee. Many pleasant greetings were exchanged by those who had not met since the last session; and the cordial welcome of the host and hostess, the delightful music, and the abundant feast, at once established a social and friendly feeling, which continued unabated throughout the entire sessions of the Institute.

FIRST DAY.—MORNING SESSION.—*Wednesday, June 6.*—The Institute assembled at Masonic Hall, and was called to order at ten o'clock by the president, Dr. S. S. Guy, of Brooklyn, N.-Y., when Rev. Herrick Johnston invoked the Divine blessing upon its deliberations.

The President welcomed the members of the Institute to their annual meeting, and expressed his gratification at the fact that so large a number of delegates were present.

Dr. J. C. Burgher, of Pittsburgh, from the Committee of Arrangements, welcomed the members in a few cordial remarks, and tendered them the hospitalities of the city.

The roll was then called and corrected, when the following members answered to their names:—

J. D. Annin, Newark, N. J.; J. Beakley, New-York City; S. R. Beckwith, Cleveland, Ohio; D. H. Beckwith, Cleveland, Ohio; G. D. Beebe, Chicago, Ill.; George E. Belcher, New-York; J. C. Burgher, Pittsburgh, Pa.; S. M. Cate, Salem Mass.; W. R. Childs, Pittsburgh, Pa.; Henry B. Clarke, New Bedford, Mass.; N. F. Cooke, Chicago, Ill.; M. Côté, Pittsburgh, Pa.; D. Cowley, Pittsburgh, Pa.; C. M. Dake, Pittsburgh, Pa.; J. P. Dake, Salem, Ohio; J. S. Douglas, Milwaukee, Wis.; J. H. P. Frost, Philadelphia, Pa.; S. S. Guy, Brooklyn, N.-Y.; J. A. Herron, Pittsburgh, Pa.; W. T. Helmuth, St. Louis, Mo.; T. Hewitt, Alleghany City, Pa.; H. H. Hoffman, Pittsburgh, Pa.; Bushrod W. James, Philadelphia Pa.; E. M. Kellogg, New-York City; R. J. McClatchey, Philadelphia, Pa.; F. R. McManus, Baltimore, Md.; Alpheus Morrill, Concord, N. H.; Henry D. Paine, New-York; Horace M. Paine, Albany, N.-Y.; James A. Payne, Boston, Mass.; J. R. Piper, Washington, D. C.; J. H. Pulte, Cincinnati Ohio; J. S. Rankin, Pittsburgh, Pa.; Horatio Robinson, Auburn, N.-Y.; R. B. Rush, Salem, Ohio; Henry M. Smith, New-York; I. T. Talbot, Boston, Mass.; M. Y. Turrill, Cleveland, Ohio; Frederick Taudte, Birmingham, Pa.; Tullio S. Verdi, Washington, D. C.; M. W. Wallace, Alleghany

City, Pa.; C. Wesselhoeft, Dorchester, Mass.; E. C. Witherell, Cincinnati, Ohio; J. B. Wood, West Chester, Pa.

An election for officers of the Institute was then entered into, and resulted as follows:—

President.—Dr. J. S. Douglas, of Milwaukee, Wis.

Vice-President.—Dr. S. R. Beckwith, of Cleveland, Ohio.

General Secretary.—Dr. I. T. Talbot, of Boston.

Provisional Secretary.—Dr. H. B. Clarke, of New Bedford, Mass.

Treasurer.—Dr. E. M. Kellogg, of New-York City.

Board of Censors.—Drs. J. P. Dake, of Salem, Ohio; H. M. Paine, of Albany, N.-Y.; H. M. Smith, of New-York City; M. Côté, of Pittsburgh, and J. B. Wood, of West Chester, Pa.

Auditing Committee.—Drs. S. R. Beckwith, of Cleveland, Ohio; George E. Belcher, of New-York City; N. F. Cooke, of Chicago, Ill.; David Cowley, of Pittsburgh, Pa.; T. S. Verdi, of Washington, D. C.

On motion of Dr. Beakley, “the thanks of the Institute were given to the retiring officers for their efficient services during the past year.”

The President was then installed into office, and made a suitable acknowledgement. The Institute adjourned until three o'clock, P. M.

AFTERNOON SESSION.—The Institute re-assembled at three o'clock, and was called to order by the President.

The Board of Censors reported favorably upon the application of the following gentlemen for membership of the Institute:—

T. F. Allen, New-York City; William J. Baner, New-York City; H. F. Biggar, Cleveland, Ohio; C. W. Boyce, Auburn, N.-Y.; William H. Cook, Carlisle, Pa.; Frank Cooper, Alleghany City, Pa.; Benjamin F. Dake, Pittsburgh, Pa.; George S. Foster, Pittsburgh, Pa.; W. G. Graham, Ravenna, Ohio; William Horwitz, New-York City; A. E. Keyes, Ravenna, Ohio; Charles H. Lee, Etna, Alleghany Co., Pa.; J. H. Marsdon, York Sulphur Springs, Pa.; R. C. McClelland, Glade Mills, Pa.; Robert McMurray, New-York City; J. J. Mitchell, New-York City; Coates Preston, Chester, Pa.; Horatio Robinson, Jr., Auburn, N.-Y.; L. M. Rousseau, Pittsburgh, Pa.; Robert C. Smedley, West Chester, Pa.; Daniel D. Smith, New-York City; John McE. Wetmore, New-York City; Ciro S. Verdi, Georgetown, D. C.; J. F. Cooper, Alleghany City, Pa.; Henry Sheffield, Nashville, Tenn.; S. A. Robinson, Cincinnati, Ohio; J. Sidney Mitchell, Chicago, Ill.; N. Schneider, Cleveland, Ohio; C. H. Cogswell, Moline, Ill.; John Hartman, St. Louis, Mo.; G. E. Chandler, Wauseon, Ohio; W. H. H. Neville, Philadelphia; M. Friese, Mechanicsburgh, Pa.; John E. James, Philadelphia; Edwin A. Lodge, Detroit, Mich.; G. Catron Duncan, Chicago, Ill.; H. M. Logee, Linesville, Crawford County, Pa.; J. R. Earheart, Philadelphia; Geo. W. Billings, Brooklyn; John C. Richards, Lock Haven, Pa.; J. E. Barnaby, Alleghany City, Pa.; Horace Homer, Philadelphia, Pa.; R. Faulkner, Erie, Pa.; J. Stewart, Sharpsburg, Pa.; W. C. Borland, Pittsburg, Pa.; Shadrach C. Morrill, Concord, N. H.; T. G. Comstock, St. Louis, Mo.; Max Werder, Johnstown, Pa.; E. W. Townsend, Greenbury, Westmoreland County, Pa.

The Report was accepted, and on motion the gentlemen named were elected members of the Institute.

The application for membership of Mrs. Mercy B. Jackson, of Boston, Mass., was laid on the table.

Dr. John Tift, of Norwalk, Ohio, was excused from membership at his own request.

A statement of expenses incurred by the Secretary of the Institute for the past year was read, and referred to the Auditing Committee.

REPORTS OF BUREAUS.—*Materia Medica*.—The only report of this Bureau was a letter from Dr. E. M. Hale, of Chicago, announcing, that, owing to the pressure of business, he had been unable to prepare a report.

Clinical Medicine and Zymoses.—A partial report was offered by the Chairman, Dr. H. D. Payne, of New-York, which was accepted.

Surgery.—The Chairman, Dr. William T. Helmuth, desired to have the reading of his report postponed until the next day. The request was granted.

Homœopathic Organization, Registration, and Statistics.—Dr. I. T. Talbot, of Boston, Chairman of the Bureau, presented a report, which was read, accepted, and laid on the table for future consideration.

MEDICAL COMMUNICATIONS.—Dr. Cate, of Salem, Mass., communicated a paper on Lachesis, in a certain form of uterine inflammation, which was received and placed on file.

Dr. J. P. Dake, of Salem, Ohio, read cases reported by W. J. Blakely, of Benzinger, Elk County, treated by Mercurius-protiodid. The paper was accepted. Dr. Pulte, of Cincinnati, made some remarks in regard to the use of this medicine in cases of diphtheria attended by debility.

The President stated that he had used the Deuto-iodide of Mercury locally in cases of goitre. It was used successfully in the form of ointment, in the first decimal trituration. Dr. Helmuth, of St. Louis, spoke on the same subject. He said that he had used the Deuto-iodide of Mercury in cases of goitre, and he thought it a very valuable remedy. In the East Indies, where goitres attain an immense size, cures are performed by the application of this medicine to the tumor in the form of ointment, prepared one drachm to one ounce lard. He has used the same ointment still more reduced and in small quantity, with great benefit.

Dr. Beebe, of Chicago, spoke of treating goitre successfully with the thirtieth attenuation of Iodine internally, in some cases relieving when the crude form of Iodine had failed.

Dr. S. R. Beckwith, from the Auditing Committee, reported that the annual expenses of the Institute exceeded its receipts, and recommended an increase of initiation and annual fee. The report was accepted, and the consideration of the suggestion together with the report of the Bureau of organization was referred to a Committee of the Whole.

On motion, adjourned to 8, P. M.

EVENING SESSION.—The Institute assembled at 8 o'clock. There was also an additional attendance of about fifteen hundred ladies and gentlemen.

The President, on calling the Institute to order, introduced Dr. William Tod Helmuth, of St. Louis, Mo., who delivered the Annual Address.

The general subject of the lecture was Homœopathy, and the doctor announced at the outset that he would endeavor, as much as possible, to strip the subject of the unintelligible technicalities and dry details of a professional address. He divided his lecture into the consideration of the points, "The proofs that Homœopathy is true," "Is Homœopathy a humbug?" "The increase of belief in Homœopathic principles," and "The changes that have been, and are to be accomplished by the aid of Homœopathy." Each of these points was considered with skill and acumen, and strengthened by instances and allusions, facts and figures, that must have gone far towards convincing whoever among the audience may have been skeptical as to the soundness of the principles held by the homœopathic school of medicine. The lecture was listened to throughout with attention and interest, and was several times interrupted by hearty applause.

On motion of Dr. H. M. Smith, of New-York, the thanks of the Institute were tendered to William Tod Helmuth, M.D., for his able and valuable address, and a copy of it was requested for publication.

Adjourned to Thursday, 9 o'clock, A. M.

THE BANQUET.—At ten o'clock, the members of the Institute repaired to City Hall, and partook of a splendid banquet, which had been prepared by the Homœopathic Medical Society of the County. About three hundred ladies and gentlemen were present as invited guests of the Society. Upon the conclusion of the banquet, Dr. M. Côté, Chairman of the Executive Committee, called the meeting to order, when the following regular toasts were read:—

1. To the Memory of Hahnemann. In silence, standing.
2. The American Institute of Homœopathy. Responded to by Dr. McManus, of Baltimore.
3. The Ladies. Responded to by Dr. Talbot, of Boston.
4. Our Sister Societies. Response by Dr. Cooke, of Chicago.
5. Our Colleges,—equal to any. Response by Dr. S. R. Beckwith, of Cleveland.
6. Our Journals. Responded to by Dr. Frost, of Philadelphia.
7. Our Hospitals. Response by Dr. J. P. Dake, of Salem, Ohio.
8. The Efficacy of Homœopathic Medicines. Responded to by Dr. Helmuth, of St. Louis.
9. Our Southern Brethren. Response by Dr. Verdi, of Washington, D. C.

A number of volunteer toasts were then read, and responded to. The proceedings were of an exceedingly interesting character, and the Society may well be proud of the success of their entertainment.

SECOND DAY.—MORNING SESSION.

Thursday, June 8. The Institute assembled at 9 o'clock, at Masonic Hall, and was called to order by the President.

The minutes of Wednesday were read and approved.

On motion of Dr. Talbot, it was voted that the Bureau of Clinical Medicine be instructed to prepare for general circulation, a concise circular, with directions, in relation to the subject of cholera, and that the General Secretary be directed to furnish twenty copies to each member of the Institute.

The Institute then resolved itself into a Committee of the Whole, for the consideration of various subjects referred to it.

Dr. E. M. Kellogg, of New-York, was elected chairman.

The report of the Committee on Organization was called up.

Dr. McManus, of Baltimore, said, if he understood the proposition, it was now purposed to so alter the character of the Institute that old members could have no voice in its proceedings. For his part he objected to any change, as he did not see the necessity for it.

Dr. Talbot explained that the proposition made by the Committee on Organization was not designed to change the present character of the Institute or to take-away the rights of the old members, but to so alter the constitution that societies may send delegates to represent them; so that the Institute shall have at its sessions, aside from individual members, representatives from every homœopathic society, association, and institution in the country. This plan, if carried out, would unite all the various associations in one central body to act together in all questions of national interest.

At the request of the Institute, the Secretary then read the entire report of the Bureau on Organization.

The first recommendation was that the Bureau of Statistics prepare and publish a triennial catalogue containing the constitution, by-laws, rules, and regulations of the Institute, a full list of its members, past and present, together with a list of the homœopathic practitioners of America; and statistics of the various societies and institutions connected with homœopathy.

After considerable discussion on the part of the members, it was voted, that the Bureau be instructed to prepare such a list, and report at the next meeting of the Institute.

Dr. J. P. Dake explained to the Institute, that Dr. John B. Hall had a Directory prepared, which would shortly be published. He desired the assistance of the members of the Institute in every way possible.

The second subject of the report was summed up in the following resolution:—

Resolved, That the American Institute of Homœopathy invites all bodies of homœopathic physicians to send delegates to its meetings; and, for the sake of uniformity, would recommend the following proposition:—

First, From every Association composed of more than fifty members, from different States, two delegates.

Second, From every State society, two delegates; additional, for every twenty members, one delegate.

Third, From every country or local society, one delegate.

Fourth, From every college, hospital, or dispensary actually established, each one delegate.

Fifth, For every medical journal published, one delegate.

Dr. Guy, of Brooklyn, presented the following amendment, which was accepted. It shall be the duty of these delegates to present to this Institute, through its proper bureaux, a clear synopsis of the doings of their respective associations or societies.

The resolution was then adopted.

On motion of Dr. Smith, the following resolution was passed:—

Resolved, That members who are three years in arrears, and who do not pay within one year after being so notified by the Treasurer, shall be considered as having forfeited membership, and their names shall be stricken from the list.

The report of the Auditing Committee was then considered.

Dr. Talbot offered the following resolution as a substitute for the report of the Auditing Committee:—

Resolved, That the members of the Institute be required to pay the annual sum of three dollars towards defraying the expenses of the Institute.

After considerable discussion, the resolution was adopted.

The Committee of the Whole then arose, and the Institute resumed its session. Dr. Beckwith, Vice-President, in the chair.

The Secretary then read the proceedings of the Committee, and the resolutions reported by them were, on motion of Dr. H. D. Paine, of New-York, adopted.

STATISTICAL REPORTS.—Reports from the following auxiliary and corresponding bodies were then presented and read.—

STATE SOCIETIES.—Dr. J. P. Dake, the Western Institute of Homœopathy; Dr. A. Morrill, the New Hampshire Society; Dr. S. M. Cate, the Massachusetts Society; Dr. H. M. Paine, the New-York Society; Dr. B. W. James, the Pennsylvania Society; Dr. D. H. Beckwith, the Ohio Society; Dr. G. D. Beebe, the Illinois Society.

COUNTY OR LOCAL SOCIETIES.—Dr. I. T. Talbot, the Boston Academy of Homœopathic Medicine; Dr. H. M. Smith, the New-York County Society; Dr. H. M. Paine, Albany County Society, N.Y.; Dr. H. Robinson, Cayuga County, N.Y.; Dr. S. S. Guy, Kings County (N.Y.) Society; Dr. R. J. McClatchey, the Philadelphia County Society; Dr. J. H. Marsden, Homœopathic Medical Society of Cumberland Valley, Pa.; Dr. D. Cowley, Alleghany County Medical Society, Pa.; Dr. D. H. Beckwith, the Cuyahoga Medical Society, Ohio; Dr. N. F. Cooke, the Chicago Medical Society; Dr. John Hartmann, the St. Louis Society.

COLLEGES.—Dr. J. Beakley, New-York Homœopathic College; Dr. J. H. P. Frost, Hom. Medical College of Pennsylvania; Dr. N. F. Cooke, Hahnemann Medical College of Chicago; Dr. D. H. Beckwith, Cleveland Medical College; Dr. William T. Helmuth, St. Louis Medical College.

HOSPITALS AND DISPENSARIES.—Dr. J. C. Burgher, Medical and Surgical Hospital of Pittsburgh; Dr. William T. Helmuth, Good Samaritan Hospital, St. Louis; Dr. I. T. Talbot, Homœopathic Medical Dispensary, Boston; Dr. H. M. Smith, Central New-York Homœopathic Dispensary; Dr. S. S. Guy, Homœopathic Dispensary of Brooklyn; Dr. B. W. James, the Homœopathic Infirmary of Philadelphia; Dr. C. M. Duke, Dispensary in Pittsburgh; Dr. Beckwith, the Cleveland Dispensary; Dr. Helmuth, St. Louis Medical Dispensary; Dr. Helmuth, Freedman's Colored Orphan's Home.

MEDICAL JOURNALS.—Dr. Smith, *American Homœopathic Review*; Dr. Talbot, *New England Medical Gazette*; Dr. Beebe, *United States Medical and Surgical Journal*; Dr. Lodge, *American Homœopathic Observer*; Dr. Helmuth, *Western Homœopathic Medical Observer*; Dr. Frost, *Hahnemannian Monthly*.

Notices were also received from Dr. J. P. Dake, of the establishment of the Hahnemannian Insurance Company, at Cleveland, Ohio, and from Dr. H. M. Paine, of the Atlantic Mutual Company, at Albany; having for their object the insurance of homœopathic patients at a reduced premium.

The following resolution was offered by Dr. Beebe, and, after some discussion, adopted:—

Resolved, That, while we approve the establishment of Life Insurance Companies which make a distinction in favor of the patrons of homœopathy, and while we desire to encourage such organizations, nevertheless, with a view to impartiality, we hereby forbid the use of the name of the American Institute of Homœopathy in any manner calculated to advertise or promote the interests of one such company in preference to another.

The Convention then adjourned until three o'clock, P.M.

AFTERNOON SESSION.—The Convention met at three o'clock, and was called to order by the Vice-president Dr. S. R. Beckwith, of Cleveland.

The reports which had been considered during the morning session were ordered to be filed.

REPORT OF THE BUREAU OF SURGERY.—Dr. W. T. Helmuth, of St. Louis, read a report in which the different improvements introduced into Surgery since the last session of the Institute were fully discussed.

Dr. J. Beakley, of New-York, promised to furnish the Secretary a report on Surgery.

Dr. S. R. Beckwith, of Cleveland, read a paper entitled "Ovarian Tumors." On motion, the several reports of the Bureau on Surgery were accepted.

Dr. B. W. James, of Philadelphia, presented a paper on "Aural Surgery," which was accepted.

Dr. J. H. Pulte, of Cincinnati, presented a report on "the Spectroscope, and the law 'Similia similibus curantur,' accepted.

Mr. Henry Turner, of London, by invitation, addressed the Convention. He stated that the system of homœopathy in England was meeting with the most determined opposition from the allopathic practitioners, who have control of the Medical Colleges and Schools, and bias the minds of students against the homœopathic system. An English Directory had just been published, and an effort was being made to add to it an American Directory.

He said the number of homœopathic practitioners in London was ninety-three; and in England, two hundred and seventy-six. There are several associations which hold frequent and profitable meetings. There are hospitals in several of the large towns, and dispensaries in most places of considerable size. There are four or five journals, which are well sustained.

Dr. Thomas Hewitt, of Alleghany City, read an interesting essay, entitled, "What is the cause of Collapse in Cholera," which was accepted.

Dr. H. M. Paine, of Albany, presented a paper on Cholera, which was accepted.

Dr. B. W. James offered a resolution recommending that each member of the medical profession keep a statistical record of all cases of Asiatic Cholera treated by himself, in case that disease should visit our country, together with the result of the treatment and report the same for publication, which was adopted.

Dr. H. M. Smith offered a resolution authorizing the President to appoint delegates to the International Homœopathic Congress, to be held in Paris in 1867. Adopted.

Dr. T. S. Verdi proposed that a committee be appointed for the purpose of preparing an address to the homœopathic physicians in European countries, urging upon them the necessity of organizing national societies. Adopted; and the General Secretary was appointed to prepare the address, and enter into a correspondence with the various societies.

Dr. S. S. Guy presented a resolution returning the thanks of the Institute to the Homœopathic Medical Society of Alleghany County for the handsome manner in which they had entertained the delegates during their sojourn in Pittsburgh.

Also to the newspapers of Pittsburgh, for so faithfully reporting the proceedings of this session of the Institute. Unanimously adopted.

Dr. James A. Herrick, on behalf of the Board of Trustees of the Homœopathic Dispensary, on Fourth-st., extended an invitation to the members of the Institute to visit that institution at eight o'clock in the evening. The invitation was accepted, and a vote of thanks was tendered.

The President then announced the following appointments for the ensuing year:—

Bureau of Materia Medica.—Conrad Wesselhoest, M.D., of Dorchester, Mass.; Walter Williamson, M.D., of Philadelphia, Pa.; William E. Payne, M.D., of Bath, Me.; E. M. Hale, M.D., of Chicago, Ill.; H. L. Chase, M.D., of Cambridge, Mass.

Bureau of Clinical Medicine and Zymoses.—H. D. Paine, M.D., of New-York City; D. H. Beckwith, M.D., of Cleveland, Ohio; R. Ludlam, M.D., of Chicago, Ill.; E. C. Witherill, M.D., of Cincinnati, Ohio; S. M. Cate, M.D., of Salem, Mass.

Bureau of Surgery.—J. Beakley, M.D., of New-York City; William T. Helmuth, M.D., of St. Louis, Mo.; G. D. Beebe, M.D., of Chicago, Ill.; S. R. Beckwith, M.D., of Cleveland, Ohio; George F. Foote, M.D., of Philadelphia, Pa.

Bureau of Organization, Registration, and Statistics.—H. M. Smith, M.D., of New-York City; H. M. Paine, M.D., of Albany, N.Y.; E. A. Lodge, M.D., of Detroit, Mich.; B. W. James, M.D., of Philadelphia, Pa.; T. G. Comstock, M.D., of St. Louis, Mo.

Committee of Arrangements.—G. E. Belcher, M.D., H. M. Smith, M.D., H. D. Paine, M.D., J. Beakley, M.D., E. M. Kellogg, M.D., of New-York City.

Orator for 1867, N. F. Cooke, M.D., of Chicago, Ill.; alternate, H. B. Clarke, M.D., of New Bedford, Mass.

On motion of Dr. I. T. Talbot, it was voted, that a committee of five be appointed to prepare a complete code of Medical Ethics, and to report at the next session of the American Institute.

The President appointed for this committee, Carroll Dunham, M.D., of New-York City; Walter Williamson, M.D., of Philadelphia, Pa.; E. M. Kellogg, M.D., of New-York City; A. S. Ball, M.D., of New-York City; G. W. Barnes, M.D., of Cleveland, Ohio.

On motion of Dr. S. R. Beckwith, the following amendment to Article X. of the by-laws was adopted.

Sec. 3.—There shall be a Bureau of Obstetrics, which shall collect facts and observations on subjects pertaining to obstetrics.

The President appointed upon this Bureau, H. H. Guernsey, M.D., of Philadelphia Pa.; J. C. Sanders, M.D., of Cleveland, Ohio; S. R. Kirby, M.D., of New-York City; E. A. Guilbert, M.D., of Dubuque, Iowa; J. H. Woodbury, M.D., of East Boston, Mass.

On motion of Dr. H. M. Smith, the Secretaries and Treasurer were appointed the Publication Committee for the ensuing year.

On motion of Dr. J. P. Dake, the Institute adjourned to meet in New-York City on the first Wednesday in June, 1867.

I. T. TALBOT,
General Secretary.

4. *Convention of Homœopathic Physicians of Pennsylvania.—State Society formed.*

PURSUANT to a call issued by the Alleghany Co. Homœopathic Medical Society and endorsed and recommended by many of the prominent Homœopathic Physicians throughout the State, a convention assembled in Pittsburgh in the Homœopathic Hospital Building at 10 o'clock, A.M., June 5th, 1866, and organized a State Medical Society. The meeting was called to order by Doctor J. H. Burgher, of Pittsburgh, who explained the object of the convention. Dr. J. H. P. Frost, of Philadelphia, was chosen temporary chairman, and Dr. Bushrod W. James, of Philadelphia, Secretary pro tem.; Dr. George S. Foster offered a resolution that a committee on permanent organization be appointed to report a Constitution and By-Laws for the government of the Society. A committee of one from each county represented was appointed: Dr. J. E. Barnaby was appointed a committee to obtain the name and address of delegates present. After this committee reported, the following committee on Constitution and By-Laws was announced. Drs. M. Côté, of Alleghany Co.; H. M. Logee, Crawford Co.; Coates Preston, Delaware Co.; M. Friese, Cumberland Co.; J. B. Wood, Chester Co.; J. H. Marsden, Adams Co.; Horace Homer, Philadelphia Co.; R. Faulkner, Erie Co.; P. S. Driff, Butler Co.

The committee retired for about half an hour when they returned and offered their Report containing a Constitution and By-Laws. Their report was accepted and the constitution was taken up and considered by sections, and after some amendment adopted as a whole. The By-Laws were aga

read and after being amended so as to correspond with the constitution, were likewise adopted as a whole, and the convention resolved into a State Society. The meeting then adjourned to meet at 4 o'clock, P.M.

Afternoon session. The Society met pursuant to adjournment and proceeded to an election of Officers for the ensuing year, which resulted as follows, viz: President: J. B. Wood, M.D., West Chester; Vice-presidents: J. H. P. Frost, M.D., Philadelphia; and J. C. Burgher, M.D., Pittsburgh; Recording Secretary: Bushrod W. James, M.D., Philadelphia; Corresponding Secretary: J. R. McClatchey, M.D., Philadelphia; Treasurer: D. Cowley, M.D., Pittsburgh; Censors: C. Preston, M.D., Chester, Delaware Co.; R. Faulkner, M.D., Erie, Erie Co.; H. Hofmann, M.D., Pittsburgh, Alleghany Co.

The constitution was then signed by the Delegates present, eligible to membership, numbering thirty in all. A Resolution was then adopted fixing the next place of meeting in Philadelphia, Pa., on the second Wednesday in May, A.D., 1867, at 10 o'clock, A.M. Delegates to the American Institute of Homœopathy were then selected, consisting of J. B. Wood, M.D., and Bushrod W. James, M.D., to represent this society in that body, which holds its session on the 6th inst. in Masonic Hall, Pittsburgh. "The Homœopathic Medical Society of Cumberland County" presented a report which was read and accepted. "The Philadelphia County Homœopathic Society" also presented a report, which after being read was accepted. "The Illinois State Medical Society" was represented by Dr. G. D. Beebe of Chicago, who had been duly appointed a Delegate from that State: he delivered an address and closed by inviting the Physicians of the "Pennsylvania State Society" to meet those of the "Illinois State Society" at their next annual meeting. "The New-York State Society" was represented by Dr. J. Beakley. "The Miami Homœopathic Medical Society of Ohio" was represented by Dr. J. Bosler, of Dayton, who presented a communication from the Society which was read and accepted. Dr. McClatchey offered a resolution that a committee of five (5) be appointed to obtain a charter, if possible, at the next meeting of the State Legislature, which was adopted and the following committee appointed.—Drs. R. J. McClatchey, Bushrod W. James, J. C. Burgher, R. Ross Roberts and J. K. Lee.

A communication on Poisoning by Santonine from Dr. J. W. Blakely, of Benzinger, was presented and read by Dr. W. R. Childs. It was moved by Dr. Childs, that the proceedings of the meeting be published in the Hahnemann Monthly, and that that Journal be considered the organ of the State Society. The following amendment to the constitution was offered and laid over, under the rules until the annual meeting of the Society, "That no person should be eligible to membership in this State Society who graduates in medicine after the year 1866, unless he has received a Diploma from some regular Homœopathic Medical College." It was on motion resolved that the retiring President at the next annual meeting should be selected to deliver the "Annual Address." Dr. J. C. Wood, of West Chester, was therefore appointed orator for the next session to be held in Philadelphia. A committee of one on each of the following medical

subjects was appointed to prepare a report during the year and present it at the next annual meeting.

1. Homœopathy and Clinical Medicine. M. Friese, M.D., Mechanicsburg.
2. Drug Proving and New Remedies. J. W. Blakely, M.D., Benzinger.
3. Anatomy and Pathology. J. C. Morgan, M.D., Phila.
4. Surgery. Bushrod W. James, M.D., Philadelphia.
5. Anæsthetics (General and Local). W. H. H. Neville, M.D., Philadelphia.
6. Obstetrics. J. H. Marsden, M.D., York Sulphur Springs.
7. Chemistry as applied to Medicine. Thomas Hewitt, M.D., Pittsburgh.
8. Physiology. O. B. Gause, M.D., Phila.
9. Asiatic Cholera. J. H. P. Frost, M.D., Philadelphia.
10. Statistics of Cholera and other Diseases treated by Homœopathy. D. Cowley, M.D., Pittsburgh.
11. Medical Diagnosis. R. J. McClatchey, M.D., Philadelphia.

Delegates to other State Societies were appointed by the Chair as follows:

"Illinois State Homœopathic Medical Society:" Drs. D. Cowley, H. H. Hoffmann and W. R. Childs.

"New-York State Homœopathic Medical Society:" Drs. Bushrod W. James, C. Preston and R. J. McClatchey.

"Massachusetts State Homœopathic Medical Society:" Drs. J. D. Johnson, H. Homer, and J. H. P. Frost.

"Ohio State Homœopathic Medical Society:" Drs. M. Côté, J. A. Herron and J. F. Cooper.

"Michigan Institute of Homœopathy:" Drs. C. M. Dake, R. Faulkner, and W. W. Wallace.

"Homœopathic Medical Society of Wisconsin:" Drs. Geo. S. Foster, J. C. Burgher, and A. Black.

"New Hampshire State Homœopathic Medical Society:" Drs. M. Preston, R. C. Smedley, and D. R. Barden.

"Western Institute of Homœopathy:" Dr. W. H. Cook, of Carlisle.

"Canadian Institute of Homœopathy:" Dr. J. C. Richards, of Lock Haven.

A communication from the Faculty of the Homœopathic Medical College of Pennsylvania was presented, together with some announcements of the Institution, by Dr. Frost and accepted. A Resolution of thanks to the "Board of Managers of the Homœopathic Hospital of Pittsburgh" for the use of their building and other favors, was unanimously passed. Several papers on scientific subjects appertaining to medicine were offered, but owing to the lateness of the hour could not be read. All graduates who signed the call for the convention or the recommendation of the same, are entitled to become full members during the year upon the payment of the initiation fee of two dollars, and signing the Constitution, or sending in their names to the Rec. Secretary for signature to the Constitution. They will also receive a copy of the published proceedings of the Society. On motion, the Society adjourned.

BUSHROD W. JAMES, M.D., *Rec. Secretary.*

5. *Homœopathy in the Bahamas.*

It will gratify our friends to know that homœopathy has now an advocate and zealous votary at Nassau, in the person of W. H. Ambrister, M.D., of whose success and prospects we have encouraging accounts. Though long a resident of the Bahamas, Dr. Ambrister has only within the last year established himself in Nassau (office on Shirley-st.) We learn that the present Governor of the Bahama Islands is a devoted Homœopath, who has a large family, none of whom have ever been treated allopathically. It was therefore a very satisfactory thing to him to find at Nassau a good representative of Hahnemann, Homœopathy, and the Homœopathic College of New-York. The present Governor is a progressive man who enters into all reforms, especially in medicine, agriculture and horticulture. He has already established an Agricultural Society which has added new life to the formerly declining spirit of that sunny Island. With pleasure we take the following extract from the *Nassau Guardian*:

The second exhibition of the Bahamas Agricultural Society took place on the 14th of June, at St. George's Hall, and was very successful. The vegetables and fruits were not confined, as formerly, to those grown in New Providence, but embraced the production of the out-islands. His Excellency the Governor visited the exhibition, and several leading citizens also.

6. *The Philadelphia Medical and Surgical Reporter.*

THIS useful Medical Journal has commenced its fifteenth volume under very favorable auspices, and promises to do still better in all matters of general medical science and intelligence in the future. The Reporter keeps well informed on most subjects except one, and it begins in these days to hear often about that.

In the first number of the new volume (July 7th) we find a few words in commendation of the New-York *Academy of Medicine* for its action in improving the New-York *Board of Health*. It seems that the popular feeling in favor of making some trial of homœopathy in the treatment of cholera has become so strong that the Board of Health have so far yielded to the pressure as come *too near* admitting that a few hundreds of our people who may prefer to die under that mode of practice ought to have the privilege. Thereupon the Academy in its magisterial manner, which is never less dignified than that of Isaac Bickesstaff, administered its mildest paternal rebuke to the Board of Health Commissioners. This reprimand of the Academy is quoted and approved by the Reporter, so far as the Academy is to be thought only as employed in washing its hands of the least trace of suspicion of the lightest taint of homœopathy; but it is not satisfied to see the the Health Commissioners, several of whom had been supposed to be *Æsculapians of the Æsculapians*, excused upon the payment of so small a penalty. It is possible that these members were "out-voted by a unanimous vote of all the lay-

members of the Board against them—*five to four.*” If so, they still had a remedy within their reach: “*why,*” says the Reporter, *did they not resign?* It is not common for office-holders to resign merely because they can not please everybody. Mr. Jefferson once said it was difficult to get offices vacated; “*for,*” said he, “*few office-holders die, and none resign.*”

7. *The New-York Academy of Medicine*

HAS at last made up its mind on the subject of the *portability of Cholera*, without pretending to know *how* it is carried. At its meeting of June 20th, it “*unanimously*”

“*Resolved,* That this Academy hereby expresses its confidence in the utility of general and scientific hygienic measures as the best means of protection against the pestilential prevalence of cholera in any locality where it makes its appearance; and that the most thorough scavenging, cleansing, and disinfection are absolutely necessary means of averting this pestilence in the cities and populous towns of our country at the present time.

“*Resolved,* That in the judgment of the Academy, the medical profession throughout this country should for all practical purposes, act and advise in accordance with the hypothesis (or the fact) that the choleric diarrhœa and “*rice-water*” discharges of cholera patients are capable, in connection with well-known localizing conditions, of propagating the cholera poison, and that rigidly enforcing precautions should be taken, in every case of cholera, to permanently disinfect or destroy those ejected fluids by means of active chemical agents. Also, that with the same object in view, the strictest cleanliness of person and premises should be enforced upon all who have charge of the sick. Also, that all privies, water-closets, and cess-pools should be kept thoroughly under the control of disinfectants.”

The American Medical Association has thus far failed to reach any satisfactory conclusion on this highly important question.

8. *Trichiniasis.*

THE family of a Mr. Bernis in Marion, Iowa, ate of some raw ham; and in four or five days were attacked with symptoms resembling those of typhoid fever, for which they were treated by the attending physician. Three of the seven have already died and the remaining four are yet very ill. An eighth person in the family who did not taste of the pork was not sick at all. The family had all eaten of the same pork when cooked without any ill effects. Upon examination the meat of which they had eaten was found to swarm with trichinix. An old sow ate part of it and afterwards died of “*Hog-Cholera.*” Dr. C. C. Waggoner of Cedar Rapids, in *Medical Investigator.* June, 1866.

Pittsburgh, Pa., May 11th, 1866.

Dear Sir:—At a meeting of the Homœopathic Medical Society of Alleghany County, Pa., held Nov. 10, 1865, Dr. J. P. Dake, in view of the near approach of cholera to our shores, suggested that the following resolution be passed by the Society and published in all Hom. Journals in the United States. The resolution was unanimously adopted, as follows:

“*Resolved*, That all homœopathic physicians of the United States be requested to keep records of all cases of cholera coming under their care, giving special symptoms, treatment, and results, and have the same published.”

D. COWLEY, *Sec. of Alleg. Co. Hom. Society.*

MEDICAL COLLEGES.

9. *Homœopathic Medical College of Pennsylvania.*

THE nineteenth annual announcement of this oldest of Homœopathic Colleges is received. It holds forward its usual able Faculty, with the addition of George F. Foote, M.D., of New-York, as professor of Surgery. Professor Foote is certainly a firm Homœopathist. He proposes to give his whole attention to teaching “by precept and example, the science and art of homœopathic conservative and operative surgery; and in this department to afford the students of the college advantages superior to those found in any other medical school in the City.”

FACULTY.—*Institutes and Practice of Medicine*: C. Hering, M.D.—*Materia Medica*: Ad. Lippe, M.D.—*Obstetrics and Diseases of Women and Children*: H. N. Guernsey, M.D.—*Special Anatomy and Diagnosis*: D. G. Raue, M.D.—*Surgery*: G. F. Foote, M.D.—*Anatomy*: John O. Morgan, M.D.—*Physiology*: J. H. P. Frost, M.D.—*Chemistry*: Lemuel Stevens, M.D.—*Demonstrator of Anatomy*: Lewis H. Willard, M.D.—*Prosector of Surgery*: A. P. Skeels.

10. *New-York Homœopathic Medical College.*

THE Seventh Annual Course of Lectures will commence on the second Tuesday in October, and end on the first of March ensuing.

Faculty of Medicine.—J. Beakley, M.D., *Prof. of Surgery and Surgical Pathology, and Dean of the Faculty, Granerney House, N.-Y.*; D. D. Smith, M.D., *Prof. of Obstetrics and Diseases of Women and Children*; S. R. Kirby, M.D., *Prof. of Forensic Medicine*; S. B. Barlow, M.D., *Prof. of Materia Medica and Therapeutics*; M. Semple, M.D., *Prof. of Chemistry and Toxicology*; F. W. Hunt, M.D., *Prof. of Institutes and Practice of Medicine*; H. D. Paine, M.D., *Prof. of Clinical Medicine and Special Pathology*; H. M. Smith, M.D., *Prof. of Demonstrative Physiology*; T. F. Allen, M.D., *Prof. of General and Microscopic Anatomy*; J. B. Holtby, M.D., *Prosector of Surgery*; Ira Rempson, M.D., *Assistant Chemist*; A. P. Troop, M.D., *Demonstrator of Anatomy*; Enos Hall, *Janitor.*

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Original and Translated Papers.

ARTICLE XII.—*Ophthalmological Contributions.* By C. THEODOR LIEBOLD, M.D., of New-York. Conjunctivitis membranacea s. diphtheritica. Diphtheritic Conjunctivitis.

PATHOGENESIS AND ÆTIOLOGY.—Scarcely a dozen years have passed yet, since von Græfe appeared before the medical world, with his monograph: "On Diphtheritic Conjunctivitis and the use of Caustics in acute Inflammations" and brought thereby light and order into the class of crude and conflicting views. He says: "The occurrence of fibrinous exudations on the conjunctiva has long been known, and observed more or less frequently, according to circumstances in the most various inflammatory processes—particularly in leucorrhœic affections. Some French authors went so far as to make the existence of blennorrhœa neonatorum dependent on the existence of membranous exudations, and to found thereon the general rules of treatment; while other authors stoutly averred, that fibrinous layers were never found on the conjunctiva, and that the so-called pseudo-membranes were nothing but coherent mucus. To me the one opinion seems as incorrect as the other, and the entire dispute on this subject shows lack of acute scientific investigation. The coherent mucus which

indeed forms the most common object of observation, is distinguishable with certainty—even with unarmed eyes—from fibrinous membranes; for it is always less firm, shows neither elasticity nor cleavability, and when removed, leaves a perfectly smooth reflecting surface to which it was only loosely attached. Fibrinous membranes are much more dense, are apt to roll themselves up, can be torn or split, with somewhat marked separating surfaces, and seem much more firmly united to the superficial layer of the mucous membrane; so that in separating them, one feels a certain resistance, just as from two membranes, kept in contact by a gelatinous connective substance.”

We have here the same difference, as in croupous diphtheritis of the fauces and mucous membranes of the respiratory organs. The croupous inflammation is that, in which a fibrinous, quickly coagulating exudation is deposited on the free plane of the mucous membrane, involving only the epithelium. If this croupous membrane is thrown off, the epithelium will be soon regenerated, a loss of substance of the mucous membrane is not occasioned, the process *leaves no scar*. The diphtheritic process comparatively much more rare, on the contrary runs also its course with a fibrinous exudation, quickly coagulating, which however is not deposited *upon* but *into* the mucous membrane, infiltrating the tissue itself, compressing the vessels of circulation, so that the diseased mucous membrane becomes necrotic and is transformed into a slough; this is thrown off, there remains a loss of substance and *afterwards a scar*.

If we evert the upper lid during almost any stage of a florid blennorrhœa, we will see in a short time the mucus membrane covered with a layer of gelatinous fibrine, showing that the contact of air produces an appearance very much like that in croupous inflammation of the fauces.—Those are pictures of typical forms of the different diseases, but in practice we will soon find, what can not be called otherwise than *mixed* forms, one disease running into the other; a seeming purulent ophthalmia in a cachectic individual during a diphtheritic epidemic will show perhaps patches of a deeper fibrinous infiltration; even in the new born, who are never

affected with true diphtheritis, is found frequently in the first period, as far as there is any exudation, a layer of *gelatinous* coagulated fibrine, while in the farther stages this layer becomes less prominent compared with the increase of the pus cells, until only muco-pus is secreted.

Professor von Græfe, further says: "There exist various individual differences. There are cases of blennorrhœa neonatorum where masses of pseudo-membrane are found, the production of which is continued for a certain time; while in other cases it soon gives place to the secretion of muco-pus or is almost entirely unnoticeable.—A very much coagulated fibrine is not found at all or very seldom in the newly-born, the composition of blood seems not to be sufficient for such an exudation. Just as it is with the existence of fibrinous membranes in blennorrhœa neonatorum, so it is, in general in every blennorrhœa or violent inflammation of the conjunctiva: at a certain height of the inflammation, in certain periods of it there are present in its surface exudation of fibrine, the quantity of which is very different, according to the causes, the composition of the blood, &c., &c. Most clearly we see those sometimes after traumatic causes, burns with lime and so on."

"But the existence of fibrinous membranes in the surface of the mucous membrane we do not look upon as determining the presence of diphtheritic ophthalmia, we do not even on account of the above-mentioned facts think it practically useful to base on this existence the distinction of a particular kind of disease. The nature of diphtheritic inflammation consists in the condition of the mucous membrane itself; and the latter it is, which determines the course and dangers of the disease. While in blennorrhœic inflammation the tissue of the mucous membrane is *loose, succulent* and saturated with infiltrated *fluid* exudation, in diphtheritis we find it *resistant, stiff*, with *consistent* exudation all through it.

A lid attacked with blennorrhœa is consequently in general *soft, puffy*, easily to be turned; a diphtheritic one *hard* and without elasticity and mobility."

Apparently the inflammation is generally much more violent in blennorrhœic affections, because the lid looks *exter-*

nally and internally much more *red* than in diphtheritis. But *redness* is not a sign of more violent inflammation, but of hyperæmia merely; a congested lung is generally of a darker red than an inflamed one.

In blennorrhœa the mucus membrane, presents a *dark red, succulent, puckered* appearance, as if covered with small red grains, which look in the higher grades like so many papillary excrescences or intensely inflamed little warts. The histological examination shows the network of vessels under the epithelium very much enlarged in every direction, they expand most where the least resistance is offered, and therefore preserve externally those erectile loops filled to overflowing with fluid blood. An incision therefore induces profuse bleeding, showing that in blennorrhœa the circulation is so far free, that at least the majority of vessels contain coagulated blood; a partial collapse follows the incision. Around the vessels there is an accumulation of fluid exudation, containing many young cells. Quite a different picture the mucous membrane presents in diphtheritis: instead of the dark-red color of blennorrhœa, the appearance is *pale*, of a *yellowish-red* or *white* or *whitish-red*, the surface is perfectly even and smooth. In the first stages, some of the larger vessels (veins) appear distended and numerous small apoplexies around them, not from active hyperæmia, but because, of hindered reflux of blood, there is ecchymosis from mechanical hyperæmia. The hard parenchymatous infiltration of the mucous membrane, compresses the vessels, the blood stagnates and coagulates. The small red spots of ecchymosis never unite into larger suffusions, they give a speckled appearance to the pale yellowish conjunctiva, best visible on the conjunctiva bulbi, where the layer is thinner and the underlying white sclerotica heightens the contrast. Those ecchymoses disappear after a while as the blood stagnates, and the blood pigment is washed out with the secretions.

An incision into the diphtheritic mucous membrane *neither evacuates blood nor exudation*, there is no collapse, and the cut gapes.

The *swelling* of the mucous membrane itself is much greater in diphtheritis than in blennorrhœa, it is astonishing how

much enlarged it has become when an incision is made down to the sub-mucous cellular tissue.

The *production of heat* and the *pain* are very much greater in diphtheritic than in blennorrhœic and catarrhal inflammations. The cold compresses have to be changed every 20 to 30 seconds, in blennorrhœic perhaps every 60 to 90 seconds. Many an eye is destroyed by gonorrhœal ophthalmia with remarkably little pain, but in diphtheritis von Græfe had often to give chloroform when simply inspecting the lids, so excruciating is the suffering.

The *secretion* also presents essential differences; in blennorrhœa, at the height of the affection, the discharge is of thick *yellow* pus, which gradually as the disease subsides, becomes of a lighter color and more mucus like, in diphtheritis it is a *thin, serous, dirty-grayish fluid*, in which shreds of pseudo membranes of a yellower color are floating; it is very corroding, making the adjacent parts very sore.

The *ætiology* or the *nature* and *causes* of the diphtheritic inflammation are still in reality as little known as of most other inflammations. Leaving all speculative theories therefore, we will enumerate only what has so far been established as fact, following closely the masterly expositions of Prof. von Græfe.

1. Diphtheria is not a *local* but a *general* disease. In this it differs decidedly from blennorrhœa. From the latter a sound eye may be effectually protected in the great majority of cases (even if its neighbor is affected already), by the use of the hermetic bandage. Though this caution should not be neglected in diphtheritis, as beside the constitutional cause, there certainly also exists a contagion, and the affection of the second eye is not a necessity,—but it will not always prevent bilateral affection, even if conducted with the greatest care. Prof. von Græfe says that he never saw a monolateral affection in the polyclinical practice, but in hospital practice, where alone accurate care and observation can be bestowed, he succeeded three times in eight in saving the second eye from attack by the use of the hermetic bandage. (see No. LVI, p. 611.)

The *constitutional* disturbance, are in blennorrhœa nothing

compared to diphtheritic conjunctivitis. Violent fever with exacerbations of heat in the head, extraordinary lassitude, total loss of appetite are usually present in the latter. Blennorrhœa has no necessary connection with any other disease, the perfectly healthy is just as liable to contract it as one suffering from other causes; very different in diphtheria. Prof. v. Græfe observed among forty children so affected, three times death by croup, several times by pneumonia and hydrocephalus acutus, frequently two affections of the skin, diphtheritic patches on the genital organs, angles of the mouth, blister sores and other wounds. During *dentition* he also saw frequently the occurrence of diphtheritis, even relapses or returns of the disease, simultaneous with the cutting of single teeth. The coincidence was so frequent and so striking, that it could not be attributed to chance, whether however direct causality is thereby at the bottom or a common cause is difficult to decide, the latter appeared more probable, as all local remedies to the gums were entirely ineffectual. Eight times out of forty there existed signs of *congenital syphilis*.

Altogether diphtheritis is more common in diseased and weak individuals, than in healthy ones.

2. Diphtheritis appears mostly as an *epidemic*. In an ambulatory practice of 4 to 5000 and more, there was no case frequently for several months, while at other times 6 to 8 were under treatment. The principal epidemics were observed in spring and autumn. The first epidemic commenced in the middle of September, 1852, in October it was at its height, and in November the last cases were observed; the second epidemic appeared in the spring of 1853, but showed only 5 to 6 cases, and the third commenced in spring 1854, bringing more than twenty cases under treatment and extending into the summer months.

The first cases as in other epidemics were always found to be the most acute and serious, affections of the cornea were then often produced in a few hours, leading to rapid destruction of the eye, while later in the epidemic the cornea was affected in latter stages of the disease or escaped entirely, a circumstance of the greatest importance in regard to prognosis.

Other diphtheritic affections were at those times *also* prevalent, and almost every other acute inflammation of the conjunctiva showed a certain tendency to diphtheritic infiltration; tumefaction was harder, the exudation contained more solid ingredients, the elimination of artificially produced eschars took more time.

(TO BE CONTINUED.)

ARTICLE XIII.—*Papaya-Vulgaris.* *A Theoretical Drug-Study.* By E. M. HALE, M.D., Prof. of Materia Medica and Medical Botany in Hahnemann Medical College, Chicago, Ill.

[It was the writer's intention to incorporate the following in the second Edition of New Remedies, but failing to procure any of the drug wherewith to experiment, or make provings, it was considered best to give it to the medical profession through the medium of the NORTH AMERICAN JOURNAL:]

PAPAYA-VULGARIS. (PAPAU TREE).

ANALOGUES?

Botanical Description.—A tree, rising erect into the air without branches to the height of twenty feet. The root is perpendicular, whitish, spongy, and of a disagreeable taste and smell. Stem cylindric, about a foot in diameter, marked nearly its whole length with the scars of fallen leaves. The leaves palmate, deeply divided into seven or nine sinuated gashed lobes, on petioles nearly two feet long. Flowers axillary, yellowish-white and fragrant; the barren ones in pendulous racemes with the flowers disposed in corymbose clusters; the fertile flowers are rather numerous, on short, usually simple, thickened pedicles. Fruit oval, round, and frequently grooved, and about the size of a small musk-melon; it is yellow, inclining to orange when ripe; succulent, sweet pulp, with an aromatic scent. Seeds a little larger than those of mustard, has a warm taste almost like that of cresses.

History.—This singular tree is indigenous to this country, but is found only in the eastern part of the State of Florida. It is also indigenous to the West India Islands, South America, and the islands of the Pacific. In its mode of growth it may be compared to the palms, or to the tall and herbaceous banana;

while its true relations are to the gourd and passion-flower tribes. The round scarred stem is composed of wood of a soft and spongy consistence, and so fibrous as to afford a material for cordage like hemp. In six months it attains the height of a man, and soon after begins to flower, attaining its utmost magnitude in six years. The elegant palmated leaves spread out only towards the summit of the stem, and form a wide circle like an airy umbrella.

In Bartram's Transl. (page 131) is given a very animated and exact description of this graceful tree. He adds: "It is certainly the most beautiful of any vegetable production I know of; the towering laurel magnolia and exalted palm, indeed exceed it in grandeur and magnificence, but not in elegance, delicacy, and gracefulness. It rises erect with a perfectly straight tapering stem to the height of fifteen or twenty feet, which is smooth and polished, of a bright ash color. Its perfectly spherical top is formed of very large lobe sinuate leaves, supported on very long foot-stalks; the lower leaves are the largest, as well as their petioles the largest, and make a graceful sweep like the long *f*, or the branches of a scone candlestick. The ripe and green fruit are placed round about the stem, from the lowermost leaves, and upwards almost to the top. It is always green, ornamented at the same time with flowers and fruit."

"The fruit of the papan, when boiled and mixed with lime-juice is esteemed a wholesome sauce to fresh meat, in taste not much unlike apples. It is likewise employed as a pickle when about half green, being previously soaked in salt water to get rid of the milky juice it contains, and is, when ripe, frequently preserved in sugar, and sent to Europe with other tropical sweet-meats." (NUTTALL.)

This tree, on account of the similarity of its common name, must not be confounded with the Pawpaw of the United States—the fruit of which is eaten and relished by many, and has an aromatic odor, and taste somewhat like very sweet custard.

Medical Properties and Uses.—There are some very singular things said about this tree, which I am induced to record, in order that its properties may be investigated in a

scientific manner, to ascertain if the allegations in relation to its effects have any basis in fact.

Nuttall, the eminent botanist,* writes: "The juice of the unripe fruit, as well as the seed, acts as a powerful and efficacious vermifuge, and its chief constituent, singular enough, is found to be *fibrine*, a principle otherwise peculiar to the animal kingdom and the fungi."†

"An application of the milky sap is said to be a remedy for the tetter or ringworm, and upon the coast of Malaqueth, in Africa, the leaves are employed as an abstergent in place of soap; they are also used for the same purpose by the African Creoles of the West Indies."

"The Papau, however, has the singular property of rendering the toughest animal substances tender, by causing a separation of the muscular fibre; even its vapor alone is said to produce this effect upon meat suspended among the leaves, and that poultry and hogs, though old, become tender in a few hours after feeding upon the leaves and fruit. This property was first described by Brown, in his history of Jamaica, who remarks, that meat washed in the milky juice, mixed with water, became in a few hours so tender that when cooked, it could scarcely be taken from the spit."

This statement is repeated by several writers, but no authentic account of any experiments made for the purpose of testing this singular power, have reached us. It seems to us a little strange that none of the physicians of the West Indies, to whom this tree must be known, as well as its reputed qualities, have not proved or disproved these assertions relative to its power over muscular fibre.

If the papaya really possesses such power, it must consist in a dynamic force, and this force ought to be as potent to *cure* as to cause the peculiar pathological state of the muscular tissue.

It seems to cause the same condition of muscular fibre as excessive exertion. It is a well-known fact that the flesh of cattle and buffaloes are much tenderer when killed after a

* North American Sibra, Vol. III., p. 48.

† Thompson's Annals of Chemistry, l. c.

severe and protracted chase, than when slaughtered in the usual manner. It has been noticed that the flesh of the rabbit is very tender after having been coursed by hounds.

Dr. Inman, in his singular but very suggestive work on Myalgia, gives the following appearances of the muscular fibre of a hare, "coursed" an unusual length of time.

"There were spots of ecchymosis about the size of a sixpence or a shilling on the back, between the shoulders. There was a thick layer of blood above the loins, and all over the abdominal muscles below the skin. The muscles of the back and loins were purple-red throughout their whole substance, and as soft as butter; the abdominal muscles were intensely purple (looking black); there was extravasation of blood between the two layers and the peritoneum was universally black with effused blood, and had a granular appearance. Extensive ecchymosis existed in the substance of all these muscles. The thighs were very white, except in parts, when they were washed by blood extravasated in the substance of the muscles. No change could be detected in any portion of fasciæ or tendons, except that that they were bathed with bloody serum in some parts, and that they were very readily separated from the muscular fibres.

"On examining the muscles microscopically, I found that the fibres broke down under the gentlest manipulation. The transverse striæ were almost universally absent, or so indistinct as not to be easily recognized. In the dark colored muscles every fibre was surrounded by a layer of coagulated blood. In some parts blotches of fibres were ruptured through, and a mass of blood interposed between the broken ends; in other individual fibres even found ruptured *through the sarcine only*, the sarcolemma remaining entire. In some instances, these fractures were attended by a "bulb" of blood around the broken ends, outside the sarcolemma; no single fibres were found ruptured through both sarcine and sarcolemma. The result of this examination proves that there is little essential difference between the appearances presented in a tetanic man and a hunted hare.*

* The appearance of the muscles of a man dead of tetanus are detailed on page 17, of Inman on Myalgia.

“ We may, then, fairly assume that over-exertion in a muscle produces rupture of fibre, change in physical quality, with destruction of blood-vessels, extravasation of blood in some parts, and an emptying of the intra-muscular vessels in other parts.”

If the accounts of the action of Papaya be true, it must cause *some*, if not all these changes in muscular tissue.

But if it should prove a fact that the Papaya destroys the integrity of muscular tissue, by causing a lesion of its ultimate fibres, there would still be left to settle its true method of action.

This could only be done by instituting provings, both pathological and pathogenetic. The former could be made on animals; their symptoms and conditions watched during life, and their muscular tissue examined microscopically after death. The pathogenesis should be made by men and women in good health. The drug used first in minute doses, gradually increased up to the limit of toleration.

We may even now venture some suggestions relative to its probable method of action. We cannot consider it belonging to the Nux-vomica group, or those which primarily cause tetanic spasm of muscular fibre. The condition of a muscle in a man dead of tetanus, and one who has died from the effects of Nux-vomica, Ignatia, Arnica, &c., is probably the same. The muscular fibre in both cases is torn asunder by a contractile force.

If the Papaya were capable of causing spasms, cramps, or convulsions, it would certainly have been narrated to naturalists, as a fact of that kind is not apt to pass unobserved. With what medicine or medicines can we class the Papaya? Perhaps with Gelseminum, Rhus-tox., Baptisia, or Wourari; poisons which exhaust or destroy, by their primary action, the integrity of the muscular tissue.

Muscular tissue taken from the body of a man or animal poisoned by Gelseminum, Rhus, Bapt., or Wourari, has not to our knowledge been examined microscopically. If the fibre should, in such cases, be found changed from a normal state, it must be from the primary action of the drugs. It is our conviction that as a rule, the muscular fibre would not be found *ruptured*, because, except in rare cases, there is not sufficient cramp or spasm to cause such a lesion.

May it not be that the condition of the fibre is simply one of *relaxation*? Could sufficient relaxation of muscular tissue take place to cause such tissue to be "tender;" or be more easily torn to pieces?

These are questions which only accurate experiment can solve.

We cannot, in the present ignorance of the action of the Papaya, designate any *diseases* for which it would be indicated. We know nothing of its symptoms, and only a vague, unreliable statement of a condition it is said to cause.

A friend, a botanist, now on a visit to Cuba, has promised to bring me a quantity of the bark and leaves of the Papaya. When it arrives, it will be at the service of any member of the profession who desires to investigate its qualities.

ARTICLE XIV. *Homœopathic Creeds.* By C. NEIDHARD, M.D.

I HAVE always been averse to the adoption of an especial homœopathic creed. The law "similia similibus" should be sufficient to unite us all, and every year this law will become clearer by new discoveries in physiological and pathological science.

Other physicians have thought differently, and have considered it their duty to publish their convictions to the world.

As it is only by the exchange of opinions that truth can be obtained, I will endeavor, in the following propositions, to portray my views on the subject:

1. Any one calling himself a homœopathic physician will venerate Hahnemann as the reformer of medicine, and the founder of the great law of cure, which, if truly carried out, will form a new era in medicine; but this physician need not, on that account, believe that with Hahnemann the cycle of medical reformation has run its course; on the contrary he will watch the spirit of the great master beckoning him to bring his art to still higher and higher *development*.*

* The celebrated *Herbert Spencer*, in his work on education, makes the following remarks on *Pestalozzi*, which are also applicable to Hahnemann. "That tendency which mankind constantly exhibit, to canonize the forms and practices along with which any great truth has been bequeathed,—their

2. The physician belonging to the homœopathic school, in the examination of his patient, will not only regard apparently trifling symptoms as throwing light on the nature of the disease, but will avail himself of the new discoveries in diagnosis by auscultation and percussion, especially in diseases of the lungs and heart, which in Hahnemann's time had not arrived at the same degree of perfection as at present, and which Hahnemann himself would have adopted, were he living now with us.

3. The same physician will also avail himself of the modern discoveries in pathology, which with the symptoms, will be of great assistance to him in discovering the true simile. These pathological discoveries will not be considered by him infallible, but will aid in the higher developments of his law of cure. By means of our pathological knowledge, we shall prevent the constant changing of homœopathic medicines, owing to a slight change of symptoms, so much is vogue among homœopathic physicians, preventing all true cures. My experience has taught me, that a remedy is the more efficacious, the more it not merely corresponds to the symptoms, but also to the hidden cause. In other words, under no circumstances can or ought homœopathic physicians to shut their eyes to rational speculations about the cause of diseases.*

liability to prostrate their intellects before the prophet, and swear by his every word,—their proneness to mistake the clothing of the idea for the idea itself, renders it needful to insist strongly upon the distinction between the fundamental principles of the Pestalozzian (Hahnemannian) system, and the set of expedients devised for its practice; and to suggest that while the one may be considered as established, the other is probably nothing but an adumbration of the normal course. Indeed on looking at the state of our knowledge, we may be quite sure that this is the case." (*Herbert Spencer on Education* page 118.)

* Mrs. O—aged seventy-seven, had repeated attacks of pain in the kidneys, but never so severe as during this winter, with the following symptoms: drawing, burning crampy pain in the right kidney, and slightly in the left, aggravated by the least motion, with throbbing in the rectum; at the same time she discharges large quantities of dark reddish fetid urine. Hectic fever. After the most careful examination of the symptoms and study of the case, Kalt-brom, Calc.-carb., Lycop., Bryonia were given, one after the other, with very slight mitigation of the painful symptoms. The family history was inquired into. All her family were consumptive. A physical examination of the chest detected tubercles in the lungs. It was thereupon not very difficult to conclude that a similar process had been developed in the kidneys. Having

4. A homœopathic physician, deserving the name, (or homœopathician if preferred) will consider it the highest triumph of his art to discover trustworthy homœopathic or specific remedies (the name is of little importance) for concrete forms of disease. He will follow, in this respect, the illustrious Hahnemann, who recommended *Drosera* in whooping cough, *Hepar* and *Spongia* in croup, *Camphor* and *Cuprum* in cholera asiatica, *Thuja* in sycosis, *Pulsatilla* in measles, &c. in the same way as other physicians have recommended *China* in intermittent fever, *Mercury* in syphilis, *Crotalus-hor.* in yellow fever, *Sulphur* in the itch, *Mephitis-putorius* in whooping cough. The homœopathic physician of our choice will not consider these remedies as absolutely curative in the respective diseases. Neither did Hahnemann. If at a later period truer and more appropriate remedies should be discovered in these diseases, he is perfectly willing to abandon those, always loving his art and science more than his personality.

5. The physician in question, will as a general rule, prescribe one remedy at a time, but if in dangerous and new forms of disease it is difficult to find the true simile, he will not on that account let his patient die, but will promptly administer two remedies in alteration, or even an empirical remedy, if such a proceeding should be deemed necessary in order to save the life of his patients; considering that it is the chief duty of the physician to cure his patient, and that science is of inferior importance.

6. A homœopathic physician, as I contemplate him, considering the immense divergency in the susceptibility of different constitutions, will vary his dose from the lowest to the highest degree of power, according to the difference of various constitutions and temperaments, or according to the nature of the disease. Those homœopathic physicians making exclusive use of either high or low dilutions can never arrive at any certain data in regard to the dose in different cases.

from experience always found *Kali-hydriod.* in the lower triturations a superior remedy in acute tuberculosis, it was also exhibited—this (an without regard to the particular symptoms be used with immediate and decided benefit. The old lady was entirely cured, although every one despaired of her recovery— numerous instances of the same kind might be adduced.

7. The homœopathic physician fully imbued with the spirit of his science, will make profound studies of the *materia medica*, but will not consider all the symptoms there recorded as absolutely true, and mathematically certain. He will therefore advocate new and extensive trials of all remedies by impartial and conscientious observers, so as to arrive at a greater certainty of every symptom of the *materia medica*. He acknowledges the imperfections shown by disinterested observers such as Roth, Langhein, Eidherr and others.

8. Finally, *our* homœopathic physician will carry out the law of cure discovered by Hahnemann according to his judgment and experience, granting to others the same privilege. By following this course we will most truly promote the cause of science, and benefit humanity.

ARTICLE XV. *Invagination of the Colon-Descendens, in an infant six or seven months old.* By T. G. COMSTOCK, M.D., St. Louis, Mo. (Read before the St. Louis Hom. Medical Society.—Stated meeting, May 1st, 1866.)

PATHOLOGISTS, and especially those who have been physicians to hospitals for children, have often noticed in making autopsies, slight intussusceptions and invagination of the small intestines;—sometimes as many as six or seven or more, have been observed, and they had occasioned no symptoms whatever while living, and being accompanied by no traces of inflammation, the conclusion is warrantable that they are most probably caused during the last moments of life, or in the agony of death, by some unusual, abnormal, or irregular peristaltic action of the intestine. Invagination of the bowel in children, having for its seat the large intestine is a disease of very uncommon occurrence. Barthez and Rilliet mention having seen a few cases of it, but say,* that in more than 500 *post-mortem* examinations of children, between two and fifteen years old, they have not observed a single instance of it; and remark that it is singular that so little notice of it has been taken by physicians, who practice among diseases

* Barthez and Rilliet, *Maladies des enfans*, Tome I. p. 808.

of children, and add, that we really possess no complete monograph upon invagination of the intestines.

Since the appearance of Barthez and Rilliet's elaborate work in 1854, we have some valuable statistics from Dr. Smith, of New-York, physician to the children's hospital, who gives the particulars of fifty cases that he treated. According to Barthez and Rilliet, and other authors that I have consulted, copious hæmorrhage with vomiting are the first symptoms of intussusception.

In the following case which occurred recently in my practice, the child was attacked suddenly in the night with bloody stools, attended with straining, and almost constant vomiting. The hæmorrhage was at first pure blood, without any mucus, and continued for two days, when the bloody evacuations became somewhat lessened in quantity, and seemed then to be mixed with a little mucus. The child passed nothing like fæcal matter, nor did the matters vomited smell fæcal or stercoraceous, and the question which presented itself at once was, the source of the hæmorrhage? The fact that with so many evacuations, no fæcal matters were discharged from the intestines, soon settled the question as to the diagnosis; although at first the disease seemed to be a case of dysentery. The child suffered at times most intensely, but apparently not continuously, as it frequently slept a little, and nursed very often, from the onset of the attack until a short time before its death. The sufferings of the child did not seem to be proportionately any thing like so much as in adults, with acute obstruction of the bowels.

For forty eight hours after the commencement of the attack the pulse was not unusually accelerated, but at the expiration of this time, a strong fever set in with very rapid pulse and, apparently, increase of the pains. At the expiration of sixty hours, the hæmorrhage became mixed with more or less mucus. As before remarked, the child would doze at times, and then the vomiting would cease, but while awake the vomiting would be almost constant, and without any effort or distress, seeming to be involuntary. The matters vomited looked at first as if tinged with bile, subsequently like rice-water, emitting simply a sour odor. The stools the last

twenty-six hours were also sour, not so copious or frequent as before. Cerebral symptoms showed themselves about the third day, and this complication no doubt hastened the fatal termination. On the third day Dr. E. C. Franklin, was called in to consult with me in the case; his opinion was at once most positive, that it was a case of obstruction of the bowels, from an intussusception. The treatment of this case was symptomatic. In the commencement of the attack, Mercurius was given, followed by Arsenicum, Ipecac., and Secale-cornutum; the child was placed in a warm bath several times, and large injections of warm water given with a powerful improved Essex-syringe; the injections were frequently repeated, and warm poultices also applied to the abdomen; all of these means proved powerless in removing the obstruction. For twenty-four hours before the child died, it was given small pieces of ice, which were swallowed with the greatest avidity. The child was attacked Tuesday night, April 26th, 1866, at 10 P.M., and expired Sunday morning, April 29th, having lived in this condition four days and eight hours.

Post-mortem. April 30th, 1866, made by Dr. E. C. Franklin and myself. The external appearance of the cadaver showed evidences of very rapid decomposition, there being an unusual number of hypostatic spots especially upon the back of the neck, and down the back, upon examining the abdominal cavity, it was found much distended, and containing a considerable quantity of serum. The contents of the alimentary canal seemed to be a light yellowish matter mixed with a serous fluid, and enormously distended with gas. In the sigmoid-flexure of the colon was found an invagination, containing at least sixteen inches of the intestinal tube, consisting of the cœcum with the appendix-vermiformis, and filling the colon and sigmoid-flexure to within four inches of the anus. The external coating of this invaginated intestine was of a very dark-red color, the middle portions of the tumor will be found to be very much thickened, and in fact the three portions were intensely congested.

At the point of invagination of the middle portion of the tumor, was found a slight perforation as you will observe in the specimen presented. May this not have been an effort of

nature to cast off the central and internal portions of the tumor, by sloughing and joining of the extremities of the other folds by a process of plastic inflammation and subsequent organization, and natural union?* Such an instance is on record, where a case of volvulus in a child seven years old terminated by an invaginated portion of the colon six inches in length, having sloughed away and passed off per anum. Upon examining the literature of volvulus, I find many cases upon record, and they are almost all in children under one year. Invaginations in children occurring in the small bowels, without any accompanying inflammation is frequent enough, and in the Saltpetrière hospital in Paris, M. Louis found the greater part of three hundred children examined, two or three invaginations, which had produced no symptoms whatever in life; and Dr. Baillie in his "morbid anatomy" confirms this statement.

True inflammatory intussusception is, however, quite another affair, and is always dangerous. Invagination or intussusception of the intestines, consists of three portions and the external part or covering, which is formed by that portion of the bowel into which the other two have slipped; second, the middle covering which is between the external and internal covering; and third, the internal covering; a continuation of the middle covering, consisting of the invaginated or stric-tured portions doubled upon itself, and really enclosed within the middle covering. It should be remembered that hæmorrhage from the intestines is almost always a constant symptom of intussusception, caused by the strangulation and consequent obstruction of the circulation, so that the blood-vessels will naturally be ruptured; to Mr. Gorham of Guy's hospital, London, we are particularly indebted for first noticing and calling attention to it. What can be the cause of intussusception? All the cases I have read of, like the one whose history I have just related to you, occurred in healthy children, and attacked them suddenly, without any prodromal symptoms. In the present state of our knowledge, all explana-

* An obscure and interesting case by C. H. Smith, M.D., of New-York. American Medical Times, July 23d, 1864, p. 41.

tions are unsatisfactory. Barthez and Rilliet, say.* “invaginations est dans l’immense majorité des cas, une maladie primitive:” which is no explanation whatever. One author says, mucous inflammation is a cause: others think that cerebral disease may cause it. Dr. Clark, of New-York, says, “a portion of the mucous membrane becomes inflamed, the calibre of the tube becomes enlarged, and loses its contractile power in consequence of the paralysis of the muscular coat, and the portion of the intestine above being in a healthy state drops into the intestine below.”

“All authors† generally agree in describing these invaginations as usually occurring in the ilium, and near where it terminates in the colon, caused by augmented peristaltic or spasmodic action, forcing a portion of the intestine into the lower, or conversely. The first is termed “*progressive*,” and the latter “*retrograd*,” which last is undoubtedly very rare.”

As regards treatment, other than such as was employed in the case in question, I should recommend the therapeutics first proposed by Hippocrates: viz. insufflation, which may be easily practiced by applying, within the anus, the nozzle of a pair of bellows, and then powerfully inflating the bowels, I have read in some English medical journal the report of four or five cases thus treated with the most perfect success. As a specific in intestinal obstructions, *Dioscorea Villosa*, (colic-root), should not be forgotten; as I have seen marvelous effects from this remedy, in cases of acute-obstructions of the bowels, and can now call to mind two instances of the kind in adults, where every other remedy failed, and an infusion of *Dioscorea* rescued the patients from the jaws of death. In the case above related, evidently no remedial means would have proved of the least avail, on account of the perforation of the intestinal coat as well as strangulation. The cases cured by *Dioscorea*, we will report in a subsequent number of this “Journal.”

* Op. cit. Tome, I. p. 826.

† “Case of Intussusception of the Colon. By W. Gould, M.D., Buffalo Med. and Surg. Journal, 1864, p. 69.

ARTICLE XVI. *The Distribution of Nerves to Voluntary Muscle.* * By SAMUEL A. JONES, M.D., of Englewood, N. J.

"THERE is no department of natural knowledge in which such conflicting statements have been made upon mere matters of fact and observation as in minute anatomy." In no instance is the truth of this observation more strikingly shown than in the various investigations undertaken to determine the nerve-distribution in voluntary muscle.

The controversy upon this question, since its reopening by Dr. Lionel S. Beale, extends over a period of six years; and during this time Beale has stood alone against such men as Kölliker, Kühne, Krause, Engelheim, Aeby, Margo, Reichert, Rouget, Naunyn, and Coenheim.

The following are the chief positions assumed in this controversy:

1. The nerves terminate in ends beneath the sarcolemma. (Kühne.)
2. The nerves terminate in ends external to the sarcolemma. (Kölliker.)
3. The nerves never end, but form networks external to the sarcolemma. (Beale.)

It will be observed that one point at issue is the precise *locus* of the nerve: it is either *within* or *without* the sarcolemma.

Beale's illustrations, drawn from his preparations, and which we may add a friend of ours has examined, expose Kühne's error in this instance by showing that a nerve may be traced running continuously from one elementary muscular fibre to another. Beale says of one drawing (Plate XI., Fig. 3.) it "was copied from the very same muscle of the frog (pectoral) as that from which the figures of Kölliker and Kühne were obtained. I have copied exactly what I saw; and that the fine and pale, as well as the coarse fibres are inter-muscular and lie upon the external surface of the sarcolemma, is quite certain, as they may be traced over the

" The distribution of nerves to voluntary muscle, including the discussion of the following questions: Do Nerves Terminate in Free Ends? or do they invariably form Circuits and never end?

By Lionel S. Beale, M.B., F. R. S. London: John Churchill & Sons, 1865.

edge of an elementary fibre, and may be followed from one to the surface of another." He has thus traced them over thirty elementary fibres, and he adds: "Will observers accept the conclusion, that the nerve perforates the sarcolemma of voluntary muscle before any observations have been offered upon the manner in which it is developed in such a locality?"

But a more important difference is found in the question, Have the nerves free ends or not?

"Kühne, Coenheim, Rouget, Krause, and Engelheim make the nerve end a very short distance from the point where the dark-bordered fibre ceases; and the latest researches make the dark-bordered fibre end abruptly in its terminal end-plate, so that there is not even a pale fibre as long as that of the pacinian corpuscle."

On the other hand, Kölliker traces pale fibres *for some distance in continuation with the dark-bordered fibre*, "and then says they terminate in *free ends*, not in "end-plates."

Kühne's *end-plates* are "rows of nuclei which lie amongst the contractile tissue;" and the explanation of the discrepancy between Kölliker's view and his own is, that Kölliker has "prepared" his tissues differently, and distinguished the nerve-nuclei from the muscle-nuclei, while Kühne, by his method of preparation has got bewildered among a chaos of *nerven-hügel, end-platten, and nerven-end-knospen* composition. "The peculiar bodies described by him as *nerven-end knospen* are in some cases the nuclei of the nerves upon the sarcolemma, in others the nuclei of the contractile tissue beneath the sarcolemma."

As a result of the view which finds an "end-plate," or a free end, the nerve, we have Kölliker, Kühne and all the other continental microscopists differing with each other, as well as with Beale, in regard to "the precise relation the nerve bears to the contractile tissue of the elementary fibre," yet all agreeing "that the *nervous fibre is limited to a very small portion of its entire extent*. Some indeed think it doubtful even if every fibre of a muscle is supplied at all, believing that only a small part of the entire muscle is brought into any very near relation with the nerve-fibres." Upon which Beale says:—"Will observers accept the conclusion, that

long elementary muscular fibres are influenced by the nerves at only one single point in their length, when dark-bordered and fine fibres cross them at short intervals throughout the entire length of the muscular fibre, as every one can demonstrate in the muscles of the eye of the frog, or, better, theameleon, or in the diaphragm of the mouse, or in the very thin mylohyoid of the frog." For what purpose do the nerves cross the muscular fibre at many different points and pursue a most circuitous course, if a nerve-fibre is to become connected with it at one spot only, and influence the muscular fibre at this single point?

Those who hold that the plexuses of coarse and fine fibres which are to be demonstrated in the case of every muscle, are an arrangement not connected in any way with the action of the nerve upon the muscle, should show not only why nerves invariably exhibit this arrangement, but why the nerve-fibres do not at once pass to the point of the muscular fibre with which they are connected by the shortest and most direct route.

Can it be supposed that it is necessary for the nerve tissue to come into absolute contact with the contractile tissue of the muscle whilst nerves are admitted to influence other tissues without being in structural continuity with them?

In this *mikro-bellum* we are treated to the apparently inevitable *quantum* of "high art" terms, and while avoiding the minuter points of difference, we think the above presents the more important phases of this "controversy." As we believe Beale to have obtained the true view of the nerve-arrangement in voluntary muscle, we shall give his "position in this inquiry" in his own words:

"1. I was led to the conclusion of the existence of a network of nucleated nerve-fibres, many, if not all, composed of finer fibres upon the surface of the sarcolemma of the muscles of the mouse in 1859, the observations being published in the *Phil. Trans.* for 1860.

"2. That after having studied the conclusions arrived at by Kühne and Kölliker upon the breast muscle of the frog, and those of other observers opposed to my own views, I have, after working for a very long time upon the same muscles

employed by them, succeeded in tracing the nerve-fibres a much greater distance from the dark-bordered fibres, and have demonstrated that certain fine fibres ramifying in the sheath of the nerve are not connective tissue, as usually stated, but true nerve-fibres, which are in many instances nearer to their ultimate ramification than the dark-bordered fibres with which they ramify.

“3. That the arrangement of the fine nerve-fibres in the form of networks or plexuses upon the surface of the muscle, beneath the skin, and in other parts, resembles that of the dark-bordered fibres in the same situations, which has long been known. In fact, the networks and plexuses of fine pale nucleated nerve-fibres in the embryo which become the networks and plexuses of the dark-bordered fibres of the fully-developed animal, resemble in all particulars the networks and flexuses of fine fibres described by me in the latter, and that in all cases where a trunk composed of fine fibres or coarse fibres branches off from another trunk, the former invariably consists of fibres possessing opposite directions.

“4. That by independent observations upon the bladder, small arteries, the skin, connective tissue, cornea, papillæ of the tongue, and other tissues of the frog, I have proved that networks, the fine fibres entering into the formation of which are compound, or plexuses of my fine nerve-fibres, exist, and that nerves do not terminate by free extremities in any of these tissues.

“5. That in a number of observations I have made upon the minute arrangement of nerve-fibres in the trunks of nerves, and upon the origin of nerves from nervous centres in numerous vertebrate and invertebrate animals, favor the conclusion that in all cases complete nerve circuits exist, while during many years of careful observation I have not been able to discover one fact which is incompatible with such a view.

“6. That by direct observation upon the thin mylohyoid muscle of the frog, finer fibres than have been hitherto described have been demonstrated, and that some of these have been followed from one compound nerve-trunk over a great many elementary fibres to another trunk. Many of the nerve-fibres described by me in my recent memoirs are so very fine,

that it is not surprising that they should have been regarded by many observers as delicate fibres of fibrous tissue. In my preparations, their true nature is, however, demonstrated by the change induced by the action of acetic acid, and by their continuity with true dark-bordered nerve-fibres.

"7. That in the auricle of the frog's heart, and also amongst the elementary muscular fibres of the frog's tongue very fine nerve-fibres, not more than $\frac{1}{1000}$ of an inch in diameter, have been traced from one nerve-trunk to another.

"8. That similar facts have been observed in the breast-muscle of the frog, and fine fibres have been traced from one trunk to another.

"9. That from all this evidence, the conclusion is, that nerve-fibres never end or terminate by free extremities, but that in all cases complete circuits exist, and the inference is justifiable that *a circuit is the fundamental arrangement of a nervous apparatus.*"

We have made investigations upon the mylohyoid muscle of the frog, and the diaphragm of the mouse, and have seen sufficient to convince us that if Beale is not strictly correct, Kühne, Kölliker and others are surely wrong. Our researches were made with only a $\frac{1}{2}$ and a $\frac{1}{4}$ objective, but we have two preparations which, when amplified only two hundred and fifty diameters, prove unmistakably that Kölliker and Kühne are incorrect. Even with this "low power" we find a nerve-network, and with every increase of amplification, we discover a more extensive ramification—what was invisible, or appearing like nerve *termini* coming into view as a portion of an infinite plexus. We have traced nerve-fibres over several elementary muscular fibres; and in our preparations find that the most extensive ramification of nerve-fibres begins to take place beyond the dark-bordered portion of the nerve.

From an examination of the "plates" illustrating this controversy, one thing will be evident to every one who will "look for himself" at any one of the *actual* muscles employed by these quarrelling microscopists, namely: that the general appearance of any muscle as "prepared" by Kühne, and Kölliker differs exceedingly from the same muscle as "prepared" by Beale. Herein lies the continental microscopists' source of

error. Beale challenges them to prepare tissues after his method, confident that then there will remain no discrepancies. Kühne and Kölliker honestly assert what they *see*; but their method of preparing so delicate a tissue for examination, is so imperfect that by it they *never can* see the true disposition of the nerve-fibres. Kölliker entertains some strange views of the minute anatomy of the *medulla spinalis*, but if he will follow the method of preparation employed by Van der Kolk, or Lockhart Clarke, he will find that he differs with even the Almighty in anatomy.

Kühne believes blood serum one of the finest *media* for tissue-preparation, and we must add the results he obtains thereby, are only equal to the "method."

In the ultimate analysis of the nerve-fibres, Beale has an undoubted advantage in tremendous amplification obtained with Powell and Lealand's $\frac{1}{4}$ and $\frac{1}{8}$ objectives. He says: "It has been shown that at the peripheral distribution, fine granular fibres (probably composed of several finer ones) do run alone, that is, without dark-bordered fibres, forming networks. Many of these very fine, pale, granular fibres are not more than the $\frac{1}{100000}$ of an inch in diameter, *but, there is reason to conclude that even these are composed of still finer fibres.*" And, again, he states that "one very important advantage gained by the use of very high powers is, that structures apparently upon the same plane are demonstrated to be on very different planes. In muscle, a nerve-fibre often appears by a $\frac{1}{4}$ to be situated beneath the sarcolemma, while the $\frac{1}{8}$ or $\frac{1}{16}$ show it to be situated *beneath* the muscular fibre itself."

A finely spun discussion upon microscopic lenses, which took place in the American Microscopical Society, was cut very short by a member's remarking: "Gentlemen, I don't care so much for the objective in front of the microscope, as for the brains behind it!" Very true; but Beale's "objectives in front" have undoubtedly revealed to him finer nerve-fibres than ever Kölliker or Kühne beheld. It is also probable that with such lenses as Beale employs, both Kühne and Kölliker would find something more in their own preparations than they now see, for the $\frac{1}{4}$ power made by Nachet or Hartneck, is a sorry substitute for a corresponding "power" from the hands of Powell and Sealand, or Wales.

But, beyond all this remains the fact that even the delicate muscles of the tiny green tree frog (*hyla arborea*) a long and careful process of preparation in order that the ultimate ramifications of nerve-fibre may be demonstrated. *Post-mortem* change must be prevented; the tissue must be made sufficiently thin and translucent to admit light enough for examination with a "high power" (all the light going into the $\frac{1}{16}$, passes through an aperture the $\frac{1}{8}$ of an inch in diameter), and the highly refractive nerve tissue must be rendered granular by the use of acetic-acid in order to be discernible with even a $\frac{1}{16}$; so that the "preparation" of a muscle requires from two to six weeks.

From examinations of our own preparations we cannot see all that Beale has seen, simply because we lack the "objective in front;" but we are convinced that this "controversy" is settled by the researches of Dr. Beale; and we are convinced that with the requisite skill in "preparing," any one following Beale's method can arrive at no other conclusion than that "a nerve never ends."

There yet remain two points which, in our eyes, possess great interest for us, small-dose-trituration-and-dilution men to wit: "The view that no fibre is a nerve-fibre unless it be dark-bordered, cannot any longer be entertained, *for in no peripheral tissue or organ that I have studied does the REALLY ACTIVE PART OF THE NERVE-FIBRE COMMENCE until the dark-bordered character has ceased.* Where the dark-border ends is not where the nerve ends, *but it is where the extensive ACTIVE peripheral nerve-plexus commences.*"

"I have so often observed a dark-bordered nerve-fibre distributed to a muscle, *divided into two branches, one of which passed to a (capillary) vessel, while the other ramified upon the muscle,* that I believe the arrangement to be useful and probably essential."

In view of these two "hard facts," what becomes of those "credulous homœopaths" who long since taught that the "action" of certain of their "remedies" was upon the *peripheral* capillaries of sundry organs and tissues? What a pity that an "allopath" so high in rank should plunge into the mysterious recesses of the human body only to emerge in

triumph with the proofs of a contemptible "homœopathic theory!"*

"From many facts demonstrated, it seems probable that nerve-fibres, as they pass to their distribution, divide into a vast number of separate branches, which, after passing a course over the tissue to which they are distributed, of some extent, pass into other nerve trunks, and thus return to the cells of the nerve centre from which they started."

From its very nature, this point must ever remain undemonstrated; but to those who are conversant with Van der Kolk, Clarke, and Stilling's researches upon the brain, medulla oblongata, and spinal cord; this conjecture will have a degree of certainty second only to that derived from actual demonstration.

Fearing lest the term "circuit" may suggest to some reader that Beale entertains a mechanical theory of life, we beg leave to say that no man can be farther from it.

In his theory of cell-genesis, he recognizes a mysterious force—"unlike any of the known physical forces"—and so far removed from Schwann's *quasi*-chemical theory of deposition as to gladden the hearts of those who devoutly find the evidence of a *Creator* in the faintest movement of a molecule.

ARTICLE XVII.—*Scrofularia-Marilandica*.—*Partial Proving*. By W. H. BLAKELEY, M.D., Princeton, Ky.

THIS indigenous plant belongs to the natural order Scrophulariaceæ. It grows profusely all over the United States, on all rich soil. It has an erect, square stalk, two to eight feet high. Leaves cordate, serrate, acute, rounded at base. Petioles ciliate below. Panicles fasciculate large, few flowered. Stem obtusely angled.

My mind, several years ago, having been directed to this indigenous plant, "by an old lady of my acquaintance," under the name of Fever Weed, from the circumstance that applied

* We prefer to put in a "Note" the only pure conjecture we have found in Dr. Beale's monograph. It gives his idea of the "circuit" which is "the fundamental arrangement of a nervous apparatus."

(the leaves were always used) to external inflammation, furunculus, contusions, old indolent ulcers, &c., it would speedily reduce all inflammatory action, and cause, in abrasions, wounds of all kinds, &c., a quick and healthy granulation. I have found it equal, if not superior to Calendula, Arnica, or any other topical application; I have in many instances seen the good effects of this remedy. Both the leaves and tincture.

The proving was conducted by myself, and I also took some of the drug myself, in order to be more certain of its action. Subject.—Temperament, nervo-lymphatic. Auburn hair; Oct. 25, weight 150; habits temperate, using neither tea, coffee, tobacco, nor alcoholic stimulants of any kind. Country situated between the Ohio and Tennessee, Cumberland and Mississippi Rivers, and as might be inferred, we have a constant supply of the malaria, floating, “as it were,” over the entire country. Began the proving with the pure tincture, at first ten drops, increasing to a teaspoonful, several times per day. Took in all about 2 oz.

Mind and Sensorium.—Vertigo, with severe aching in the supra-orbital region. Dizziness, fullness, and pressure in the vertex. A miserable and sluggish feeling of the mind when moving about. Desponding, much troubled about the past, and very apprehensive of the future, which passed off after a few days, and left the intellect clear.

Head Symptoms.—Severe lancinating pain in the vertex, forehead, and temples; dull and throbbing, returning periodically; worse on resting, or being in the open air, also when leaning forwards, or applying oneself to study. A severe headache through the temples appearing every morning, extending to the vertex and occiput. Fullness of the head, with vertigo. Cutting pains, with great pain in the eyes, causing me to almost lose the power of moving them, which after a few hours passed off after a profuse perspiration. Pain in the left temple. Darting pain at the exit of the facial nerve, from the hylo-mastoid foramen of the right side, darting to the right eye. On rising the second morning, an indescribable pain and fullness in all the head, followed by epistaxis, principally in the occiput and vertex, causing a congested state of the conjunctiva, with puffiness. Black spots, &c., before the

eyes; afterwards a film appeared to come over the eyes in the evening. Dry coryza with sternutation.

Teeth.—Teeth feel as if they were loose, with pain in carious teeth, worse in upper than lower jaw. Gums bleed very freely.

Mouth, Throat and Pharynx.—Mouth dry after the first day, "the first day great increase in flow of saliva," great thirst, and a constant effort at deglutition. Irritation in the œsophagus.

Appetite and Taste.—Great increase of appetite during the first days, but afterwards correspondingly less, with nausea lasting for several days, with a weakness and oppression in the epigastric region. Feeling in the stomach as if a person had been fasting or missed their regular meal time. Was troubled with dyspepsia, which has disappeared up to the present time, one month after.

Abdomen and Viscera,—Stools.—Twisting, pinching pain in the region of the umbilicus, (left side.) Dull, heavy, periodic pain, worse when the abdomen is compressed, legs extended. Severe colic; several stools per day with *tenesmus*. Pain in sigmoid flexure. Pain in right hypochondrium, worse on taking a deep inspiration, or lying on that side, sallow condition of skin. Bitter taste in mouth. Upon turning on either side, violent dyspnœa, worse on the right than left, with cutting in the liver upon pressure. Increased secretion of urine, with burning in urethra.

Larynx and Chest.—Slight pain in chest, with accelerated inspiration. A feeling of constriction of the chest, making one feel very uneasy. An indescribable sensation in the region of the heart, with severe palpitation, beating so loud that it could be heard at the distance of several feet. Severe stitches in the right side, about the sixth rib, with shivering and slight irritation of the bronchia, and general lassitude. Cutting pain in the superior part of the left lung, increased by breathing the cold air. Pain in the whole of the right lung on taking a deep inspiration, which causes cough, without expectoration. Pain about the bifurcation of the trachea.

The chest symptoms were all removed by a dose of Bry.

Upper and Lower Extremities.—A drawing, rheumatic pain in all the flexor muscles of the arms and legs. Cutting pain

in the articulations, similar to *Rhus*, but more intense, lasting much longer, aggravated by rest in the open air, and relieved by being in a warm room; darting from the knee and ankle-joints, which feel stiff. Prickly itching all over the surface, similar to flea-bites, without any change of color, or rising of vesicles, worse on the back of the hand and on the inside of the wrists, also between the fingers. Tingling in the extremities, like one having struck or compressed a nerve. Deep-seated cutting pain in all the muscles of the arms. Burning all over the surface when rubbed.

Fever.—Pulse very full, but regular, ranging from 65 to 100 during the proving. A peculiar sense of anguish in the præcordia, worse after taking food. Chilliness after rising in the morning, for several hours, passing off with a profuse sweat, which was followed by stupor, with an absence of all the symptoms. Inclination to sleep, with frightful dreams, waking without relief. The whole body, after the first day, feels very dry and hot, with a burning sensation, followed by profuse sweat. Great bodily weakness, being almost unable to walk a short distance. Chilliness on moving about in the cool air.

Back and Neck.—Stiffness of the neck with pain and contraction of the right sterno-cleido-mastoid muscle. Pain in the whole spinal column, with slight opisthotonos. Pain in the small of the back.

General Symptoms.—A very disagreeable feeling of languor and nervous prostration, with an inclination to lie down and rest. Upon closing the eyes, objects would make their appearance. The symptoms are worse on right side, and aggravated by rest in open air, and relieved in a warm room. Muscular debility, &c.

Remarks.—I should think it homœopathic to inflammatory rheumatism without much swelling, affecting principally the flexor muscles, and articulations, where neither *Rhus* nor *Bry.* seems to afford relief when they seem to be indicated. The action of *Scroph.* seems to be intermediate between *Rhus* and *Bry.*, I having proved both remedies on my own person, and carefully noted the symptoms.

I hope some of my medical brethren will give us a complete proving of this remedy, and report in this JOURNAL at the

earliest possible date, and assign it a sphere of action, as I have not had sufficient experience with it to do so. The eclectics use the root in dropsy, scrofula, liver affections, skin diseases, and all disorders of the glandular system. It is also used both in external and internal inflammations, &c.

ARTICLE XVIII. *Local Anæsthesia.*—*Dr. Richardson's new Apparatus—Rhigolene, a newly discovered Hydrocarbon, for producing Anæsthesia.* By T. G. COMSTOCK, M.D., St. Louis, Mo.

It is a most remarkable fact, that the idea of saving the human body from enduring the torture of the surgeon's knife, is by no means new; although we are indebted to our countryman, Mr. Samuel Guthrie, of Sacketts Harbor, N-Y., for the discovery of chloroform, and to Sir James Y. Simpson, Bart., for its practical blessings as a general anæsthetic, when given by inhalation; yet the suggestion of such a practice was made, and partially executed, centuries before. More than fifteen hundred years ago, the Chinese used a preparation of hemp, or ma-yo, to annul the pain of surgical operations. In the writings of Herodotus, the inhalation of burning hemp is spoken of as producing an ecstatic excitement, and inebriation upon the Scythians.

The plant mandragora, possessing properties similar to Belladonna, to which it is botanically allied, was used by the ancients for its anæsthetic properties. It is spoken of by Galen, Aretæus, Celsus, Apulius, Pliny, and Dioscorides. It is remarkable that so little is known of mandragora at the present day, and that it is no longer officinal in the materia medica of the old or new school. It is certainly worthy of trial, and here is an opportunity for some of our provers! Dioscorides says, "it causes insensibility in those who are to be cut or cauterized; for being thrown into a deep sleep they do not perceive pain." Here is proof positive that eighteen centuries since physicians already had a glimpse of the power of anæsthetic agents. "There is nothing new under the sun," and when we come to examine the history of anæ-

thetics, we are struck at once with the truth of this proverb. The plant mandragora, is spoken of by many other physicians of later date than those above quoted; such as Ambrose Paré, Hugo of Lucca, and Theodoric who recommends it to be used to avert the pain attendant upon the amputation of a limb. Such agents are alluded to indefinitely by many other authorities, showing that they had a knowledge of such things. Sometimes the name of the medicine which is intended to produce insensibility is not mentioned, as it was considered an invaluable secret, although Baptista Porta, in 1608, in his book upon "Natural Magic," gives several receipts for medicines to produce sleep, and says, "they are made from mandragora and opium, and smelling of these binds the eyes with a deep sleep;" and he speaks of some volatile substance, "which when used may be uncovered and held to a sleeping man's nostrils, whose breath will suck up this subtle essence, which will so besiege the castle of his senses that he will be overwhelmed with a most profound sleep, not to be shook off without much labor. After sleep no heaviness will remain in his head nor a suspicion of art." He also adds significantly, "these things are manifest to a wise physician; to a wicked one, obscure."—I remember well when a medical student, the astonishment of surgeons, and their incredulity when ether and chloroform were proposed as anæsthetics, capable of stilling all pain during amputation; but the remarkable fact was forgotten by the medical profession, that towards the close of the seventeenth century, a secret remedy was employed by Weiss, upon the elector of Saxony, and king of Poland, Augustus II., who seems to have had some incurable disease affecting the bones of his foot, threatening gangrene, and necessitating amputation; a secret remedy was given him while his Royal Highness was asleep, and his foot amputated; this was all done unbeknown to the king, and without his consent; but the royal patient did not awake until the following morning, when he first became cognizant of the loss of his foot. The above facts, together with a great many others on record, which I have not the time to quote, go to prove, that a partial knowledge of the blessing of anæsthetic agents, was not unknown to the ancients, or to our

predecessors of a later date; but although their general effects were known, and many experiments made to produce complete local anæsthesia, thereby avoiding a general narcosis; no such experiments were sufficiently successful to produce a degree of insensibility, which would enable patients to have operations made upon them without feeling and sensation of pain, until the recent labors and experiments of Dr. B. W. Richardson, of London, were crowned with success. Instruments for the transmission of the vapor of chloroform to the cavity of the uterus, bladder, ear, and rectum, have been in use for ten years past, and they have conferred untold blessings upon suffering patients, but still the local anæsthesia was not sufficient to paralyze the parts so that they would be insensible to the surgeon's knife.

The following notice of Dr. Richardson's apparatus we extract from the "London Med. Times and Gazette."

"Doctor Snow maintained that all narcotics produce anæsthesia by process of arresting oxydation. Arrest of oxydation means arrest of motion, and anæsthesia in truth means the temporary death of a part, i. e., inertia in the molecules of the part. This led Dr. Richardson to conclude that Dr. Arnot's plan of using extreme cold, was the first true step in the progress of discovery, and that if it could be made of easier application, and at the same time be combined with the use of a narcotic fluid, an important advance in therapeutics would necessarily follow." Finally, he has devised an apparatus consisting of a graduated bottle, for holding ether, (an ordinary wide-mouthed bottle, such as the Sulphate of Morphine is sold in, will do); through a perforated cork is inserted a glass Bergson atomizing tube, such as are in common use with the modern whaling apparatuses, or what is better one of Dr. Bigelow's metallic freezing tubes; to this tube is attached a piece of india-rubber tubing, in connection with two elastic bulbs, one serving the purpose of an elastic air-chamber, and the other bulb is to be held in the hand to act as a hand-bellows. An inner tube, for delivering ether, (with which the bottle is to be partially filled), runs upwards nearly to the extremity of the other tube. Now when the bellows are worked a double current of air is produced, one

current descending, and pressing upon the ether, forcing it along the inner tube, and the other ascending through the outer tube, and playing upon the column of ether, as it escapes through the fine jets. By having a series of jets to fit on the lower part of the inner tube the volume of ether can be moderated at pleasure; and by having a double tube for the admission of air, and two pairs of hand-bellows, the volume of ether and air can be easily increased with pleasure, and with the production of a degree of cold six below zero. By this simple apparatus, and at any temperature of the day, and at any season, the surgeon has in his hands a means for producing cold even six degrees below zero, and by directing the spray upon a half inch test-tube, containing water, he can produce a column of ice in two minutes at most, (or by using instead of ether, *Rhigolene*, which we shall speak of hereafter, the water in the test-tube, will freeze in less than thirty seconds, as I demonstrated before the St. Louis Hom. Med. Society at the meeting July 3d, 1866). "By this modification of Siegle's or Bergson's apparatus, fluid in the form of spray, can be transmitted into any of the cavities of the body—into the bladder by means of a spray catheter, or into the uterus by means of a uterine spray catheter. When the ether spray thus produced, is directed upon the outer skin, it is rendered insensible, within one minute; but the effects do not end here. So soon as the skin is divided the ether begins to exert upon the nervous filaments a double action of cold and of etherization; so that the narcotism can be extended to any desired extent." Pure rectified ether used in this manner is entirely negative; it causes no irritation, and may be applied to a deep wound without any danger. It may be applied to the mucous membrane of the eye after first chilling the ball with the lid closed. Dr. Richardson speaks of using it in many cases, for extracting teeth without pain, for opening a deep dissecting abscess, for applying sutures to a deep lacerated wound in a boy, &c. Since then it has been used in operating for strangulated hernia, for the operation of cæsarian section, removing the toe-nail, and in fact any surgical operation. I have in my own practice used it in opening felons, removing a painful erectile tumor

situated in the left temporal region, in an old lady of seventy; in returning piles within the anus, and instantly stilling the most excruciating agony accompanying the same. By it cancers may be removed, fistulas operated upon, curuncles opened, and the congelation produced will at once remove all danger from hæmorrhage—in fact it is in my opinion, with or without the use of perchloride of Iron, a most valuable surgical hæmostatic.

We give a description of the apparatus of Dr. Richardson, as modified by Messrs. Codmant and Shurtleff, Boston.

Freezing Apparatus for producing Local Anæsthesia.—This form of apparatus, with atomizing tubes, which are of metal,—is all that is required for producing local anæsthesia by freezing with Ether, as employed by Dr. Richardson, of London, or with Rhigolene, as described by Dr. H. J. Bigelow, of Boston.

The metallic tubes, made upon Dr. Bigelow's pattern, are equally efficient for inhaling purposes, except for liquids liable to be vitiated by contact with metal, in which case glass tubes should be used.

Explanation. H. Bottle to contain Ether, or Rhigolene. E. Elastic bulb to be used as hand-bellows, to force the air into the elastic chamber, F. which alternately expanding and contracting, forces a steady stream of air to the atomizing tubes, G. and L. one branch of which as will be perceived dips down into the bottle containing the Ether.

Dr. Richardson says, "if in the course of time, an anæsthetic fluid of negative qualities, as regards irritation of nerve and which has a boiling point of 75° or 80°, can be obtained from the hydrocarbon series, the deepest anæsthesia may be produced, and even a limb may be amputated by this method. (Such a desideratum is already obtained in the discovery of Rhigolene; T. G. C.) It may also turn out, that certain anæsthetics may be added to the ethereal solution with advantage, such as small quantities of chloroform, or some narcotic alkaloids, if they could be made soluble in ether.

It is necessary to use the purest rectified sulphuric ether, as chloforom is found to be too irritating, unless largely diluted with eight parts or more, of ether. The article to which we wish

to call the attention of homœopathic physicians, as superior to ether in producing local anæsthesia, is Rhigolene, discovered by Dr. Bigelow, of Boston, and it must come eventually into general use. It is the lightest and most volatile substance yet brought into use, and produces effects the most wonderful. It is cheaper than Ether, has no unpleasant odor, and enables the surgeon in *less than one minute*, to produce local anæsthesia in almost any part of the body.

We predict that this little instrument of Dr. Richardson's, and the discovery of Rhigolene by Dr. Bigelow, will inaugurate a new and brilliant era in surgery. The following article from the "Boston Medical and Surgical Journal," April 19th, 1866, gives the description of the new preparation Rhigolene.

RHIGOLENE,*

A Petroleum Naphtha for Producing Anæsthesia by Freezing.

(Read before the Boston Society for Medical Improvement, April 9th, 1866,† and communicated for the Boston Medical and Surgical Journal.)

By HENRY J. BIGELOW, M.D., Professor of Surgery in the Massachusetts Medical College.

THE above name is proposed as convenient to designate a petroleum naphtha, boiling at 70° F., one of the most volatile liquids obtained by the distillation of petroleum, and which has been applied to the production of cold evaporation. It is a hydrocarbon, wholly destitute of oxygen, and is the lightest of all known liquids, having a specific gravity of 0.625. It has been shown that petroleum, vaporized and carefully condensed at different temperatures, offers a regular series of products which present more material differences than that of their degree of volatility,‡ and that the present product is

* Rhigolene, from *βίγος*, *extreme cold*, to which is added the euphonic termination of most of the other petroleum naphthas.

† About three weeks after my first experiments with rhigolene, I first learned that Prof. Simpson, of Edinburgh, had lately employed "kerosolene" for this purpose.

‡ See Researches on Volatile Hydrocarbons with references to authorities, b C. M. Warren. American Journal of Science and Arts, July, September, and November, 1865.

probably a combination of some of the known products of petroleum with those volatile and gaseous ones not yet fully examined, and to which this fluid owes its great volatility. A few of these combinations are already known in trade, as bensolene, kerosene, kerosolene, gasolene, &c., all of them naphthas, but varying with different manufacturers. I procured, in 1861, a quantity of kerosolene* of four different densities, and found the lightest of them, the boiling point of which was about 90° , to be an efficient anæsthetic by inhalation.† When it was learned here that Mr. Richardson, of London, had produced a useful anæsthetic by freezing through the agency of ether vapor, reducing the temperature to 6° below zero, F., it occurred to me that a very volatile product of petroleum might be more sure to congeal the tissues, besides being far less expensive, than ether. Mr. Merrill having at my request, manufactured a liquid of which the boiling point was 70° F., it proved that the mercury was easily depressed by this agent to 19° below zero, and that the skin could be with certainty frozen hard in five or ten seconds. A lower temperature might doubtless be produced, were it not for the ice which surrounds the bulb of the thermometer. This result may be approximately effected by the common and familiar "spray producer," the concentric tubes of Mr. Richardson not being absolutely necessary to congeal the tissues with the rhigolene, as in his experiments with common ether. I have for convenience used a glass phial, through the cork of which passes a metal tube for the fluid, the air-tube being outside, and bent at its extremity so as to meet the fluid-tube at right angles, at some distance from the neck of

* The kerosolene was furnished by Mr. Merrill, Superintendent of the Downer Kerosene Oil Co., South Boston.

† An account of these experiments may be found in this Journal, July 11, 1861. Reference is made to them in a paper "On the most Volatile Constituents of American Petroleum," by Edmund Ronalds, Ph. D., in the Journal of the Chemical Society, London, February, 1865. Mr. Ronalds there states that "the most volatile liquid obtained by collecting the first runnings from the stills employed in the process of refining petroleum has a specific gravity of 0.666." He had also received a specimen of "kerosolene" from Prof. Simpson, of Edinburgh, at 0.633. It will be observed that the Rhigolene has a specific gravity of 0.625.

the bottle. Air is not admitted to the bottle, as in Mr. Richardson's apparatus, the vapor of the rhigolene generated by the warmth of the hand applied externally being sufficient to prevent a vacuum and to insure its free delivery; 15° below zero is easily produced by this apparatus. The bottle, when not in use, should be kept tightly corked, a precaution by no means superfluous, as the liquid readily loses its more volatile parts of evaporation, leaving a denser and consequently less efficient residue. In this, and in several more expensive forms of apparatus in metal, both with and without the concentric tubes, I have found the sizes of 72 and 78 of Stub's steel wire gauge to work well for the air and fluid orifices respectively; and it may be added that metal points reduced to sharp edges are preferable to glass, which, by its non-conducting properties, allows the orifices to become obstructed by frozen aqueous vapor.

Freezing by rhigolene is far more sure than by ether, as suggested by Mr. Richardson, inasmuch as common ether, boiling only at about 96° instead of 70°, often fails to produce an adequate degree of cold. The rhigolene is more convenient and more easily controlled than the freezing mixtures hitherto employed. Being quick in its action, inexpensive and comparatively odorless, it will supersede general or local anæsthesia by ether or chloroform for small operations and in private houses. The opening of felons and other abscesses, the removal of small tumors, small incisions, excisions and evulsions, and perhaps the extraction of teeth, may be thus effected with admirable ease and certainty; and for these purposes surgeons will use it, as also, perhaps, for the relief of neuralgia, chronic rheumatism, &c., and as a styptic, and for the destruction by freezing of erectile and other growths. But for large operations it is obviously less convenient than general anæsthesia, and will never supersede it. Applied to the skin, a first degree of congelation is evanescent; if protracted longer, it is followed by redness and desquamation, which may be possibly averted by the local bleeding of an incision; but if continued or used on a large scale, the dangers of frost-bite and mortification must be imminent.*

* The Rhigolene, from the Downer Kerosene Oil Co., may be obtained of Metcalf & Co., 39 Tremont-st., Boston.

It may be superfluous to add that both the liquid and the vapor of rhigolene are highly inflammable.

ARTICLE XIX.—*Pathogenetic and Therapeutic Properties of Sanguinaria-Canadensis,—or Blood-Root.* By F. W. HUNT, M.D., of New-York.

JUST one hundred years after Cartier had discovered the St. Lawrence river, and bestowed upon about half of North America the name of New France, Jacob Cornuti, a scientific associate of the French governor, noticed and described the plant now known by the name of *Sanguinaria*. The name of Governor Champlain will be perpetuated by geography in association with a New-York lake; and History will preserve the record of his services in founding the city of Quebec. It is proper that science should transmit to posterity the memory of Cornuti, who, when his old commander was dying, sought a new friend in this beautiful plant which he was the first to introduce to the botanists of Europe.

It is said that within five years after it was described by Cornuti, it was cultivated in England as a rare exotic of great beauty. It has since been found in nearly every part of North America, and has been fully described by all the botanists from Tournefort to the present time. At present, I propose to review the observations of about two centuries furnished by medical men; to analyze the symptoms they have collected, and to compare them with the results of personal observations, commenced about thirty-five years ago; I shall endeavor to retain nearly all that I can recognize as available in practice.

NAMES.—SANGUINARIA CANADENSIS. (*Linnaeus*.)

Sanguinaria Vernalis.—[This is a more appropriate name.]

Papaver Carniculatum.—*Seu*.

CHELIDONIUM HUMILE, Flora Albo Stilato.—*Pruk*.

CHELIDONIUM MYCENUM, Flora Albo.—*Bruss*.

CHELIDONIUM MAXIMUM CANADENS.—*Acaulis*. *Carnot*.

RANUNCULUS VIRGINIANUS ALBUS.—*Park*.

BERHARNOSIA SARICA Tournefortii.

BLOOD-ROOT,—INDIAN PUCCOON,—INDIAN PAINT,—INDIAN TURMERIC.

There is but one species, the

Sanguinaria Canadensis, the name of which was settled by Linnæus.

CLASS XII. POLYANDRIA, of the Artificial Sexual System of Linnæus. Order 1., *Monogynia*.

Natural Order of Jussieu and Lindley 62, or *Papaveraceæ*; —*Rhodœa* of Linnæus.

Sanguinaria is a spring plant found in Canada, and in all parts of the United States, extending southward to Florida, and westward to Mexico and Oregon. It generally grows in rich lands covered with forests, and shaded in summer, avoiding the sea coast and high mountains.

GENERIC CHARACTER.—Calyx caducous, two-sepalled; corol about eight-petalled; stigma sessile, twinned, two-grooved; capsule pod-like, ovate, one-celled, two-valved, acute at each end; valves caducous; columella two, permanent.

The *essential generic character* is thus given by Le Candolle:

“Petals eight to twelve; stamens twenty-four; Stigmas two; capsule oblong, bi-valve, ventricose, acute at both extremities; valves deciduous; placentas two, persistent.”

THE ROOT is perennial, horizontal, oblong, and, when green, nearly of the length of the finger, from one-fourth to one-half inch diameter, knotty, fleshy, with numerous radicles. Its præmorse or abrupt form is occasioned by its making off-sets from its sides, which off-sets separate as the root decays. Its color externally is reddish-brown; but internally it is paler. It is succulent; and when cut or broken it emits, from numerous points on the transverse surface, a bright orange or rather dark vermilion colored juice, which has a bitterish, acrid, but peculiar taste, which remains long in the mouth, and leaves a persistent burning in the throat. The juice of the stem is between a red color and a yellow, as that from the stem of *Chelidonium-majus* is pure yellow, and that from *Papaver* is white.

The *bud*, which terminates the root is composed of successive scales or sheaths, the last of which acquires considerable size as the plant springs up. By dissection of the bud in summer or autumn, the *embryo* leaf and flower of the ensuing spring may be discovered; and with a common magnifying glass, even the stamens may be counted, without any caulis.

PETIOLE.—But a single petiole and scape or peduncle generally proceed from each bud of the tuber, both being enveloped at the base with the sheaths above mentioned, which are glaucous, and somewhat succulent. The petiole is radical and solitary, from two to four inches long, and channelled.

LEAF.—The leaf is reniform, subcordate, with five or seven large rounded lobes, separated by obtuse sinuses. The leaf is very glabrous, delicate, of a gray-green color, resembling in texture the leaf of the Celandine; the under side is strongly reticulated with veins, paler than the upper side, and at length becoming glaucous. After the fall of the flower the leaves continue to grow; and by mid-summer, when the seeds have fully ripened, they appear like those of a different plant, being more like *Asarum* than *Sanguinaria*.

THE SCAPE or peduncle is smooth, naked, round, rising in front of the petiole, and enfolded by the young leaf. It is from two to six inches long, and flowered; the flowers appearing in March or April.

THE CALYX is a di-sepalous, or two-leaved perianth. The sepals are concave, obtuse, shorter than the cord and caducous.

THE COROL is polypetalous, the petals being generally eight in number, but varying from eight to fourteen, and under cultivation their number is often doubled. They are white, spreading, oblong, concave, obtuse, and deciduous like those of the poppy, the alternate and external petals being wider and longer than the others, giving the flower a square appearance.

STAMENS.—These are numerous, about twenty-four; filaments simple, shorter than the corol; anthers oblong and yellow; receptacles or placentas two in number, marginal and filiform.

THE GERM is oblong and compressed.

STYLE none. Stigma sessile, thickish and two-grooved, the same height as the stamens, and persistent.

THE Capsule is superior, oblong, lanceolate, ventricose, tapering at both ends, the apex attenuated. It is two-valved, two-celled; it bursts when the seeds are ripe, and then disappears.

RECEPTACLES two in number, filiform, marginal.

SEEDS.—These are numerous, roundish, compressed, dark shining red in color, and half surrounded by a white vermiform appendix, projecting out of the lower end.

The medicinal part of *Sanguinaria* is the *rhizome*, which contains the red-colored juice. It should be gathered early in the spring or late in autumn. For all medicinal purposes we prefer the dried root. The leaves and seeds have been little tried, and have been pronounced poisonous. The odor of the root is somewhat narcotic; and when pulverized, the dry and fine powder excites sneezing.

CHEMICAL CHARACTER.—Chemical analysis furnishes the following constituents:

1. *Sanguinarina*. This alkaloid was discovered by Dr. Dana, of New-York, in 1824; and in it the active properties of the plant chiefly reside. Dr. James Schiel, of St. Louis, claims to have determined the identity of *Sanguinarina* with *Chelrythrin*, obtained from *Celandine*. (*Silliman's Journal of Science and Arts*, Sept., 1855.) The formula for *Sanguinarina* is: C_{37}, H_{16}, NO_8 .

2. A second alkaloid has been found in *Sanguinaria* by Riegel, which he thinks analogous to *Porphyroxin*, obtained by Merck from Opium.

3. Mr. E. S. Wayne, of Cincinnati, has discovered a third alkaloid, for which the name *Puccin* has been proposed. Besides these three alkaloids, he says *Sanguinaria* contains,

4. *Chelidonic-acid*.
5. *Fecula*.
6. *Saccharine matter*.
7. *Albumen*.
8. *Resin, orange colored*.
9. *Fixed oil*.
10. *Gum, in small quantity*.
11. *Extractive*.

12. *Lignin*. (*Pharma. Journal*, March, 1860, V. 46.) Another analysis is given by Mr. Lee. (*Amer. Jour. Phar.*, Vol. I. p. 32.)

MEDICAL POWERS OF SANGUINARIA.—The first knowledge of the powers of *Sanguinaria* obtained by Europeans, was derived from the Indians; they used the juice of the root as a paint for the ornament of their faces, and also as a remedy for some pectoral diseases. Its most obvious properties were mentioned by Schæpf, Colden, and other early writers on *Materia Medica*.

It is illustrated in the Botanical Magazine, 162. Bigelow's *Materia Medica*, 7. Amer. Med. Botany, I., p. 175. Barton's *Vegetable Materia Medica*, 2. Carson, Illustr., 9. Willd. *Sp. Plan.*, II., 1140.

We have had some provings of its powers, one of the best is in the *Trans. Am. Inst. Homœop.*, Vol. I.

The specific action of *Sanguinaria* has been supposed to manifest itself chiefly on the respiratory system, the liver, the heart, the absorbents, lacteals, and assimilative organs, and, finally on the nerves. In its action on all of these structures, it is generally spoken of as an "excitant," or "alterant," capable of subverting the action of disease and "substituting its own action."

It has become common to seek for the full powers of a drug in some concentrated preparation which may be supposed to contain them all in small bulk; but no essential benefits have as yet been realized by the use of the alkaloids obtained from this plant.

Effects of Sanguinarina.—The late Professor R. P. Thomas, of Philadelphia, experimented with this substance, and obtained the following results:

In doses of from one-twelfth to one-eighth of a grain, it acted merely as an expectorant without disturbing the stomach.

In doses of one-sixth to one-fourth of a grain every two hours, it produced nausea, and sometimes caused vomiting.

In doses of one-half grain in solution every ten minutes, it almost uniformly caused vomiting after the second or third dose.

In doses of one-eighth to one-sixth of a grain every three hours continued for two days or more, it generally reduced the pulse from five to fifteen beats per minute. (*Proceedings of the Amer. Medical Association*, 1863, p. 219.)

It is thus seen that the general pathogenetic effects of the chief alkaloid contained in the root were essentially, perhaps the same as those long known to belong to the entire substance; but our professional as well as popular knowledge is almost entirely derived from experiments with the powdered root, the tincture, or other preparations from it. Like most of our best remedies, it is indeed a very multifarious combination;

and, like *Nux-vomica* and many other natural products, it possesses many valuable powers which no extract or alkaloid will be found to retain. These various powers are vaguely enumerated by the authors on *Materia Medica*, as "tonic, narcotic, stimulant, emetic, or expectorant," according to the dose employed. Its properties, such as they are, are imparted both to alcohol and to water. The best known of the pathogenetic effects of *Sanguinaria* are those furnished by the crude article in large doses.

PREPARATIONS.—The infusion and decoction, however prepared, have the same properties. The extract prepared with alcohol or water is promptly emetic in doses of eight grains.

Tincture of Sanguinaria.—Take of pulverized *Sanguinaria* root 4 ounces. Dilute alcohol 1 pint. Macerate fourteen days and filter through paper.

We prefer to make all attenuated preparations from the *saturated tincture*, or from a perfect trituration of the root.

The powdered root appears as a powder of a dull, brownish-red color; it has a faint-odor and a strong acrid taste, characteristic of the plant.

Effects of the Plant in a Crude Form.—Experiments by Drs. Gibb and Fenwick, of Montreal, show, that in a concentrated form, *Sanguinaria* is extremely irritating to man and animals, affecting principally the mucous membrane of the stomach and bowels.

In doses of from eight to twenty grains of the powdered root it acts as a poison, producing: Nausea; heat or burning sensation in the stomach; tormenting thirst; faintness; vertigo; indistinct vision; finally violent spasmodic efforts of the stomach, free vomiting, followed by alarming prostration. When the dose is very large, the vomiting may not take place.

Professor Samuel L. Mitchell, of New-York, published the following experiment, reported in the *Journal of Commerce*:

Four men who had been employed to clean out and white-wash the apothecary shop of Bellevue Hospital, found a demijohn containing what they thought to be brandy or some other spirit, and they each took a good drink of it. They were all soon seized with severe racking and burning pains in the stomach and bowels, with intense thirst. They all died. (*Materia Medica.*)

In moderate doses, Sanguinaria is regarded as an emetic, nauseant, expectorant, and diaphoretic.

In certain other doses it is, in some degree, narcotic, sedative, stimulant, alterant, emmenagogue, escharotic, and errhine. In small doses, its effects on the pulse resemble those of Digitalis. It is remarkable, however, that it seldom influences the pulse either in frequency or tension, until it has been used for five or six days; and in a majority of cases the effect is not seen for eight or ten days.

Zollikoffer says it is "sudorific, emetic, and purgative." Smith, Thatcher, and Allen compare it to Digitalis. Tully says it unites the properties of Scilla, Ammonia, Senega, Digitalis, and Guaiacum, without their violent operations. Rafinesque says it is "acid, narcotic, emetic, deobstruent, sudorific, expectorant, vermifuge, escharotic, stimulant, and tonic. (*Medical Flora*, p. 278.)

The diseases in which Sanguinaria has been hitherto thought most useful are those of the throat, chest, stomach, and liver. It has been most frequently employed in incipient phthisis, bronchitis, catarrh, influenza, pneumonia, asthma, croup, diphtheria, cynanche maligna or putrid-sore throat, in which it produces the best effects when applied locally. It has also been useful in scarlatina, pertussis, dyspnœa, dyspepsia, hydrothorax and jaundice. In the latter disease it was approved by Colden, and it formed the basis of Rawson's specific for that disease.

Dr. McBride, of South Carolina, says he used it with great advantage for "torpor of the liver attended with colic and yellowness of the skin," a disease very prevalent in that climate.

Dr. Ives, of New Haven, also used it for diseases of the liver, and in the first stage of croup. Western practitioners have carried it much further. Some "specifics" are composed of it. It has also been successfully used in dysentery, amenorrhœa, inflammatory rheumatism and rheumatic gout. (*Rafinesque*.)

This remedy shows some of its best powers in the chronic forms of pneumonia, and as an expectorant in the first and second stages of phthisis. It is especially serviceable in the pre-tubercular, the second and third stages of that disease.

(Drs. Tully, Smith, Eberle, &c.) In all of these diseases the expectoration becomes easy, the breathing clear, the action of the skin improved; the spasmodic efforts to cough are diminished in frequency and severity; and we often see temporary improvement even in the last stages of consumption.

As an expectorant and mild tonic and stimulant, it aids us in prolonging life, even in hopeless cases.

In phthisis, associated with local disease of the trachea and throat, the tincture is often prescribed to promote expectoration, and to maintain vital warmth and action in the debilitated lining membrane of those parts.

In phthisis, bronchitis, and chronic catarrh there is a form of irritative cough which is dependent on follicular inflammation of the fauces, throat, and also of the cardiac portion of the stomach; and this peculiar cough has been more effectually controlled by this remedy than by any other.

Sanguinaria has been much used by country practitioners in membranous croup; and in diphtheria it acts with great energy, producing a *thrilling* effect upon the entire tracheal and bronchial mucous membrane. On the fauces and the whole respiratory tract it awakens a new action, leaving a feeling of warmth. The old practice in these cases was to use the remedy in a decoction or infusion; a half fluid ounce, repeated at short intervals, soon produced full and free vomiting, with much nervous excitement and subsequent depression, leaving the patient relieved so far as the dread of suffocation had been felt, and there was a long-persisting burning in the throat which seemed to be the effect of the *local* action of the remedy. The child's life was saved, but we hope our friends are able to do it now by milder means.

In malignant epidemic scarlatina, this remedy was first proposed as a gargle by Dr. Jennings, of Virginia. Its action in this form of disease is truly homeopathic; we have often tried it and observed its operation.

In confluent small-pox, when the parts about the fauces and trachea were so far involved as to render respiration very laborious, we have seen a decoction of Sanguinaria, used at short intervals as a gargle, so far mitigate the laborious breathing and extreme distress in the throat that the patient would

sleep quietly after each application of it. An extreme case in a young lady is remembered. She was by this means enabled to pass off some days and nights of peril, and recovered satisfactorily.

SYMPTOMS WHICH HAVE BEEN CAUSED AND MORE FREQUENTLY CURED BY SANGUINARIA.

Mind and Disposition.—The mind is confused. The mental confusion is partially relieved by eructations from the stomach. Anxiety and feeling of dread. Disgusting ideas and many unpleasant feelings associated with nausea. Moroseness, associated with nausea; cannot bear a person walking in his room. Anxiety, followed by delirium. Delirium, (caused by the seeds). Delirium with hot skin, fever. Torpor of mind. Stupor, heaviness, sleepiness. The seeds are more decidedly narcotic than the root; their action approaches to that of Stramonium.

Sleep.—Sleeplessness with frightful dreams.

Head.—Determination of blood to the head. Confused feeling in the head from irregular determination of blood. Head feels heavy. Slight headache after a large dose. Dull feeling of pain in the head. "Sick headache" of short duration. Vertigo, dizziness, swimming in the head. The brain feels "loose," and is pained by motion of the head. Vertigo with nausea. Vertigo on turning the head, or looking upwards, followed by vomiting. Pressing or drawing in the forehead. Pain in the right side of the head, better when walking. Headache feeling as if the forehead would split, with chill, and burning in the stomach. Pain in the forehead on waking in the morning. Pain in the head extending to the right ear, and to the teeth. Severe, quick, darting pain in the forehead and temples of the right side. Brief, sudden pain through the forehead like an electric shock. Shooting pain in the forehead. (Jeanes.) Periodic stitches in the left temple. Pain in all the upper part of the head. Pain and fullness in the superior fontanelle, which ceases on walking. (Houseman.) Boring pain in the fore part of the head. Pain in all the left side of the head. Pain in the left eye and temple. Rheumatic pain in the head and stiffness in the arms and neck.

Stiffness in the limbs after nausea. Beating headache followed by bilious vomiting. Headache with tickling in the throat. Headache following violent efforts to cough. Headache, nausea, and chills alternating. Beating pain made worse by stooping and motion. Throbbing pain in paroxysms. Headache of long duration, with a feeling of despondency. Pain in the head in spots, or in rays drawing upwards from the neck. The head feels drawn forward. Soreness of the scalp on being touched. The scalp feels sore and loose on one side. Veins of the scalp and temple distended.

Face.—The face feels full, as if flushed. Veins of the face distended, the surface red and feeling stiff. One red cheek with burning of the ears. Cheeks and hands livid, with cough, (in typhous pneumonia). Face pale at the accession of nausea. Cheeks very red at the same time that the parts of the surface around the mouth and nostrils are deadly pale. Twitching of the cheeks towards the ears.

Ears.—Singing in the ears, with vertigo. Humming sound in the ears. Whizzing sound in the ears, followed by a transient flush of heat. Irregular beating of arteries under the ears. Burning flush on the ears. Pain in the ears and head. (Bute.) Slow stitches in the ears. (Jeanes.) Pain in the left ear and in the forehead. Beating in the ears. Morbid sensibility of the ears to noise. Crackling sound in the right ear caused by drawing the fingers lightly over the right cheek, (on the third day.) Hering.

Eyes.—Yellow color of the whites of the eyes. Dimness of sight (caused by the seeds.) Dilatation of the pupil like that caused by Stramonium. Pain in the right eye. Pressing pain in the left eye. Stitches in the upper eyelid. Watering and burning in the eyes. Right eye painful on being touched.

Eyes feel as if smoke or acid vapor was in them. Eyes dim in the afternoon. Eyes feel as if irritated by hairs. Glimmering before the eyes. Diminished power of vision. Dilatation of the pupils (caused by the seeds.)

Nose.—Loss of smell. Surface of the nose flushed and hot. Nasal polypus. Offensive smell in the nose. Disgust at the smell of certain objects. Feels that he "has taken cold," which renders tender and painful the nasal passages and frontal

sinuses. Dr. Wolf says "Sanguinaria 200° is the remedy for that severe one-sided headache extending into the frontal sinus, which Quinine never cures." (*On Psoric Diseases, U. States Jour. Homœopathy, Vol. II., p. 165.*) Sneezing. Large increase of secretion from the nostrils. Watery and acrid fluid from the schneiderian membrane, which renders the nose sore. Fluid coryza alternating with stoppage of the nose. Coryza with rawness of the throat, pain in the chest and cough.

Jaws.—Pain in the teeth, with stiffness and soreness of the jaws. Hollow teeth sore and sensitive to the touch. Grumbling tooth-ache. (Jeanes.) General tenderness and swollen state of the cheeks and gums. Looseness of the teeth. He thinks he could pull them out. (Dr. B. Becker.) Sound teeth sore and tender to the touch. Pain in carious teeth excited by drinking cold water. Gum-boils arising from the transfer of inflammatory action from the alveolar membrane surrounding an ulcerating tooth to the surface of the gums.

In those common cases of ulceration at the roots of diseased teeth, a small piece of Sanguinaria root applied on the gum over the root of the diseased tooth excites an irritation on that surface *similar* to that existing at the root of the tooth. This external *homœopathic* irritation is transmitted through the nerves to the nerve-centre, and thence reflected through other branches of the fifth pair upon the suffering point. This is rather a rude style of homœopathic practice; but we have seen the relief thus given gratefully welcomed.

Mouth.—A prickling sensation on the tongue and roof of the mouth, as after chewing Mezereum, but slighter. (Jeanes.)

Crawling feeling on the tongue. Increased secretion from the whole surface of the tongue for twelve hours. Salivation and spitting, with nausea. The tongue feels raw, moist, and tender to hot drinks. Prickling on the point of the tongue. The tongue feels as if burned. Burning sore mouth like that caused by Mercury. Dryness of the tongue. Rawness like that caused by acrid things. Tongue feels sore as if inflamed and suppurating. Stitching pains in the tongue. Tongue coated white. Lips red inside, dry and hot. Putrid sordes on the surface of the gums and teeth. Loss of taste. Per-

verted taste. Taste resembling copper, or other metals. Fatty taste, disagreeable slimy secretion; butter and fatty substances are offensive. Craving for spiced, strongly tasting, or acid food.

Throat.—A full dose of the powder or tincture leaves a long remaining burning of the throat and fauces. It is therefore a remedy for *similar* conditions arising from *other causes*. Tickling in the throat, associated with flatulence. This is caused by large doses, and is curable by small ones. Burning in the mucous membrane of the mouth and throat. Chronic dryness of the larynx. Dryness of the throat. Thirst not relieved by drinking. The throat feels hot; momentarily relieved by inspiration of cool air. Burning in the œsophagus. The throat feels as if the lining membrane were thickened; this feeling increases for one hour, and lasts an hour longer. Pain in the throat on swallowing. Feeling of swelling in the throat which impedes swallowing. Pharyngitis. Sore throat proceeding to ulceration. Soreness of the tonsils, as from cold.

Chest.—Respiration feeble, irregular, laborious. Respiration spasmodically oppressed, difficult, without cough. Cough kept up by tickling in the throat. Dry hard cough without expectoration, and not relieved by efforts to clear the air-passages. Expectoration of thick mucus. Influenza, with fever, weight, heaviness of the chest, cough, especially in the first and last stages. Hydrothorax following acute pneumonia or pleuritis. Pneumonia with cough and fever, pulse rapid, debility increasing. Debility of the lungs, feeble voice, deficient respiration. Aphonia with swelling in the throat. Habitual dyspnœa, with livid color of cheeks and hands. Acute stitch in the breast with cough. Pressing pain in the back, shoulders, and breast. Phthisis in all the incipient and early stages, and *all* the *symptoms* that usually accompany it. Hæmorrhage from the lungs. In a case of vicarious hæmorrhage from the lungs from suppressed menstruation, in a young consumptive female, Sanguinaria suspended the bleeding in a few minutes. She afterwards menstruated regularly, and had no more hæmoptysis.

Asthma. Whooping cough; croup. A common popular remedy, harsh in its operation, but very effective in quite small doses.

Stomach.—Pressing, heavy feeling in the stomach. Soreness of the epigastrium, aggravated by eating. (Neidhard.) Flatulence in the stomach. Appetite defective, as before attacks of bilious fever. Imperfect digestion predisposing to malarious diseases. Appetite morbid;—increased, irregular,—craving for acids or spices. Eructation of wind immediately on taking food. Eructations which relieve cough, beginning one, two, or three hours after eating. Dyspepsia from deficient secretion of the gastric fluid. Entire loss of appetite. Periodical nausea and loathing of food. Heartburn. Irregular chills after eating. Dyspeptic headache, terminating by regurgitation of food and vomiting of greenish or yellowish fluids. Tenderness of the epigastrium increased by eating. Chronic gastritis. Rapid generation of gas in the stomach from decomposition of the unhealthy mucus secreted by the stomach in many dyspeptic patients. Flatulence excited by cold and damp weather, which cause a dry and distressing cough. Gastric catarrh. Flatulence which accumulates in the stomach, being retained by a constricted state of the cardiac entrance from the œsophagus.

In former years I was accustomed to long-continued exposure to cold and bad weather during successive days and nights. It was then a common thing to “take cold,” and be much troubled with a dry hard cough, which was never relieved by expectorants. There was always some fever, pain about the shoulders and chest, sore throat, headache rendered acute by the efforts to relieve the lungs by coughing; and yet the cough was only mitigated by eructations of gas from the stomach, showing that the stomach was the seat of a catarrhal affection on which expectorants had no influence.

After trying other remedies without benefit, I found *Sanguinaria* effectual in curing the whole condition as often as it occurred. For the most convenient mode of using it, I came to the rule of carrying a piece of the solid root with me. Whenever I found that I had taken cold again, I cut off a very small piece of the root, and merely held it in the mouth till cold, cough, gastric catarrh and all else were cured together. The whole amount used during a week of exposure, might not be more than the bulk of a grain of corn. . Enough

was always extracted from the root to excite increased secretion in the throat, slight burning in place of the "tickling," which kept up the cough, and a specific action on the branches of the pneumogastric nerve, both in the stomach and the trachea. If the attack was slight, the *local* action of the remedy soon cured it. When more severe it was necessary to persist till its constitutional influence was attained. A simple lozenge is, of course, more agreeable than the crude root, and better than all the "bronchial troches" in the market. It may be made of any desired degree of strength.

Feeling of warmth in the stomach. Burning in the stomach; soreness. Nausea preceding eruption of nettle-rash. Nausea associated with dimness of sight and persistent prostration. Vomiting, preceded by vertigo and extreme feebleness. The vertigo is increased by turning the head, or looking upwards. vomiting suddenly induced by full emetic doses. Vomiting followed by long-continued prostration, produced by doses of from ten to twenty grains, though when the root is of full strength, five grains will excite vomiting. Racking, griping, cramping pains in the stomach. Faintness, with vertigo, dimness of sight, and insensibility. Coldness of the surface and faintness at the stomach. Faintness and reduction of the force and frequency of the pulse. (Tully.) Extreme prostration of muscular strength, with nausea. Spasmodic jerking in the stomach, as if from something alive. Vomiting threatened, but the nausea is changed to griping pain in the stomach. Cutting and drawing pain in the stomach passing down to the abdomen, followed by a dysenteric stool. Bilious vomiting in weekly paroxysms, commonly beginning in the morning and lasting through the day. (Hering.) Vomiting diminished by quiet, and ending after sleep.

Abdomen.—Cutting pain in the abdomen followed by a dysenteric stool. Flatulent distension of the abdomen. Burn-pain in the bowels. Dysentery. Diarrhoea, griping soreness of the bowels to pressure. Bilious colic, with yellowness of the skin. Constipation. Stools void of bile. Paroxysmal pain in the abdomen. Burning pain in the bowels, extending downward from the fauces. The burning pains in the fauces and stomach are so great that the old physicians, who gave

fifteen or twenty grains at a time to excite vomiting, preferred to give it in the form of pills. Diarrhœa with flatulence. Heat in the abdomen with intense thirst. Throbbing of the abdominal arteries. Cutting pain in the abdomen, followed by a watery or very thin stool. Induration of the mesenteric glands. Parasitic growths of infusoria in unhealthy fluids in the digestive organs. Worms have often been destroyed by *Sanguinaria* and expelled from the bowels, or from the stomach by vomiting. (Barton.)

Vomiting of worms. Hæmorrhoids.

Liver.—Increased action of the liver; increased secretion of bile associated with nausea, depression of spirits, and a feeling of irascibility. Cases of long standing of different forms of hepatic disease have been cured by protracted use of this remedy. Torpor of the liver. Yellow skin, dry and hot, with burning in the palms of the hands and soles of the feet. Chronic hepatitis. Jaundice with induration in the liver, and intestinal accumulations.

Skin.—Yellow, sallow skin. Heat and dryness of the skin. Dark color of the skin. Sallow, pale, anæmic appearance. Chlorotic color of the skin. Venous plethora of the abdominal viscera. Increased perspiration (caused by doses of one grain of the powder). Defective perspiration. Increased perspiration, but abnormal in character.

In many cutaneous affections this remedy has been locally used; among these are scabies, impetigo of the scalp, and *tinea capitis*. We have not been accustomed to rely on local treatment alone, and have not tried it alone in these cases.

Assimilation.—*Absorbent System.*—*Sanguinaria* stands at the head of the old school class of *deobstruent* medicines. The action attributed to them by all schools is thus set forth by Dr. Tully:

“They produce a general change of action or condition in the whole secretory and absorbent systems; and, more especially, they remove torpor” and deficient action of the absorbents. They cause “improved and increased secretions from the liver and other digestive organs, and also from the glandular viscera. In all probability” they remove “certain dysthetic or cachectic diseases,” including “affections of the

skin." "They often, likewise, produce a direct resolution of many atonic, acute, sub-acute, and chronic inflammations." These may be either cranial, thoracic, or abdominal in their location; even the muscles and joints of the extremities may be their seat. The whole action of the remedy may be entirely "independent of any direct change in the degree of vital energies of the arterial system," or any increased "evacuations of any sort as necessary accompaniments." (*American Medical Recorder, Jan., 1828.*)

Influence of Sanguinaria on the Assimilating Powers.—Increase of the assimilating powers is produced by doses of less than a grain, repeated every three or four hours. Increased action of the absorbent vessels. Diminution of the hypertrophied parts, which remain enlarged after the subsidence of inflammation. Diminution of arthritic inflammations of the muscles and joints. (Tully.)

Sanguinaria has been used with success for the following purposes: Removal of fungous growths from diseased surfaces. Inflammation of unhealthy character on various surfaces. Warts and bunions. It has been used to promote the favorable shedding of the hair in horses. Ulcers of skin which had failed to heal. Ulcers with callous borders and ichorous discharge. Here it restores diseased surfaces to healthy action when used internally, but more speedily when locally applied.

Nasal Polypus.—Dr. Price, of Newark, N. J., reported three cases of polypus of the nostril permanently cured.

1. A youth with polypus projecting out of the nostril. A physician had torn away a great part of it; and the operation was followed by a profuse hæmorrhage.

Some time afterwards Dr. Price found the polypus extending beyond the *alæ nasi*. The application of the powdered root and tincture of Sanguinaria soon caused some diminution in size, and it became pale in color. Under its continued use, the polypus shrank up and entirely disappeared.

2. A little girl was affected by a polypus of the nose distinctly visible; but it did not protrude from the nostril until it was entirely cured.

3. A man advanced in life found his nose much obstructed by a growing polypus. It was cured by Sanguinaria before it

protruded beyond the nostril. In all the finely powdered root was used. (Dr. Drake, *Louisville Med. Journal*, Sept., 1840.)

Dr. Barton says the application of the powdered root to a fungous tumor within the nostril reduced its size, and brought away small portions of the polypus which had impeded the passage of the air. It has long been a popular remedy for spongy swellings, nasal polypi and other excrescences. I have used it in some cases, but, happening to have more confidence at the time in some other means, I did not trust long enough to this remedy. In one case it seemed to cure a fungous growth between the teeth, where it had been repeatedly used for toothache.

Nervous System.—General debility. Want of strength; languid feeling. Feeling of indolence, laziness; he has no disposition to make any exertion. Nervous “thrill” which seems to extend to all the remotest sentient extremities of the nerves (caused by large doses).

After a full emetic dose there is extreme prostration, entire loss of muscular strength, and sometimes, though rarely, a convulsive rigidity of the limbs. (Tully.)

Paralysis of the right side of fourteen years' standing was cured by it. (Jahr.)

Circulation.—In more than twenty grain doses of the powder it greatly depresses the pulse. In some cases the pulse is almost entirely suppressed.

The *primary* effect on the pulse is to quicken it.

Secondarily the pulse becomes *slower*, and appearing to be under the influence of some narcotic.

Vibratory and compressible pulse. Suppression of the pulse with fainting.

In pneumonia, phthisis, and other pectoral affections, after the fever has been moderated by other means, Sanguinaria reduces the pulse from 120 per minute to 80. This is effected by doses of less than a grain of the powder repeated every two or three hours. In late stages of typhoid pneumonia “when the pulse is full, soft, vibrating, and easily compressed,” its effects are decidedly beneficial. (Ives.)

In small doses it abates irritative hardness and frequency of the pulse. (Tully.)

Fever preceded by chilliness. Chill accompanied by pain in the head. Typhoid fever with gastric or pectoral complications. Putrid fever. Petechial fever with failure of digestive power.

Heart.—Palpitation of the heart associated with nausea, fainting, dimness of sight. (Wilmer.)

Extreme reduction of the force and frequency of the heart's contraction. (Tully.)

Great irregularity of the heart's action. (Tully.)

Urine.—Frequent and copious micturition at night.

Female Sexual System.—Abortion has been often caused by Sanguinaria in emetic or even nauseant doses. Abdominal pain as if menstruation would begin.

Dysmenorrhœa.—for this affection it has been a popular remedy. Uterine hæmorrhage has been often caused by it. (Tully.)

Amenorrhœa is caused by frequent use of emetic doses; but in small doses the general influence is to restore the uterine functions to healthy action. By improving the general health it removes the common symptoms of chlorosis, not perhaps by restoring any lost chemical element to the blood, but by restoring the powers of digestion and assimilation. Climacteric diseases and those of old age.

Male Sexual System.—Gonorrhœa. Dr. Wolf gives it at the 200^o potency for syphilitic pulmonary inflammation.

Extremities.—Pain in the shoulders. Stiffness of the arms; better on rising and exercising them. Rheumatic and gouty pains in the limbs. Cold feet and knees. Acute swelling of the joints. Convulsive rigidity of the limbs.

ARTICLE XX.—*Cholera.* The Homœopathic Medical Societies of the Counties of New-York, Kings, and Westchester, publish the following Statement for the Guidance of the Public during an Epidemic of Cholera:

CHOLERA is preventible. In its early stages it is curable. Cholera is developed chiefly in crowded dwellings, ships, camps, &c., and when animal and vegetable filth abounds. Therefore,

To prevent it, all persons should observe the following precautions:

1. Avoid crowded assemblies and crowded sleeping apartments, and shun the neighborhood of every kind of filth and unpleasant smell.

1. Thoroughly ventilate sleeping apartments and cellars. Keep cellars scrupulously clean and well white-washed, and see that all decaying animal and vegetable matters are promptly removed.

3. Cleanse the wood-work of water-closets; and throw into the water-closets every day a solution of green copperas (half an ounce to one quart of water).

4. Avoid great fatigue of mind or body. Clothe warmly, avoiding perspiration. Wear a flannel bandage around the bowels. In cold, damp, weather, have a fire in the sitting-room.

5. Keep the body clean by bathing, but avoid *excessive* bathing, it involves a loss of bodily vigor, and predisposes to cholera.

6. Continue your ordinary diet, observing moderation in the use of vegetables and fruits. Avoid night meals. Be regular in the hours of eating. Articles known to disagree and likewise *raw* and *wilted vegetables* (also *boiled cabbage, new potatoes, spinach, rhubarb, pickles and salads*), and stale and unripe fruits should be scrupulously avoided. Abstain from *all kinds of beer, cider, lemonade and acid drinks*.

7. Do not fast. Keep the body well nourished by wholesome food, eaten regularly. Undue abstinence, especially from animal food, powerfully predisposes to cholera.

8. Do not establish the habit of taking alcoholic drinks as a safeguard. They neither prevent nor cure cholera.

9. If habituated to the use of wine, spirits, or tobacco, do not suddenly give them up. Be moderate in their use.

10. Avoid all drugs, nostrums, and especially the so-called "*Cholera Specifics*."

11. For the slightest disorder of the bowels, send, at once for your family physician, and do not trust to your own application of the following or of any other *medical treatment*, except when you cannot get a physician, or until he arrives.

12. If your bowels are constipated, do not take a purgative, but apply to a homœopathic physician for advice.

13. Do not neglect for a moment any looseness of the bowels, thinking that "*it is a good thing to have a clearing out,*" but apply to a homœopathic physician, or, until you can get his advice, act as recommended below.

Prevention by Medicine.—Those who wish to use *every precaution* may take as preventives, VERATRUM and CUPRUM, alternately, every third night, on retiring. Dose—six globules.

Domestic Treatment.—As cholera is, almost always preceded by a diarrhœa (*often painless*), attention should, at once, be paid to *every diarrhœa, however slight*, that comes on during an epidemic of cholera. Do not delay for a moment.

When attacked with diarrhœa, the patient should immediately go to bed and be warmly covered (not so as to induce free perspiration). When the bowels move, he ought not to get up, thereby chilling the body, but should use the bed-pan. The discharges must be at once removed from the room and house. The following medical treatment may be pursued until the physician comes :

1. When the diarrhœa is *without pain*, and the discharges are *copious* and *light colored*, give PHOSPHORIC-ACID, a dose after each discharge.

2. When the diarrhœa comes on between midnight and sunrise, and *compels the patient to go to the water-closet in great haste*: the discharges being *not copious* but the *urgency* being *great*, give SULPHUR, a dose after each evacuation.

3. If the attack be more severe, with *free purging* and *vomiting*; *cold dampness of the skin*; *excessive prostration* and sensation of *sinking* at the *pit* of the *stomach*, and *cramps* in the extremities, give CAMPHOR. Drop upon a piece of loaf sugar, ten drops of Spirits of Camphor; dissolve the sugar in ten teaspoonfuls of water, and give one teaspoonful of the solution every five, ten, fifteen or thirty minutes, according to the severity of the attack. Send, at once, for the family physician without waiting for the action of the remedy.

4. If there be *forcible* and *profuse, watery* discharges, both *upwards* and *downwards*; *great anguish*; *excessive thirst* for cold water, which the patient takes in *large quantities* and

vomits as soon as he has swallowed it; cold, pale, bluish face and lips; cramps in the extremities, give VERATRUM, a dose every ten, fifteen, or thirty minutes, until vomiting ceases and warmth returns.

5. Should the evacuations be *not copious*, but the *cramps* in the chest, stomach, and extremities very severe and constant, with great tenderness to the touch; *vomiting of green substance, allayed, for a time, by drinking*, give CUPRUM as directed for Veratrum.

It is a general rule, that when a patient is improving, the interval between doses of medicine should be lengthened.

Warning.—Opium in all its forms, (Morphine, Laudanum and Paregoric), is injurious, and should not be used.

Many persons have recommended Camphor in much larger and more frequent doses than are advised in this circular. These large doses of Camphor are injurious and often dangerous.

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CARROLL DUNHAM,		
E. M. KELLOGG,		
HENRY M. SMITH,		
T. F. ALLEN,	}	<i>Special Committee on Cholera of the Kings Co. Homœopathic Medical Society.</i>
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S. CULLEN HANFORD,		
ALBERT WRIGHT,	}	<i>Special Committee on Cholera, of the Westches er Co. Homœopathic Medical Society.</i>
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II. C. JONES,		

MAY 5th, 1866.

ARTICLE XXI.—*Physiological and Pathological Relations of the Trunkal Muscles, with the Therapeutic Indications involved.* By E. P. BANNING, M.D., of New-York.

HAVING considered the influence of a relaxation of the trunkal walls upon the inferior extremities, the bladder, ureters, kidneys and prostate gland, and shown that in the manage-

ment of chronic affections of these organs, an element of mechanical therapeutics is indicated, I propose now to consider the effect of visceral depression consequent upon muscular and ligamentous laxity, upon the abdominal and pelvic portion of the alvine canal, confining myself wholly to the physical and philosophical department of the subject. And if I *seem* to ignore the domain of medicine, and to be "a setter-forth of strange gods," it is only because I now seek to elevate some fundamental truth from the condition of a *mere latent fact*, to that of an active, powerful, and concordant principle. And first,

Of the pelvic portion.

Here, it is again necessary to ask a moment's attention to the considerations embraced in the two figures heretofore published, in their relations to the several functions of the rectum.

It is plain (not to tediously recapitulate) that by and through the permanently elevated condition of the abdominal organs, and the proper oblique bearing of the pelvis, brought about by the advanced position of the dorso lumbar spine as in fig. 1, that the rectum is very considerably, if not *totally* sheltered from superincumbent pressure, and is left to the free and full exercise of its use in the fecal function and the hæmorrhoidal circulation. In such a condition the rectum may be either slowly or suddenly filled, by the unappreciable vermicular action of the colon, jejunum, and ileum, and the peristaltic arterial, and the valvular hæmorrhoidal circulations are each steadily performed, with no special effort or stress of any fibre; and so the diurnal alvine, and the perpetual portal circulation are carried on according to order. But in the depressed condition of the viscera as represented by fig. 2, (the perfect mathematical contrast of fig. 1,) we see, both from the drooped form, the retracted epigastrium, and the tumid hypogastrium, that there must be a more or less settling of the intestines into the inferior pelvic strait, and that they are most liable to correspondingly impinge upon the rectum, and as the sacrum is unyielding, the effect will be to embargo, both the descending fæces, and the ascending hæmorrhoidal circulation; thereby, of necessity, initiating, if not consummating, both constipation and hæmorrhoidal congestion.

Therapeutic Indications.—Of course, when constipation and hæmorrhoidal congestion are primarily induced by hepatic torpor, or other pure constitutional influences, medicine and hygiene, are usually adequate to the cures. But when the above morbid relations are in operation, it must be manifest, that applications through the mere organic susceptibility, unaided by some rational *physical* force, never can fully enfranchise the oppressed circulations. Hence we learn why it is, that the retracted epigastrium and full hypogastrium—or else a remarkable flat one—are usually concomitant with constipation and hæmorrhoids,* and, also, why it is that established constipation and hæmorrhoids, are so seldom more than mitigated, so long as only alterative and aperient means are continued, simply because the *non-feasance* is sustained in perpetuity by a more or less perpetual mechanical force. Cathartics diminish the congestion and irritation by exciting secretion and a temporary peristaltic action, and so also temporarily mitigate hæmorrhoids, by softening and evacuating the impacted fæces which have been adding to the obstruction of the hæmorrhoidal veins by an irritating pressure from within. We also see why the best performed operations for hæmorrhoids have so frequently to be repeated, simply because the abdominal viscera are not properly elevated. Hence the congestion of the veins continues, and fresh portions of the mucous membrane are forced down under the usual straining, caused by the concomitant diarrhœa or the expulsion of hardened fæces; and lastly, we see why constipation is so generally a concomitant of piles, the latter being the simple sequence of the former. Surely, then, whatever else may be deemed necessary in the premises, we are coerced to say, that a thorough erection of the body, and an elevating support to the bowels are indicated.

Finally, I conclude by affirming that the above deductions are sustained by a large number of practical tests.

Case 1.—A young lady of twenty-one, slight build, was about totally constipated, skin had become dark and mottled;

* The compression of the rectum is usually much more extreme, in the retracted abdomen, in consequence of the visceral descent being more vertical and direct.

odor of the body musty ; breath offensive ; headache was perpetual, with habitual drowsiness, hands and feet cold ; eyes dull and yellow. She was sent to me by Prof. DE LA MATER, as an extreme test of the principle of abdominal and dorsal support in most unyielding constipation, where alteratives and cathartics had not only failed to cure, but also, to move the bowels temporarily.

In this case, as there was no peculiar appearance at the epigastrium, or hypogastrium, I entertained but slight hope from support, but made the application with the happiest results. The diurnal evacuations were re-established. The smutty appearance of the skin, pain in the head and drowsiness, disappeared.

Case 2.—Aged twenty-seven—had been seven years so constipated that but one partial evacuation a week could be obtained by all the cathartics and enemata which could be administered. She was so extremely emaciated as to be nearly destitute of a supporting point at the abdominal base, her form was greatly retracted at the stomach, from having spent several continuous years in a semi-vertical position in bed ; limbs were of marble coldness, her stomach rejected everything. To this case a supporting brace was applied, her head and shoulders were laid very low, and her hips elevated above the shoulders by ten inches of blocks under the feet of her bedstead, nothing else was done ; in about thirty minutes she called for the chamber, and in about the same time ordered hot bottles taken from her feet, “they were too warm.” This was followed by four evacuations per day, for four successive days. Evacuations appeared like branny *scales*, which had been packed away, and had no odor. On the fourth day flocculi of bile appeared, and in about ten days the bowels returned to one daily movement ; irritability of stomach disappeared. She shortly after recovered her flesh, and has since become a healthy wife and mother. The rationale of these representative cases I take to be this, viz., the support and change of posture, first removed the obstruction from the rectum ; 2d. that the upward pressure and support acted as a stimulant to the stomach, liver and bowels, which had become dormant in consequence of having lost that organic tone, which

is so dependent upon reciprocal warmth and support, through the energetic action of the abdominal and dorsal muscles.

OF ABDOMINAL SUPPORT FOR HÆMORRHOIDS.—*Case 1.*—A married lady, aged forty-five, after continued constipation, became the subject of hæmorrhoids to such an extent that evacuations could only be effected during the recumbent position, for something like one hour. Said nature was ready, but on bearing down, something choked the passage, but after bleeding freely she could succeed. External tumors, very tender when in vertical posture, require several hours to recover from the effort to evacuate; called doctors humbugs. To this lady I did nothing but support the abdomen and back, by which she seemed renewed on same day of application, and amazed her family by tacking down a carpet.

Relief to both constipation, hæmorrhage and hæmorrhoidal tumors in this case, came by so supporting the abdomen as to remove pressure from rectum and veins.

Case 2.—A very tall and lank-bodied clergyman, surrendered his pulpit, owing to exhausting hæmorrhoidal hæmorrhage, and painful external tumors whilst standing. Had become nearly exsanguined; his abdomen was extremely flat and flabby, and he complained not only of a sense of constant pressure at the anus and hollow of the sacrum, but also of what he termed a "gaunt and gone feeling at the stomach," felt better when he braced up his abdomen with his hands; applied abdominal and dorsal support with an immediate general sense of comfort. Two weeks after he reported himself well; his strength was improved, color good, and all pain, tumors and hæmorrhage had ceased. Said he was able to return to his pulpit.

It is with reluctance that I refrain from a citation of many cases of extreme *prolapsus* ani also, which came under my care in the army hospitals at the front and in the cities, showing incontestibly that the above principles apply to the severest of such cases, without one excepting instance.

Effects of Muscular Relaxation upon the Abdominal portion of the Alimentary Canal.—Of course it is obvious that the effect of abdominal laxity, is that of deficient support to this portion of the alimentary canal.

First, then, before we speak of the results of muscular laxity, let us clearly understand the *normal status* of the abdominal viscera under a strong condition of the muscles, and what are some of the benefits of such a normal state, viewing the subject purely in the light of reason and known physiological axioms. It is palpable that with all the muscular braces in full vigor, the force of visceral gravity is not merely negated, but that the whole abdominal series are aggressively in the ascendant, (a perpetual *flood tide of viscera* as it were) wherein each lower viscus is compelled to crowd upward its successive neighbor, until the diaphragm is rendered not only *concavoconvex*, but also actually *tense*. This is the normal and objective condition, from which are derived the following palpable benefits:

First. The viscera are physically protected and preserved in the position best adapted to educe their respective functions.

Second. Their animal heat is increased by juxtaposition.

Third. The vital and functional tone of the viscera is greatly exalted, by virtue of the stimulus of pressure, according to order.

In this normal physical state then, all things being equal, we may expect a comfortable physical state of the organs, an energetic digestion, and a high degree of vital force for maintaining their functional equanimity under disturbing influences.

This prepares us to foresee, that a depressed condition of the viscera, consequent upon a laxity of their muscular and ligamentous braces, produce the following sensational and functional results:

At the tumid hypogastrum may be experienced a sense of dead weight. Also, at the locality of the stomach, liver, and spleen, a sense of "emptiness and goneness," and dead, dull, hanging, or dragging weight, all of which are aggravated on erecting or jolting the body.

Indeed, what practitioner has not frequently met these unintelligible expressions, and passed them as "whims," prescribed generally for them as "nervous weakness," or else diagnosed them to be chronic inflammation of the diaphragm, stomach, liver, or spleen, and *laid siege* to them by tonics rubefacients,

the cautery, and internal remedies, under the impression that their origin was inherent.

On this point I bear conscientious testimony that many thousands of such anomalous cases, after lengthened heroic treatment, have come under my notice, who often, in an incredibly short time, have been completely relieved; that they were not suffering from *primary disease*, but from a morbid *mechanical condition* of the viscera and their ligaments.

The simple fact is, that these patients are not all *spleeny* fools, and that these quaint expressions are the simple and eloquent indicators of the morbid physical bearings of the viscera; and most forcibly indicate what at least a *portion* of their treatment should be.

Said Professor SAMUEL JACKSON, "a certain lady was always perplexing me about her sense of *goneness at the stomach*; and when I told her there was no such a symptom in the books, and when I pressed her to explain herself, she said, 'Well, I feel at the pit of my stomach like a *drawn chicken*.' This," said the Doctor, "gave me some inkling of the case, but it remained for you, Doctor, to unfold the philosophy of it in its completeness."

Said an elegant lady to her physician, after having been treated, for twelve years, by salivations, bleedings, leechings, and blisters, for a chronic inflammation of the liver: "*Doctor, my liver is not sick, it simply feels as though it were hung from where it is hitched.*"

In both cases their *contour* was like that represented in fig. 2.

But if so slight a violation of this primary law of peace so potently affects the grosser attributes of the viscera, much more may it affect those finer susceptibilities which eliminate their *vital* functions. Hence, we see that under a consequent diminished animal heat, and low vital tone of the stomach, liver, and pancreas, we may expect any of the phases of visceral derangements from those affecting the functions of the *body*, to those which unbalance and disturb mental, moral, and social attributes of the system. These effects may manifest themselves in the form of torpor, or irritation; or may assume both phases in alternation, they being but different manifestations of one and the same principle.

But, to be more specific,

1st. We may expect defective gastric action, with constipation, from the inertia of the *insensible sensibilities* of the stomach, liver, pancreas and small intestines, caused by deficient aggressive support.

The food *tarries* in the stomach for the requisite mechanical and vital changes. Under warmth and moisture, fermentation with its attendant train becomes imminent, and food passes to the next passage in a state comparatively noncognizable of the chylifying power, and of consequence, the major portion of it passes into the intestines as refuse material, and that portion which is taken by the lacteals, is correspondingly crude and non-assimilable. Hence, the blood will be poor and more or less fermentable, and the consequence may be, not only emaciation, general debility and non-feasance of functions, but also that low state of the ganglionic and sympathetic nerves, which is the perpetual supply of social, moral, and religious insanity, which so generally defies the best hygiene, medicinal or theological treatment, and all for the simple and rational reason, that the "wheel is broken at the cistern."

We also see that there may ensue more or less hepatic torpor, with its direct and reflex effects, under a loss of *stimulating* support, and that this torpor must so retard the portal circulation, as to institute a passive venous congestion, enlargement and increased gravity of the liver; and this must increase the traction of the hepatico diaphragmatic moorings, producing such sensations of dragging weight, dull pain, "sense of the liver's hanging from where it is hitched," as might rationally be expected, and which have led many practitioners to diagnose this condition to be chronic inflammation, primary hepatic torpor, &c. &c.; and to treat it by perpetual vesications, issues, alteratives, and deobstruents, with but little permanent satisfaction or increase of professional prestige, simply because the underlying and aggravating *mechanical element* of the case was undiscovered, or in other words, not so much because of the wrong he did, as of the right which he did not. This also may shed light upon the stereotyped "*chronic splenitis*," which so proverbially refuses to *abdicate*, under issues, blisters, leechings, and alteratives. To be sure,

this treatment may give temporary relief by substituting one *sensation* for another under counter-irritation, but which ceases soon after suspending the treatment. Dr. DEWEES has alluded to this, and says it has failed to yield to *every variety* of treatment, internal or external, which he has aimed at that organ, and concludes that it is not an actual affection of that organ, but merely a sympathetic condition from uterine prolapsus, as it is so usually a concomitant of that affection, and disappears on removing the prolapsus. But had this eminent teacher have discerned that in most cases of well-developed prolapsus, there was such an elongation of the intestinal chain, and such an unsupported state of the stomach, liver, and spleen, as to correspondingly tract the inferior and superior splenic moorings, he would not have been driven to use that most indefinite and unedifying expression "sympathetic." That is a term never to be used in connection with any *fact*, when any less mystic term will answer, inasmuch as its domain is so illimitable, and its boundaries so much like the never definable line of Mason & Dixon. He also would have understood why this steady aching pain is always aggravated by much standing, and relieved by habitual recumbency.

This view also sheds light upon the fact that a tumid and heavy lower abdomen is always attendant upon chronic peritonitis, and that the steady and fugitive sufferings in that affection are always aggravated by standing and walking, and also the rationale of the fact that such patients incline to recumbency and quiet, and carry their hands upon the abdomen in a supporting position.

In confirmation of this, let any practitioner who has been humbled so often by these constipated, dyspeptic, hypochondriacal, melancholic, and semi-insane subjects, call up before him their *physical form, proportions, and attitude*, and let him examine them in the light of the annexed figures, and also of the inspired statement that "God made man upright," (physically as well as morally,) and he will about invariably find the head to be more or less *set upon the sternum*, as it were; the shoulders rounded, the upper chest contracted and hollow; that the spine has retreated where it should advance, and the stomach correspondingly retracted; that the abdomen

is flat and rigid, or else heavy and tumid at the hypogastrium. Then by an easy mental transition, may he conclude, with the accuracy of a *seer*, that the primary law of individual visceral position and natural bearing is violated, and that comparative visceral *chaos* and functional *anarchy* revel within.

Having now barely unearthed these crude ideas, I must desist from extended delineations of their many *phases*, as exemplified in the morbid functional, mental, and religious states of very many patients of the highest culture, which I have not only traced to the above source, but confirmed the fact by readily removing the conditions by the therapeutic outbirths of the premises.

Therapeutic Indications.—Of course, these are obvious, viz. If any of the above morbid states do not readily and permanently yield to hygiene, diet, aperients, stimulants, alteratives, &c., the practitioner may see in concordant and physiological support to the viscera, not merely a *forlorn hope*, or a *dernier resort*, but an *auxiliary* which is at once concordant, rational, and pregnant with success; on this point it would not be modest for me to speak thus, but for the fact that since my retiracy from a *general* practice for the indulgence of a passion for more *tangible* truth, I have become, as it were, a kind of *Esculapian hopper*, into which have gravitated a motly crowd of forlorn hopes, upon whom, partly from induction, and partly because shut up to it, I have put the principle of trunkal support to the test, and the result has been to *install* in my mind the doctrine of mechanical therapeutics on the basis of induction and fixed facts.

Case 1. Constipation and melancholia with casual insanity; aged fifty; was a machinist of great enterprise. Had gradually become so erratic with alternate mental depression and exaltations, as to have been placed for a time in the Hartford Retreat, and was legally prohibited from the management of his own business. Thought he had committed the unpardonable sin. Would lie in bed for days, saying, "it will kill me to put on my clothes." This would be followed by excitement. Would ride night and day. Wanted to commit suicide. Was brought to me in this condition, looking like a wild man.

Evident hepatic torpor, with the extremest constipation, were the chief functional defects discernable. Said medicine could procure one "hard nubbin a week." To this man an abdominal and spinal brace was applied to divert, rather than anything else. On proposing to remove it, he remarked, "No, you don't," "feels good," "you never get it again." His eye was calm, and his expression pleasant. "Doctor," said he, "yesterday, I would have taken sixpence for my soul, but now I would not take the world for it." Said he felt "rest of body and mind on the instant of support," first day. Toward night had a large and free evacuation. In a few days, he was permitted to resume control of his extensive and complicated business.

Case 2. A lawyer of wealth and influence. Did not know what on earth was the matter with himself: "Am rich, want nothing, have the most lovely domestic and social relations, but am miserable." "Swap to-day with one of my niggers." "Ate no meat for two years; never sleep." "Hell is inside of me." What was peculiar in this case was, he was not very constipated, and was a large florid man. He wanted a brace applied, "*hit or miss*, for the sake of something new." In two days he reported a total revolution, that his family and the world had another appearance. "Ate a turkey dinner the day before and mince-pie on going to bed." "Slept well." The relief in these cases was permanent.

It is noticeable in the first, that the abdomen was very flat and the region of the stomach very much depressed. In the second, the converse of all this was the fact, and inasmuch as simple elevating and stimulating support to the lineal viscera was the only application, it must follow that the constipation, hepatic torpor, and melancholy, were purely the result of an unsupported state of the nerves of organic life. And now, judging from like results from mechanical support in many hundreds of kindred cases, I am forced to the conclusion, that in a large proportion of undefinable and nondescript cases, involving the physical, mental, and moral departments, mechanical support, added to other treatment, will, by giving organic tone to the primæ viæ, prove to be the missing link in the remedial chain.

Hepatic Torpor and Simulated Chronic Inflammation.—
Case 1. A lady, of graceful proportions, was very constipated, with alternating diarrhoea, no signs of biliary secretion, except during the diarrhoeal phase. Complained of constant and unbearable pain in the region of the liver, which was aggravated on erecting the body or walking, and was "sort of relieved" on bending forward and supporting the waist with a corset, or by hard pressure with her hand. Her very intelligent physician had, for one year, treated her with alteratives, laxatives, rubefacients, and issues, which only modified her sufferings during the operation of the treatment.

Upon examining her whilst on her feet, there was no fullness at the hypogastrium, but there was a very marked narrowness and retraction at the hypochondria, with an external appearance and an internal feeling of tension in the region of the diaphragm. On pressing upward upon the abdomen with my left hand, and bracing the dorso-lumbar portion with my right, she said, "There, both the tension and the aching are gone already." Of course, under such indications, a brace was applied, and with the most happy results. The constitutional treatment, after that, always acting with efficiency.

Case 2. A slender lady, of Philadelphia, had been treated successively by several eminent physicians of that city, for chronic inflammation of the liver. She described the treatment as having been truly heroic. "Bled once a month, and salivated as often as she could recover, for four years." "Doctor, I took blue pills till I was fairly blue." I found her sitting in a low voluptuous armed chair, with feet upon a luxurious ottoman, by which her body was leaned forward and her thighs so flexed as to support her abdomen. Said, "That kept her liver from hanging, and relieved that awful pulling and goneness at the stomach." A momentary glance at her, whilst upon her feet, disclosed that tumidity of the hypogastrium and that small and retracted state at the hypochondrium, which her quaint expressions prepared me to find. On supporting her with my hands, she erected her trunk, and exclaimed, "The division in my body is gone, and I do not feel as though my tongue was being drawn down my throat." But on letting go of her, she drooped, flexed her limbs, and

exclaimed, "That hanging feeling is back again. The permanent wearing of an abdominal and spinal shoulder-brace was attended, not with a total removal of all her infirmities, but with the ability to perambulate the city with freedom and comparative satisfaction.

And now, under this head I respectfully submit, that if practitioners, in examining their non-descript patients, would take a little more time, and listen with more attention to their quaint, but most suggestive expressions and comparisons, and would weigh them in the common sense scales of mechanical physiology, they would often avoid the chagrin of treating a mere secondary, for a primary affection, with poor success.

If ever I have made any desirable reputation, it has arisen from critically discriminating sensations in descriptions of cases.

We have now shown the negating or torpifying effect of muscular laxity upon the viscera, as exemplified in indigestion, constipation, hepatic torpor, and a low action of the nerve and psychical forces.

And we propose now to show, on the other hand, that this same muscular laxity often produces more *demonstrative* results, in the form of gastralgia, diarrhœa, and dysentery; also of cholera, under predisposing influences. And this statement is rendered believable by the well-known fact that torpor and irritation are not opposite states, but opposite manifestations, merely, of one and the same state, to wit: a depressed condition of the organic stamina—and hence it is that constipation and diarrhœa, so usually alternate, often too with tidal regularity, without the least real improvement in the vital status. The constipation, in this case, being the torpid, and the diarrhœa the irritable phase of the low organic tone, consequent upon the violated law of visceral position. The rationale of this phenomenon being a sort of tidal ebb and flow of the vital force in its struggles to maintain a mean peristaltic action. This view has been abundantly confirmed by the fact, that in numerous cases, where I have applied the best form of abdominal support for constipation alone or alternating diarrhœa, I have usually found both of these to give place to an orderly peristaltic action. Thus much as to an identical cause and cure of constipation and diarrhœa.

Of Muscular Laxity and Diarrhœa.—In introducing this point, it is unnecessary to say more than merely to state that the diarrhœal or irritable phase of muscular laxity may, on the above principles, be induced from the *first*, especially where season, climate, diet, &c., favor that form of effects; and I attach great importance to this statement, inasmuch as in chronic diarrhœa the mechanical elements in the case are seldom discerned, and consequently, for want of an early and steady support, whereby the bowels are not only supported, but braced and packed upward, thousands are yearly left to sink in spite of all other good treatment which can be brought to bear. Indeed, it is not so very essential to show that muscular laxity and unsupported state of the bowels was the *primary cause* of the diarrhœal condition, in order to prove that mechanical support should be resorted to at an early day as an auxiliary, inasmuch as there is no necessary analogy between *cause* and *cure*; and often there is none, and we are left with existing and operating facts in the case, as we find them, for true indications of cure.

In a case of chronic diarrhœa fully established, what are the tangible facts? Whatever the primary cause may have been, simply this: The bowels being empty in the main, are too small in volume to properly fill the abdominal cavity, and the relaxed abdominal muscles are unable to contract sufficiently to support the bowels; and more, could they so contract, it would be in such a manner as not to elevate and support them, but rather to depress them, the axis of their action being chiefly above the proper axis of muscular support. Again, the bowels are in a more or less sore, tender, and irritable condition, and like other tissues in a similar state, require to be motionless and quiet: or in other words, that a *quietus* should be placed upon all the provocatives of irritation. But in the premises, this thirty feet of intestinal chain, which should be motionless and quiet, are left to be traced at the epigastrium; to be unduly compressed at the abdominal base by their own weight; to roll about on every change of posture, and to be jolted at every step.

This also accords with the known fact, that in diarrhœa, dysentery, and cholera, the patient's sufferings are always in-

creased by exercise, sitting or standing; when compelled to do so, they lean forward and involuntarily support the abdomen, as if to prevent any motion of the bowels.

Besides this, every sufferer knows, that every change from recumbency toward erectness, or from the back to the side even, is usually attended by a fresh accession of pain and diarrhœal propension, and that these are abated by placing the hips considerably higher than the shoulders. This also is in agreement with the uniform professional injunction in dysentery and cholera—to maintain unbroken recumbency, and also, with the long-standing practice of swathing the abdomen in cholera infantum.

I therefore maintain, that if these things be so, they unerringly point to a comfortable and embracing abdominal support, in the premises, whereby the sore bowels are properly recoiled, and nested, as it were, in the normal ascendant; injurious motion suppressed, the stimulus of upward pressure educed, and all nature as well as art encouraged to labor in the interests of recovery. This view also derives unmistakable confirmation and force from the circumstance that in no portion of the country are diarrhœal affections so prevalent as in relaxing tropical climates where the auxiliary mechanical treatment of extreme bowel complaints has achieved its greatest triumphs. But of this reasoning the profession must think as they please, whilst I leave the domain of theory, and proceed to the *argumentum ad hominem*, in the shape of incontestible and nearly uniform facts.

Case 1. An extensive druggist of Mobile, Alabama, where ulcerative diarrhœa was what they termed the "big disease," after passing through the usual treatment, was fain to arrange his affairs for a northern tour, as a "*forlorn hope*." Had much borborygmus, tumid lower belly, capricious appetite, soreness on riding or jolting, and felt comforted on supporting the abdomen with his hands; the character of the discharges, with internal tenderness and pain, leaving no doubt of ulceration.

To this gentleman a spinal and abdominal support was applied, on the urgency of some friend. He immediately expressed a sense of general "packing up and comfort," which

was developed, into a complete cure, and his northern tour was abandoned. This case did not come under my own cognizance, but was narrated to me by the distinguished Dr. MARION SIMS, who received the statement from the patient himself.

Case 2. A venerable and eminent doctor of divinity of this city, had nearly surrendered his pulpit from great abdominal and consequent vocal weakness. Applied an abdominal and spinal brace, and years afterward, writes to me, “. . . . Your brace has been of unsurpassable advantage to me; advantage, not only in *speaking*, but in *walking*, in both it imparts a buoyancy to the system. It produces, however, one peculiar effect, which I wish to mention to you. I have found by experience, again and again, that when I have put it on slack and loosely, not only has a disposition to void urine more frequently than usual followed, but diarrhœa has set in, and by simply tightening the brace, both of these effects have been checked. The philosophy of this I know not, but I do know the fact. . . .”

Of Dysentery. Dysentery it must be admitted, is a malady near of kin to diarrhœa, both as to its outward manifestations and that reciprocal support and stimulation which should perpetually operate between the viscera and their abdominal walls.

This is also the more manifest by the fact that, much more than in diarrhœa, does motion and the vertical posture aggravate all the symptoms, and that quiet and recumbency ever bring comparative mitigation under eligible circumstances. Both these complaints may be summed up as consisting of an irritation of the irritable stomach and bowels, in differing modifications and degrees; the irritable becoming manifest in irritation through some mere circumstance, which ordinarily would have been insignificant and inoperative. In a word it appears to me, that reason and analogy, apart from facts indicate abdominal and spinal support, as a rule, in the treatment of dysenteric conditions, more especially after the acute stages have passed.

For illustrations on this point, out of many, I content myself with the citation of the subjoined, narrated to me by

the captain of an East India ship, whose crew was nearly cut off by epidemic dysentery. "Those of the men who survived the acute form of the disease, were left, with 'not a diarrhœa, but a running.'" If the men stood, they had a liquid and odorless discharge. Swallowing a mouthful of rice water would be followed by its immediate rejection per rectum. The ship had to "clew sails," and the men to save unbuttoning, "moved about with bare poles," "not a man could go before the mast." In this dilemma, one sailor, under the bare instinct of his feelings, applied a bandage tightly around his lower belly, with so great relief as to report for duty in forty-eight hours after; upon this, all of the men were tightly bandaged, with equally favorable results. (*Medical and Surgical Reporter.*)

ARTICLE XXII.—*The Febrigenic Power of Arsenic, and its Employment in Typhoid Fever.* By Dr. LMBERT-GOURBEYRE.*

WE shall now pass from the allopathic to the Hahnemannian school; and here we find a quantity of evidence. The law of similars studied in reference to Arsenic, would necessarily lead homœopathsists to its employment in typhoid; so much has been written on the subject that I am embarrassed to select.

Here is what Hartmann says in his chapter on Nervous or Typhoid Fever:—"I come to the chief among medicines in fevers of this sort, to that which often deserves attention in all forms of nervous fever, but which in none has so much right to the name of specific, as in that when the abdominal type is well marked, and in putrid typhus. I refer to Arsenic, which is equally applicable to nervous fevers with an intermittent type. The homœopathist should think of it from the first, when trivial symptoms, such as a single vomiting, a diarrhœic stool, a slight pain, &c., cause such extreme weakness that the patient is forced to lie down, and produce sleep often disturbed by burning heat and restlessness. We

* *L'Art Medical*, August and September, 1865.

soon observe the occurrence of characteristic burning pain located in a particular spot of the abdomen with coldness of the limbs, skin hot, dry and rough, great thirst, petechiæ and miliary rash. The patient complains of vertigo and noise in the ears, with dullness of hearing; the features are altered in a peculiar manner; the complexion pale, earthy; the tongue of a brownish-black color, fissured and trembling; there are aphthæ in the mouth with frequent desire to vomit, and every time this occurs, a tendency to syncope; the abdomen inflated; the stools are watery, yellowish, fetid, they burn and excoriate the anus, they are passed involuntarily." (HARTMANN, *Homœopathic Therapeutics of Acute and Chronic Diseases*.)

Griesselich considers Arsenic as a specific in typhus abdominalis. Strecker says it is the principal remedy of the disease; and Trinks attributes to it in such cases a very wide sphere of action.*

"It is still a problem," says Fleischmann, "to find for typhus abdominalis a remedy that reaches the focus of the disease, and which can thence act on the totality of the symptoms. I have not yet solved the problem, but I must here point out a medicine which, of all others, appears best to supply the desired solution. I have long employed it, and to it I am indebted for a success greatly superior to anything I previously observed by any other method; this medicine is Arsenic." (*Hygea*, Bd. VIII.)

Foreign homœopaths are unanimous in acknowledging the excellence of Arsenic in the treatment of severe typhoid fever, that form of it called putrid and malignant fever. The symptoms they mention as indicating Arsenic are severe symptoms, such as prostration of the strength; dry, blackish, trembling tongue; lips covered with sordes; great thirst; abdominal meteorism; frequent watery, involuntary, and foetid stools; &c. To the names above cited we may add those of Kreussler, Strecker, Vehsemeyer, Rothansl, Wurmb, Caspar, Trinks, Löw, Bojanus, and Kidd.†

* Griesselich, *Hygea*, B. iii.—Strecker, *Allg. hom. Zeitung*, B. xii.—Trinks, *Hom. Vierteljahrsh.*, B. iv.

† Strecker, *Beschreibung und Behandlung einer Nerven und Faulfieber Epidemie* (*Allg. Hom. Zeitung*, 1834).—*Das Nerven und Faulfieber* (*Jahrb. für*

In 1845, Wurmb protested in his monograph on Arsenic, against what Fleischmann says, alleging that though Arsenic had appeared to him to succeed in such cases, he ascribed the cure rather to nature; that, in short, this medicine did not appear to him perfectly homœopathic to the species of this disease; that the typhoid process bore no resemblance to the arsenical disease; that he had read many histories of poisoning by Arsenic, and that not one of them resembled typhoid fever.

This opposition of Wurmb elicited the essay of Dr. Hausmann, which I have before analysed and completed. The facts prove how deeply Wurmb had fallen into error. However, it was not long before he changed his opinion; in 1855 he expressly recommended Arsenic in typhoid fever, especially in cases where there were *pyæmic deposits* and *putrid decomposition*.

Dr. Fleischmann said that since 1844, he has employed Arsenic with great success in the treatment of typhoid fever, usually giving this remedy alone. In 1841, of 167 cases of typhoid fever treated at the hospital of Gumpendorf at Vienna, he cured 156, about four-fifths. In the same year, 1844, he published in the *Æsterr. Zeitschrift für Homöopathie*, a general statistical table of all the diseases treated in his hospital from January, 1835, to the end of December, 1843. In 816 cases of typhoid fever, (*febris nervosa sive typhus abdominalis*), there were 669 cures.*

Homöopathie von Vohsemeyer, 1837).—Vohsemeyer, *Beitrag zur Behandlung des Typhus abdominalis* (id., 1837).—Rothansl, *Hygea*, B. xviii. Kreussler, *Therapie acuter und chron. Krankheitsform.*, Leipzig, 1846.—Kidd, *Brit. Journ. of Hom.*, 1848.—Wurmb und Caspar, *Homöopathisch-klinische Studien*, Wien, 1852.—Trinks, *Hom. Vierteljahrsh.*, 1853.—Bojanus, id., 1856.

* I subjoin a statistical table of typhoid fevers treated homœopathically. I have compiled it from various statistical accounts published from 1844 to 1848 in the *Æsterr. Hom. Zeitung*, all the time that that Journal was published.

It is probable that Arsenic was employed as the main remedy in most of the cases mentioned in the following statistical enumeration, seeing that the physicians of the hospitals of Linz and Kremsier having been pupils of Fleischmann, would naturally follow the method of their master.

These figures have all the more value that in the statistical tables of the various diseases treated in the hospitals of Gumpendorf, Linz, Kremsier, and

Dr. Aug. Rapou, of Lyon, witnessed the cures performed by Fleischmann: "During the period I visited the hospital," he says, "I saw thirty cases of typhoid fever, four of which

Nechanitz, the gastric and catarrhal fevers are carefully distinguished from the typhoid fever and registered under distinct heads. Our typhoid fever appears under the name of nervous fever, typhus abdominalis or typhus. Moreover, the cases reported by Fleischmann show that under the name of typhus abdominalis it was only severe cases of typhoid fever that were meant. Besides the indications he gives for the administration of Arsenic are taken from symptoms which all refer to the severe form of the disease,

	Year.	Remain- ing from last year	Ad- mitted.	Cured.	Dis- charged uncured.	Died.	Remain- ing under treat- ment.
Gumpendorf Hospital Dr. Fleischmann ..	1844	8	116	91	..	22	11
	1845	11	122	105	..	20	8
	1846	8	159	139	..	21	7
	1847	7	157	128	..	23	13
	1848	13	139	124	..	23	5
Linz Hospital, Dr. Reiss.	1843	..	58	50	..	6	2
	1844	2	66	54	2	8	4
	1845	4	57	48	1	7	5
	1846	5	48	43	..	6	4
	1847	4	41	36	..	5	4
	1848	4	41	37	5
Kremsier Hospital, Dr. Schweitzer	1845	..	10	9	..	1	..
	1846	..	24	17	..	5	4
	1847	4	75	64	..	11	5
	1848	5	135	115	..	24	1
Nechanitz Hospital, Dr. Feltl	1846-7-8	..	82	70	..	2	1

From this statistical account it follows that by the homœopathic method the number of cures of the severe form of typhoid fever amounts to about seven-eighths. I have beside me a quantity of other German statistical documents, all in accordance with the above. For my part I have much greater confidence in these figures than in our French statistics, but I beg to be allowed to keep my reasons to myself.

I am not aware that the allopathic school has any such splendid results to compare with these. If our adversaries object that the homœopathic cures are merely due to an expectant method, seeing that these adversaries themselves usually practice the expectant method in the treatment of typhoid fever, it would follow that the expectancy of the former is much superior to that of the latter, which is of course a *reductio ad absurdum*.

only terminated fatally. Their mean duration was a fortnight, during which the disease ran through its stages rapidly, but went through them all, sometimes bringing the patient to the last degree of cerebral excitement, or of marasmus and debility. The finest result of the treatment is not the arrest, the destruction of the disease, but the rapidity of its course; the great proportion of cures, the quickness of the recovery. These short convalescences are what I admired most. It is very striking to compare the homœopathic cures with those effected by the old school, so slow, so precarious, so full of complications.

“When the typhoid patient has meteorism of the abdomen, pains in the right iliac fossa, general burning sensation, extreme dryness of skin, tongue dry and black, sordes on the teeth, which is the most ordinary form of the disease, Fleischmann administers Arsenic. Under the influence of this medicine, I have seen this morbid state abate with wonderful quickness. The heat and dryness of the skin are relieved, it becomes moist, the tongue cleans, the abdomen becomes free from pain, and the patient soon becomes convalescent. When the cerebral symptoms are predominant, the expression animated, restlessness of limbs, great loquacity, &c., Stramonium is given.” (*Histoire de la Doctrine Médicale Homœopathique*, t. ii., p. 305.)

The employment of Arsenic in typhoid fevers does not seem to have crossed the Rhine and become naturalized in France. The French homœopaths as far as I am aware have published nothing on the subject.*

When will the majority of practitioners understand that hitherto they have been mistaken on the question of homœopathy? Would that they opened their eyes and refused evidence on this point to all the princes of our science, and to all those learned bodies which have taken it into their heads to condemn the doctrine of Hahnemann, *without ever having studied it!*

* However I ought to mention the following note of Dr. Cretin, which I find among the works of Petroz, recently published:—“My excellent master, Dr. Cabarrus, administers with success Mercury in variola, and Arsenic in typhoid fever. In several cases of typhoid fever I was entrusted by him with seeing that his prescriptions were carried on during the whole duration of the disease, so that I am in a position to appreciate this great success.” (*Études de thérapeutique et de matière médicale d'Antoine Petroz*, publiées par le Dr. Cretin, Paris, 1864, p. 277.)

Though my own trials of Arsenic in typhoid fever have not hitherto been on a great scale, I am not the less convinced after some very decisive proofs that this medicine is of great value in the treatment of this disease. What M. Boudin,— what the German homœopaths have seen, that have I also witnessed. Hence I am inclined to consider Arsenic in a general way as the radical remedy for severe typhoid fever.

I recently had to treat a young person, who, for a fortnight had been laboring under this disease. Besides the febrile symptoms, there had been from the commencement copious watery, fœtid stools, occurring twelve or fifteen times a night. I administered Arsenic in the 6th dilution; the diarrhœa was instantly checked, and from that moment the fever gradually declined, and recovery followed.

Brennfleck,* a German homœopath, says that he has often seen in typhus the liquid stools stop after the first dose of Arsenic, (2d dilution). Bojanus advises it expressly when there are involuntary and bloody stools.

Moreover, it seems to me that Arsenic ought to be used successfully in the ulcerations of the sacrum, which are so frequent in the course of the disease. Last year I was consulted for a case of this kind; after typhoid fever the patient in question had two holes in the sacrum with considerable detachment of the skin. The medical man who treated the case said it would be several months before he was cured. I gave Arsenic internally in the fourth trituration, and Arsenicated Glycerine (2 drops of Fowler's solution to 100 grammes) to apply to the wound; a perfect cure was effected in a fortnight. This case will not seem extraordinary to any one who knows the history of Arsenic, seeing that tradition holds it to be one of the best remedies we possess for curing ulcers.†

* *Hygea*, B. xvii.

† In my trial I have given Arsenic in all doses, from material quantities up to infinitesimal. I usually prefer the latter. In my *Études sur quelques symptômes de l'Arseenic* (*Gazette Médicale*, 1862) I have sufficiently proved the truth of the efficacy of infinitesimal doses. If some of my readers should be disposed to look upon me as a dreamer on this subject, as homœopaths are alleged to be every day by the incredulous majority, all that I ask is that they should read what I have written and repeat my experiments. On this point I defy all misbelievers.

CONCLUSIONS.—1st. The study of the physiological or pathogenetic properties of Arsenic prove it to be *typhogenic*; hence by the law of similars it ought to be *typhifuge*, which it has long ago been demonstrated to be in the case of intermittent fevers and neuralgias; and in a large number of other periodical complaints for which it is daily used. Therefore Hahnemann was justified in saying sixty-one years ago—"In typical affections of all sorts (periodical headache, &c.), this faculty of Arsenic to produce periodical symptoms becomes of great value, and will be of still greater value, I am sure, to our successors, who will perhaps be more venturesome, more attentive, more circumspect."

2d. Arsenic is pathogenetically *typhogenic*, hence it may be employed usefully in typhoid fever, as the numerous facts I have quoted seem to prove.

Let us, in conclusion, quote the opinion of two German allopaths. Schwartz*, a German compiler, in reporting the trials of Dr. Hill, who recommends Arsenic in typhoid fever, gravely says that such conduct should be punished as criminal, whilst Vogt,† author of a good treatise on *Materia Medica*, judging by comparison with the action of Quinine in asthenic continued fevers, appeals to futurity with a kind of presentiment to decide if Arsenic will not some day be the principal remedy for typhus.

I can pass over with contempt Schwartz's ridiculous judgment, and reply to Vogt's appeal: that is just the reason why I have attempted to fix the attention of observers on this important point of therapeutics. (*British Jour. of Homœopathy.*)

ARTICLE XXIII.—*On Diabetes.* By RICHARD HUGHES, M.R.C.S., L.R.C.P., Ed. (Exam.).

TREATMENT.—The treatment of diabetes must be considered under two heads:—the dietetic and the medicinal.

1. The dietetic treatment will obviously be different, as the disease is one of increased formation of sugar, or diminished

* *Pharmakologische Tabellen, oder systematische Areneimittellehre*, Leipzig, 1833.

† *Lehrbuch der Pharmakodynamik*, Wien, 1831.

assimilation thereof. In the latter case, the diet should be as varied and as generous as possible. And here the administration of cane-sugar as a supplementary food may be cautiously tried. There is a rough homœopathicity about the proceeding which specially commends it to us.

In diabetes from excessive formation of sugar, on the other hand, all our ingenuity is taxed in prescribing appropriate diet. The patient must avoid not only "all sugars, and substances containing saccharine matter, but also all kinds of food convertible during the process of digestion into sugar. The food so convertible are those containing starch (not gums), such as arrow-root, tapioca, sago, flours of all the different kinds of cereals (wheat, barley, oats, peas, beans, &c.), potatoes, carrots, beet-root, parsnips, turnips, and other edible roots" (Harley). One of the two staves of life—bread—is obviously included in this prohibition. The other—milk—appears to do no harm; its sugar not being of the cane kind. But the deprivation of bread is always very keenly felt. Its place may be supplied by the bran cakes recommended by Dr. Camplin, by the gluten bread of Bouchardat, or (most palatable of all) by the "almond food" devised by Dr. Pavy. All these may now be obtained of London bakers.* "After a time," says Dr. Harley, "patients get very tired of those substitutes, so it is as well to know that we may occasionally indulge them with well-done toast, or very crisp pulled bread, the extra heat having destroyed a considerable portion of the starch normally contained in the article."

So much for what the diabetic may *not* eat. His admissible bill of fare is nevertheless plentiful enough. "Every imaginable kind of fish, flesh, and fowl may be indulged in—beef, mutton, pork, venison, poultry, game and wild fowl, oysters, lobsters, crabs, prawns, salmon, cod, turbot, &c., Iceland and Irish moss, calf's foot or gelatine jellies, butter, sauces, and salad oils." Again, "green vegetables, such as spinach, cabbage, turnip tops, Brussels sprouts, and lettuce, need not be forbidden, as they contain too small an amount of starch to do much injury."

* Batchley's, 302 Oxford-street; Douges, Gower-street; Hill and Son, 61 Bishopsgate-street; Van Abbots, 5 Princes-street, Cavendish Square.

The matter of drinks requires more consideration, as here the application of principles is not so obvious. In the first place, all malt liquors must be avoided. If alcoholic stimulus be absolutely necessary, the "spirits" proper must be resorted to, brandy and whiskey being of those the most suitable. Such stimulus, however, is rarely necessary, and often injurious. The drink of the diabetic, besides water (of which more anon), should be wine. But here also a choice must be exercised. All sweet wines—such as Constantia, Frontignan, Tent, &c., are obviously inadmissible; and also all to which sugar is added in the process of manufacture. This latter class includes Champagne, Burgundy, and other wines of the Cote d'Or and south of France (Beaujolais, Rousillon, Masden, &c.); and sparkling Moselle—the peculiar flavor of the latter being imparted by elder berry juice, which is highly saccharine. Then again, there is an objection to wines not thoroughly fermented, since in these a portion of the sugar of the grape juice remains unchanged into alcohol. Hence the diabetic must have little to say to Port, Sherry, Madeira, Marsala, Bucellas, or Lisbon, especially when new. There still remains, however, a wide field of choice; Claret, Sauterne, Chablis, Hock, and still Moselle, with most of the Hungarian and Austrian wines, give him a pretty good variety; and if his case be not a bad one, he will get little harm from an occasional glass of old and very "dry" specimens of the Port and Sherry class, or even from "half a pint of bitter ale."

Dr. Harley makes some very wise remarks about water-drinking. "As regards the amount of urine eliminated," he writes, "some appear to consider it a most important sign, and one which we should try and check as soon as possible. Now, I beg to differ from them, for I believe it fortunate that the diabetic patient does pass an excess of water. The excessive elimination of sugar is not consequent upon the increased flow of urine—for we may have an excessive flow of urine without sugar—but exactly the reverse; the excessive flow of urine is consequent on the elimination of the sugar. The sugar, in order to be eliminated, must be dissolved, and, in order to be dissolved, must have water, and the more water the more readily does the elimination of sugar take place.

Some may say, we want to stop the elimination of the sugar. Not so : we want to stop the disease inducing it, not the elimination of the sugar, which is the mere result of the disease. Retaining the sugar in the blood would only tend to hasten the death of the patient by still further deranging the nutritive functions, and causing an abnormal diasmose by altering the relative specific gravity of the blood and other secretions. Remove the cause of the accumulation of saccharine matter in the blood if you can ; but if you cannot do that, aid, instead of trying to retard its elimination from the body.

“Diabetic patients generally pass more liquid than they take—about one-fifth or one-quarter more—and although they ought never to drink more than they feel a want for, yet *they must never be stinted, for their continual thirst is but nature's cry for relief. If they did not drink, the blood would soon get too thick to circulate freely through the vessels, and a variety of secondary diseases would be induced.* Stopping the drink diminishes the elimination, but does not stop the formation of sugar. When the formation of sugar decreases, the urine of its own accord becomes diminished.”

So much for the dietetic treatment of diabetes. But, “even in the most favorable cases for restricted diet” (I am again quoting Dr. Harley), “we must never allow ourselves to be deluded into the idea that, because we are mitigating the symptoms, and reducing the amount of sugar in the urine, we are necessarily curing the disease, or we shall frequently be doomed to sad disappointment. In keeping a patient on restricted diet, we are merely withholding from him the straw and mortar out of which the bricks are made—not removing the makers—so that, as soon as the straw and mortar is re-furnished to them, they will again be found at work as actively as ever. It is true that it occasionally happens that during the withdrawal of the straw and mortar the makers themselves disappear ; but this, unfortunately, is by no means invariably or even frequently the case ; it is rather, indeed, the exception than the rule. We must therefore rely on other means for the removal of the makers.”

THE REMEDIES FOR DIABETES.

1. *Natrum-sulphuricum* (sulphate of soda, Glauber's salts.) A case is narrated by Dr. Ægidi in the *Allg. Hom. Ztg.*, and translated in Vol. XXII. of this Journal (p. 164), in which this substance was administered beneficially. The patient aged forty-three, had had for seven months the usual symptoms of diabetes. When he came under Ægidi's care, these were all very well marked; and the urine is stated to have had a sp. gr. of 1103,* and to contain five and a half per cent. of sugar. On account of a gonorrhœal anamnesis, he received one dose of *Thuja* 30; and then took five drops of the third dilution of *Natrum-sulphuricum* four times a day, in a cupful of warm water. In four months' time he was quite well. "More than a year," Ægidi writes, "has since elapsed, the patient who had been given up is now no longer recognisable; he feels strong, well, and disposed to work; his spirits are good; he has increased in size, his muscles are stronger, and his countenance denotes contentment." Nothing is said as to the state of the urine.

A pathogenesis of *Natrum-sulphuricum* is contained in Jahr's Manual, taken from Hartlaub and Trinks' *Annals*. The urinary symptoms by no means point to diabetes, as they indicate a copious deposit of lithates, which are nearly always absent from saccharine urine.

2. *Asclepias-Vincetoxicum*.—Our knowledge of the action of this substance is derived from an article by Dr. Gallavardin in the *Art Medicale*, translated in the last number of this Journal. It seems that a diabetiform complaint among sheep was traced to their feeding on this plant; and that the conjecture was confirmed by experiments made in the veterinary school at Vienna. The administration of the juice to sheep induced diuresis, with violent thirst. Nothing is said, however, as to the presence of sugar in the urine. Dr. Gallavardin goes on to state—"One of our members has greatly relieved five persons attacked with diabetes mellitus by prescribing for them *Asclepias*, 6th dilution. One of them, whose urine contained 60 grammes of sugar to the litre,

* There is surely a mistake here.

found the quantity reduced to 60 centigrammes per litre under the influence of this remedy, $\frac{1}{11}$ th of original quantity. The *Asclepias* speedily relieved these patients by reducing their thirst, and also by removing a very severe sciatic pain which affected some of them. These five patients were all, more or less, evidently affected with gout." He adds that "*Natrum-muriaticum* administered internally to some of our five gouty patients with diabetes seemed to assist the curative action of *Asclepias*." One is reminded by this of the influence of *Natrum-sulphuricum*, another salt of soda, in the case recorded above.

It is worth remark that another of the *Asclepiads*—*A. syriaca*—influences notably the urinary secretion. In some experiments detailed in Dr. Hale's "New Remedies," the urine exhibited under the influence of this drug a considerable increase, not only in its liquid but also in its solid constituents.

3. *Phosphoric-acid* stands at present unquestionable in the highest place among the remedies of diabetes. The first notice of it is contained in the sixteenth volume of this Journal. Three very interesting cases are there narrated by the late Dr. Walker, of Manchester, of which the following is a summary:—Case 1st is briefly told; sugar was present in the urine, with the usual symptoms; improvement ensued, and the disease was for some time kept at bay by *Phosphoric-acid*, and the saccharated (!) carbonate of iron (quantities not stated); but the patient eventually sank under pulmonary disease. Case 2d was equally well marked; the patient was put upon rigid diet, and took three times a day a dessert-spoonful of a solution of 14 grains of anhydrous *Phosphoric-acid* in 6 oz. of water. The sugar and the general symptoms soon disappeared; and when, six months after, the patient returned to his usual diet, he felt no ill effects; he was cured. In Case 3d the *Phosphoric-acid* was given in the same manner; but the diet was unrestricted. The sp. gr. of the urine fell in eight days of this treatment from 1035° to 1023°. The ultimate issue of this case is not recorded.—Next, in the nineteenth volume of the Journal, Dr. Ransford contributes two cases in which *Phosphoric acid* was the main remedy. In the first, aged twenty-four, the acid was given in the 6th

dilution, in conjunction with *Calcarea-carbonica* 12 and *C. Phosphorica* 1. Vegetables and farinaceous foods generally were excluded from the diet. The sugar disappeared; the patient gained in weight, and continued well. In the second case, albumen was present as well as sugar. *Phosphoric-acid* was given in doses of one grain of the pure acid three times a day, and potatoes and pastry were prohibited. The patient gained four and three quarter pounds in seventeen days. The sugar disappeared from the urine, but the albumen remained.—In the discussion on diabetes previously referred to, Dr. Yeldham said, “The disease was kept at bay in a young woman, another patient of his, for a couple of years by *Acid-phos*. He did not know the result of the case.”—Lastly a case is referred to in the *Bulletin de la Societe Medicale Homœopathique de la France*, for September, 1865, in which diabetic symptoms almost entirely disappeared under *Phosphoric-acid* 6 and 30.

What is the rationale of this unquestionable curative action of *Phosphoric-acid*? It cannot be other than specific, since it is exerted in all dilutions, though more markedly in the lowest. Whether it is homœopathic or not, the proving contained in the *Chronic Diseases* does not enable us to say. But it deserves to be noted that Dr. Pavy found saccharine urine to result from the injection of *Phosphoric-acid* into the general venous system, and also from its introduction into the intestinal canal (*On Diabetes*, p. 82). He conceives the *acidity* of the drug to have caused the phenomenon; but did not try whether other acids would produce the same effect. It is not a little curious to find him trying *Phosphoric-acid* as a remedy in two of his hospital cases. In neither did it seem to exert any beneficial influence.

In estimating the claims of *Phosphoric-acid* to be the remedy, *par excellence*, for diabetes mellitus, we must not forget its powerful action on the nervous centres, in whose derangement the disease often essentially consists. But with all this I doubt whether we have not yet to seek for the true specific *similimum*, homœopathic to the one characteristic symptom of glycosuria, which shall make our treatment of diabetes as triumphant as that of albuminuria. It is the

hope that in the *Nitrate of Uranium* we have found this desideratum which has been my main inducement to write this paper.

4. *Nitrate of Uranium*. In the *British and Foreign Medico-Chirurgical Review* for 1857, it is stated, as the result of some experiments by M. Lecomte, that the gradual poisoning of dogs with small doses of *Nitrate of Uranium* invariably caused the urine to become saccharine. This fact, curious only in the eyes of an allopathic reader was to a homœopath pregnant with suggestiveness. Its import was first pointed out by Dr. Bradford, of America, in the *North American Journal of Homœopathy*. He gave no cases, but stated generally that "two or three grains of the third trituration, administered morning and night, will, in a short time, reduce the quantity of urine passed to nearly a normal standard, and after a continued use, the proportion of sugar is materially lessened."

Here, however, the matter seemed likely to remain, when it was taken up and rendered fruitful by Dr. E. M. Hale, who has done more within the last ten years to enlarge our knowledge of medicines than any man living.

In the *North American Journal of Homœopathy* for November, 1861, after citing Dr. Bradford's observations, he communicates three cases from his own practice, in which the drug in question rapidly removed what looked very like the symptoms of genuine diabetes. Unfortunately no chemical examination was made of the urine, which renders the cases less telling than they otherwise would be. Case 1st was a gentleman, aged sixty-five. He had suffered from the disease for six years; the symptoms ever and anon becoming very distressing. In one of these exacerbations he was put upon the *Nitrate of Uranium*, a grain of the first decimal trituration three times a day. "The effect of the remedy was prompt and decisive. The first night he had only to get up twelve times instead of twenty as usual, and the urine was much less in quantity. The next day the urgency to void urine was diminished, and the next night he had to urinate but six times. Under its continued use all the symptoms became much ameliorated, until he informed me that

the amount of urine voided was not much above normal, and his strength and health were much improved. Since that time he has had occasional attacks more or less severe, which are always relieved by the *Uranium*. At his advanced age it is to be doubted whether a cure can be effected, but the marked beneficial effects of this remedy demonstrates its great utility as a palliative agent." Case II. deserves to be cited at length.

"This was a son of the above, a strong and apparently healthy man of about forty. He first noticed a frequent and profuse urination about six months previously. This trouble gradually increased; about three months ago he began to be troubled with nocturnal urging to urinate, obliging him to get up several times after retiring. His present symptoms are: a growing debility; a good deal of weakness in the lower extremities and back; considerable pain in the region of the kidneys; after a day's work the legs ache so that he cannot get to sleep till after midnight; mouth dry, saliva tenacious; tongue coated white; good appetite, but his food causes distress in the stomach; a constant sensation of faintness in the region of the stomach, even after a full meal; bowels constipated; urine profuse, frequent, and accompanied by burning and scalding; milky at times, at other times of a straw color, and foetid; thinks he voids nearly ten pints in twenty-four hours. He is dispirited, discouraged; has lost his usual ambition for labor, and is inclined to be morose.

"For a week he took *Canth.* 3 and *Merc. sol.* 3, with no particular benefit, except to somewhat lessen the *ardor urinæ*. I then put ten grains of *Nitrate of Uranium* in half an ounce of distilled water, and ordered him to take ten drops four times a day.

"The second night after commencing the remedy he was obliged to get up to urinate but once, and during the day the urine was much less in quantity. Improvement progressed steadily for a week, at which time the secretion had become nearly normal, and his general health was much improved. For the debility and some genital weakness I gave *P'hos-ac.* 1, six drops three times a day, and six pellets of *Nux* 3, at night, and continued the *Uranium* twice a day. At the ex-

piration of three weeks he reported himself well, as well as he had been for many years."

Case III. also presented the characteristic symptoms of true diabetes. He was completely impotent. *Nitrate of Uranium*, in the second decimal trituration, was given three times a day. Improvement commenced immediately, and continued until the urine became nearly normal in quantity, and the symptoms in general were much ameliorated. One dose of the remedy was then given every evening, and he was given *Phos.-ac.*, first decimal dilution, ten drops every six hours. Under its use the general and local debility was in time removed. (*British Journal of Homœopathy.*)

ARTICLE XXIV. *Camphor in the Treatment of Cholera.*—
By Dr. BAYES.

IN his preface, Dr. Rubini says, that he wishes to "impress on the mind of every one the assurance that cholera is readily curable by one single remedy, provided it is administered in the earliest stage of the invasion of the disease. This most simple remedy is the *saturated alcoholic spirit of Camphor*. If a man will only provide himself with this remedy, and carry it about him when he leaves his house, he may thus quietly and securely go about his affairs and fear nothing. The rapid cure, in a few hours, wrought by me in 377 cases, without a single death, has firmly convinced me that *Camphor* is the specific against cholera, and that it will, with certainty, cure the disease. This experience gives me the right to affirm that this malady is little to be feared."

The author then proceeds to point out that cholera has yielded to no other remedy, and that it kills 70 out of every 100 patients attacked when they are subjected to the ordinary treatment, or rather by the conflicting treatments, adopted by the allopathic schools. He further shows that cholera kills 10 out of every 100 patients even when treated by homœopathic physicians, if they trust to any other remedy than *Camphor* alone. He claims *Camphor*, then, as the *sole specific against cholera*. "HAHNEMANN," he says, "first pro-

posed *Camphor*, and he and all the homœopathists who have since recommended its use, assert that *Camphor* corresponds with the stage of *invasion* alone; but that, on the appearance of the vomiting and diarrhœa, we must prescribe other medicines to check the progress of the disease, and finally to cure it. My own experience has led me, on the other hand, to know that *Camphor preserves from and cures this otherwise lethal disease throughout all its stages, and the documentary evidence which I have annexed proves the truth of my views.*"

"Resting solely upon facts, I assert that the cholera observed by me in 1854-55 was not absolutely contagious; that *Camphor* is a *certain specific* as a *preservative* against the invasion of the disease; and that it *cures it* during the *early* and during all the *successive stages*, and fosters the force of reaction which nature places in man."

Dr. RUBINI proceeds to divide his method into three parts.

1. The process of preparing the spirits of *Camphor*.
2. The method of prescribing it as a preventive agent.
3. The mode of administering it as a curative agent.

Dr. RUBINI thinks that the reason why *Camphor* has proved of less service in the hands of other physicians than it has done in his, is from the insufficient strength of the spirits of *Camphor* in ordinary use. He says that the spirits of wine of commerce is very seldom sufficiently pure for the preparation of homœopathic medicines, and advises that it should be re-distilled until it is of sufficient strength and purity to dissolve and hold in solution its own weight of *Camphor*. This forms the completely *saturated spirits of Camphor* advised by Dr. Rubini. A pound of *alcohol* should be distilled till it is so much over-proof as to dissolve a pound of *Camphor*.* All weaker *spirits of Camphor* Dr. Rubini thinks of little or no service. Hence the ordinary spirits of *Camphor* of the London Pharmacopœia or that of our Homœopathic Pharmacopœia (which contains one part of *Camphor* in five parts of spirits of wine), he considers worthless.

* Mr. Capper, the homœopathic chemist in Bath, has kindly made the experiment, and finds that a spirit of wine, 60 degrees over-proof, will dissolve and hold in solution its own weight in *Camphor*.

2. "*The preventive method.* When this scourge of epidemic cholera is in any locality, let those who are in good health (while living in accordance with their usual habits) take every day five drops of the *saturated spirits of Camphor* upon a small lump of sugar, and repeat the dose three or four times a day. Let them avoid spices, aromatic herbs, coffee, tea, spirituous liquors, strong perfumes, medicated tooth powder, &c. By these simple means many families were preserved from cholera, and many of my friends and patients both in the city and surrounding country. I had few casualties to visit in my private practice, which is very extensive."

3. "*The curative method.* Two or three doses of *saturated spirits of Camphor*, of five drops each, administered every quarter of an hour, sufficed for a speedy cure."

Dr. Rubini was twice attacked himself, owing to excessive fatigue and depression, and very speedily cured himself by these means. The sudden invasion of the disease (when a man is over-fatigued, or over-excited, or depressed in cholera times) renders it desirable that every one should carry about with him a few pieces of loaf sugar and a little bottle of the *Camphor*, so that he may take a dose whenever he gets a *qualm* or pain at the pit of the stomach.

"When a man is seized with cholera, he should at once lie down, be well wrapped up in blankets, and take every five minutes four drops of the saturated tincture of *Camphor*. In very severe cases, the dose ought to be increased to from five to twenty drops every five minutes. In the case of a man of advanced age, accustomed to take wine and spirits, where the drug given in drops had no effect, give a small coffee-spoonful every five minutes, and in a short time the coveted reaction will occur. Ordinarily in two, three or four hours the reactionary fever will set in, with abundant perspiration, and then cure will follow."

"By these simple means alone, 200 cholera patients were cured in the Royal Alms-house in 1854. Of these 15 were especially severe cases, but I did not lose one. All the 200 were saved from the scythe of death and quickly cured. By these simple means alone, in 1855, 11 infirm persons in the Royal Poor-house, and 166 soldiers of the 3d Swiss Regiment,

were very speedily cured. *The first 17 cholera patients in this regiment sent to the Military Hospital of Trinita were treated allopathically, and 15 out of the 17 died. The 166 treated by Camphor in the infirmary of the regiment were all cured.*"

"Of these patients many suffered, for a longer or shorter time, with *bilious diarrhœa*; but one or two doses a day, of two drops of saturated tincture of *Camphor*, sufficed to cure this unpleasant symptom."

"Some also had relapses from abuse of food or other causes, but *Camphor* completed their cure."

Dr. RUBINI allowed his patients to drink cold water in small quantities at short intervals. Then, when the reactionary fever passed off, he allowed a little light broth and farinaceous diet to restore the strength.

Dr. RUBINI meets the objection that has been raised by some, that so large doses of *Camphor*, as those used by him, are not *homœopathic*, by pointing out that all medicines prescribed upon the *law of similars* are homœopathic, no matter what dose is used. He shows that a disease of an extremely acute and transient character, such as cholera, is to be met *homœopathically* by a remedy whose action also is very powerful and very evanescent.

After such extremely large doses of *Camphor*, some unpleasant symptoms occasionally remain; these may be speedily removed by a cup of black coffee, or a few drops of tincture of *Opium*.

The pamphlet concludes with the publication of certain documents, signed by the authorities, in confirmation of Dr. Rubini's statement, that the 377 cases treated by him were true cases of cholera. The following is a translation:—

No. 1.

GENERAL ADMINISTRATION OF THE ROYAL ALMS-HOUSE, AND OF THE HOSPICE, AND OF THE UNITED ESTABLISHMENTS.

I, the undersigned Commandant of the above-named Hospice, hereby certify, that of the body of men placed under my care, composed of 1268 individuals of every age, from the 27th of last July (1854) to the present time, there were 200

individuals attacked by the prevailing disease of cholera; of these there were 15 in whom the disease was terribly severe, who, although they had passed into the last stage, were all perfectly cured by the treatment by *Camphor* alone, suggested to me by the homœopathic professor, Dr. Rocco Rubini; there was not a single case of death.

I further certify, that Dr. RUBINI not only daily visited those that were attacked, but that when his aid was often sought hurriedly, even during the night, he gave his immediate attention, and all this he afforded *gratuitously*. In proof of the above statements, I give these presents.

Naples, September 11th, 1854.

V. B.

Il Generale Governatore,
PUCCI.
(Here is the seal.)

Il Maggiore Commandante,
NICOLA FORNI.
(Here is the seal.)

No. 2.

GENERAL ADMINISTRATION OF THE ROYAL ALMS-HOUSE, AND OF THE HOSPICE, AND OF THE UNITED ESTABLISHMENTS.

I, the undersigned Commandant of the above-named House, hereby certify, that by the help of the homœopathic method of cure with the *saturated spirit of Camphor*, prescribed by Dr. Rocco Rubini, eleven individuals were rescued from the cholera epidemic just ceased, which, during the months of September, October, and November appeared in the Establishment for the male sex, and of these none died. In corroboration of which I give these presents for the use of those interested.

Naples, February 10th, 1856.

Visto il Generale Governatore,
PUCCI.
(Here is the seal.)

Il Capitano Commandante,
CARLO SODERO.
(Here is the seal.)

No. 3.

GENERAL ADMINISTRATION OF THE ROYAL ALMS-HOUSE, AND OF THE HOSPICE AND REUNITED ESTABLISHMENTS.

General Secretariat, Naples, Sept. 30th, 1855.

SIR,—The generous assistance so prodigally bestowed by yourself, from sentiments of the purest philanthropy, to the male inmates of the Royal House during the invasion of the

cholera, constitutes a trophy of glory that will not be overlooked by the Author of our being, and the whole force of human praise is wholly inefficacious for its amplification.

So often as it has pleased the Supreme Ruler of the Universe to crown with the happiest results your christian charity, in not having permitted that any one of the two hundred patients under your care should have succumbed to the disease, to me, to whom is committed the care of this recluse family whom I represent, there only remains the duty to present to you this attestation of the sentiment of gratitude in the name and on the part of this same family, and to manifest to you on my side the sentiments of my highest consideration.

To Dr. ROCCO RUBINI,
Professor of Homœopathic
Medicine, Naples.

General-Commandante,
FILIPPO RUCCI.

No. 4.

COMMAND OF THE SWISS REGIMENT OF WOLFF, No. 3.

No. 1149.

Naples, Nov. 2d, 1855.

SIR,—When several cases of cholera, some of which were very severe, manifested themselves among the soldiers of my regiment, I expressed to Canon Schwertfeger, my chaplain, my desire to make your acquaintance, in order to request you kindly to visit the invalids in the quarters of my regiment, and to treat them in accordance with your highly reputed method. You, sir, had the goodness to attend to my request, and to come *gratuitously* every day to treat those of my poor soldiers who were sick of the cholera.

God, the remunerator of charity, has crowned your every labor with full success. All my sick soldiers recovered, and so also did Knüssli of the second Cacciatori, of whose recovery little hope was entertained; he now feels himself in perfect convalescence. Therefore, not wishing to trespass on your valuable time, I write to beg that you will not further inconvenience yourself to come now every day to the quarters; but if this disease should again show itself, I shall then again request your most effectual and admirable assistance for the soldiers dependent on me.

Receive this document, sir, as a certificate of service rendered, and as an attestation of my great esteem and gratitude.

To Dr. RUBINI.

Colonel,
EDUARDO WOLFF.
(Here is the seal.)

No. 5 being merely a private note of thanks, accompanying the following statistical statement, we omit.

No. 6.

THIRD SWISS REGIMENT OF WOLFF.

A detailed statement of the individuals of the above-named regiment treated in the hospital, as shown in the margin and in the Infirmary of the regiment, during the cholera beginning on September 30, 1855.

(Here follow the names of 183 soldiers attacked by cholera.)
Naples, December, 1855.

Colonel Commanding
the Regiment,
EDUARDO WOLFF.

Among the above-mentioned 183 individuals noted in the present list as struck down with cholera, 17 were sent into the *Military Hospital of the Trinity, of whom only two had the good fortune to recover.*

The remainder then were treated in the Infirmary of the Corps by the homœopathic method of Dr. Rubini, that is to say, with the *saturated alcoholic tincture of Camphor*, who were all suffering, more or less severely, with this disease, and were all cured. Among the number I would specially mark Knüssli Gaspare (page 2, line 20), who not only passed through every stage of this disease, but, in addition, suffered from typhus, and who, nevertheless, was perfectly cured by this method, and remains in a perfect state of health.

In proof of the truth of these statements, I give these presents, hoping they may prove of service.

Naples, Dec. 16, 1855.

The Colonel Commandant
of the Regiment,
EDUARDO WOLFF.

(Here is the seal.)

On the last page of the pamphlet is a tabular statement, showing that four other physicians, who adopted this method,

met with equal success. Dr. Sabatini treated 27 cases; Dr. Salutanzi, 56; Dr. Spiteli, 80; Dr. Ricci, 1; and every case was cured.

We have deemed it our duty to place this method of treatment of *cholera by Camphor alone*, its numerical results, and the corroborative testimony by which these results are verified, fully before the English members of our profession.* It will also be remembered, that in addition to the 541 cases treated during the years 1854-5, Dr. Rubini has treated 51 during 1865 with an equally brilliant result.

We think that the evidence here adduced, including as it does five hundred and ninety-two cases, all of which recovered, and resting upon such unexceptionable testimony, has a sufficiently wide basis to justify our repeating the treatment experimentally, if the cholera, which now threatens us, should become epidemic. The treatment here proposed has the advantage of extreme simplicity, ease of application, and of perfect safety. (*The Monthly Hom. Review.*)

ARTICLE XXV.—*Cholera.* By Dr. JOHN DAVIES, of Chicago, Ill. Presented before the Cook Co. Medical Society of Chicago.

FROM the year 1817, when it slew by thousands the inhabitants of India, to its invasion of Europe in three terrible attacks, by which 70,000 died without warning or treatment, other than useless, to the time when it scourged this country in '32 and '54, the most memorable epochs of mortality known to the profession, we are still in the dark as to its specific nature.

* A very short notice of Dr. Rubini's method appeared in the *Annals* of the Homeopathic Society, December, 1865. In the discussion which followed, Dr. Vernon Bell bore his own personal testimony to the high professional and moral worth of Dr. Rubini, and expressed his own most perfect faith in the exactitude and integrity of the statements contained in his pamphlet. To those who feel interested in the subject, we would recommend a careful perusal of the discussion as reported in the *Annals*, to which the short statement of Dr. Rubini's success against the cholera, with *Camphor alone* gave rise.

The high degree of the barometer, the absence of ozone, the want of electricity in the atmosphere, have been the more common modes of predicting its arrival. Coming up out of the filth and debris of slaughtered animals, and unclean habits of the pilgrims at Mecca, it has spread upon the wings of the wind from the shores of Asia, to the seaboard of the Atlantic.

What is the nature of this epidemic? Is it an organic poison, or does it consist in immateriality, the result of the correlation of forces, which, has not yet been satisfactorily determined? Its special form, weight, color, quality, still remain an open field for research; and as the world is indebted to our school of therapeutics in the distinguished person of Hahnemann, for making known the deleterious effects of poisonous doses of medicine, and per contra, the power of remedies when administered according to the law of similia, also to Dr. Chapman, of England, one of the most eminent in our ranks, for the discovery of a more scientific and healthier process of raising flour by a homœopathic dose of Carbonic-acid gas, so may the mantle of discovery fall upon some present or future student of our school to detect the *ferment* which produces cholera and its antidote.

Is it portable or contagious in its nature? is the next question, and, I am inclined to believe it is neither; but, that, finding favorable conditions to develop itself, it acts by a catalytic force, changing what otherwise would be healthy tissue into a moribund condition. As in influenza, or intermittent fever, those persons who from debility, or other predisposing causes, live in an atmosphere poisoned with miasmatic exhalations, are sure to be the victims of said disease, so those who from intemperance, poverty, uncleanness, and over-work, exhaust their vitality, will be the first to be attacked by this epidemic.

To illustrate: I was called last week to see a patient in a healthy locality, who had been conveyed thither from the railroad cars. I prescribed for him before he left home. He then had a vitiated condition of the digestive organs; his system had been over-taxed. When I saw him, he presented all the symptoms of true Asiatic cholera. The friends, being somewhat incredulous in reference to homœopathy, an allopathic

physician was called; he prescribed, and the patient died. The lady of the house was greatly alarmed, the room was filled with attendants, was not disinfected, it was small, the locality where the patient died was in a miserable sanitary condition. Up to this day, not an individual has had it, or to my knowledge communicated it to others. It is true, you may say, this is an isolated instance, but, frequently, may this be observed. The parties who visited the house and were in attendance upon the patient, did not contract the disease, or convey it to others, whilst those living in the immediate neighborhood, suffered from its attacks.

In another case I found my patient lying on his back, cold, cramped, and presenting a cadaverous expression; I prescribed Veratrum and Camphora with brandy and mustard. Called on my third visit, and supposed he would not recover. On the fourth visit, was glad to find an improvement under the use of Arsenicum, Camphora, and Veratrum, which were given in water every half hour. The next day, he was able to partake of a little beef-tea, and in a few days was completely restored. I ordered disinfectants to be used about the premises, not to destroy the contagion, but to neutralize the miasm, which, for want of sunlight, air, and food, had predisposed the family to this, or any other disease prevalent at this season of the year.

Bricka says that in the cholera epidemic in Denmark during 1833, that it lasted from June 11th to October 13th. The total number of cases was 7219, deaths 4737, and, that the disease *was not* severest in those parts of the town of Copenhagen, whose sanitary condition was the worst. The very young, and very old, when attacked, almost always died. In many cases there was no premonitory diarrhœa. It is also recorded that on one of the banks of the Ganges, when cholera prevailed to an alarming extent, the inhabitants who were not attacked, and those who were convalescing, having been removed to the opposite side, were completely protected from its virulence. Therefore, I argue, that the affirmative of the hypothesis is the more to be relied on than the negative.

Its symptoms, I think, justify this position. What are they, diarrhœa of a rice-water character is one of the first and truest symptoms, if it is present, though diarrhœa may be entirely

wanting. Cramps of the gastrocnemii, and of other muscles of the body. Vomiting of fluids, without effort, resembling that passing from the bowels. In all that passes from the system at the time, there is no bile, whilst in the ejection of cholera morbus there is; urine is suppressed, cold extremities; cadaverous expression of countenance; utter indifference to everything—intellect, notwithstanding, tolerably clear; skin shriveled, and when the collapsed stage is apparent there is, blueness of the skin; involuntary discharges; pulse scarcely perceptible at the wrist; breath cold, and action of the heart extremely feeble and fluttering.

The pathology of this disease is striking, the blood is thick and tarry in the veins; intestinal villi greatly enlarged, the mucous membrane of the alimentary canal is covered with white scales on a dark red base; the bladder contracted to very diminutive proportions; and as you have all heard the wonderful stories of persons dying of cholera, and hours after beginning to show signs of life, the cause of which is due to the spasmodic twitching and movements of the muscles, but without the *vis vita*.

THE TREATMENT.—According to allopathic literature, it is to use a vulgar phrase, “considerably mixed.” Toulman believes that all metamorphosis of tissue is arrested in consequence of absolute cessation of circulation of blood, so that no medicine can be absorbed and become active. Hence he recommends that the patient be packed in wet sheets, and allowed to drink water freely. This in the collapsed stage. Sydenham’s remedy, antiquated as it is, is the sheet-anchor, for the majority of those who follow authorities, instead of divining newer and better remedies—Opium, Camphora, Rheum, and Acetate of Morphia. It seems to have been issued near the Vatican, of late through a Dr. Hamlin.

It will often be placed before you for your approval or condemnation, as it has been in the public prints; but it should be invariably put in the same category as Mrs. Winslow’s soothing syrup. The practical matter for us to arrive at, is to demonstrate the efficacy of our invaluable polychrests. In very many instances that have come under my notice of late, I have invariably found that this specific of Hamlin’s has

proved more of an irritant than a curative agent, by those who have taken it for the diarrhœa, according to directions.

First, I mention, *Arsenicum* for the diarrhœa preceding and following up the attack. The first decimal dilution, ten drops in a half glass of water, a teaspoonful every hour; especially is this indicated if great thirst and emaciation is present. This drug being isomorphous in its character and its pathogenesis similar to the condition which cholera produces, we obtain the very best results from its use, where we have general rapid sinking of strength; sunken countenance; tongue coated white; violent thirst; excessive vomiting; suppression of the secretion of urine. Also the pathological effects of this drug, in those who have been poisoned by it, determine its therapeutic value. The mummy-like appearances of the body some days after death, as though it had been preserved from putrefaction, and in some cases there is no livid appearance of the skin, though it is found parched and dried. And again we have another morbid appearance from poisoning with this drug which bears a close analogy to cholera phenomena.

Veratrum.—The same potency and manner of administering it. The coldness, vomiting, frequent rice-water discharges, with a pinched expression of countenance.

Cuprum—of the same strength, if cramps, cutting, griping pains, with blueness of the skin. This remedy in alternation with *Carbo-veg.*, for a resumé of which I must refer to the provings of these drugs.

Campher—stands prominent, as being a complete photograph of cholera. I can only allude to its action, which is so extensive, that it requires to be thoroughly studied. A synopsis of this drug is ably set forth in the last number of the *United States Journal*.

Phosphoric-acid.—According to Trinks, this is one of the principal remedies in the states of debility, and according to Drysdale, is indicated where there is a tossing of the head, fulness and rapidity of the pulse; frequent sighing; marked stupor, with contraction of the pupils; moist and furred tongue; some delirium, and yellowish diarrhœa, also when there were whitish, watery motions, vomiting every hour; white tongue, quick pulse, pale face, sunken eyes, and warm

skin, also when there was restless tossing, stupor, sunken features, frequent sighing, and yellowish diarrhœa. (*Hempel.*)

The rapid or sudden decay of the body accords with the pathology of proving by *Arsenicum*. The heart becomes soft, the lungs filled with a putrid fluid, the kidneys ditto, the brain matter papaceous, all the muscles of the body discolored, and hastening to decomposition, the osseous tissue easily separated.

I might mention others, such as *Carbo-veg.*, *Nux*, *Secale*, *Ipecac.*, &c., all of which are of great value, but the above being the leading remedies, I pass over to refer you to the external applications which consist of the usual agents mustard, hot water, and ice. My patients got well with a diet of beef tea, arrow root, and brandy, given in moderate quantities, and at frequent intervals.

ARTICLE XXVI.—*Lobelia-Inflata, its supposed Chronic Effects.*

Read before the Cook Co. Hom. Med. Society by T. CATION DUNCAN, M.D., Secretary.

I WAS summoned, April 30th, at 9, P. M., to see a Miss H—, who was said to be in a fit. I found her propped up in bed, laboring under great orthopnea. The *alæ nasi* were distended; pupils dilated; conjunctiva congested, with much photophobia. She was breathing by short catches, until the lungs would become so collapsed that a deep inspiration was necessary to maintain life; taking this would occasion great agony. The pain seemed to be in or about the region of the diaphragm. Aphonia; but she whispered with great difficulty, referring all her pain to her right side, back, and head; great throbbing of the temporal arteries; tongue pale; pulse weak, slow at times, again hurried, varying from 80 to 110 beats in the minute. She was oblivious to all that was passing around her.

I prescribed *Bell.* 3, and *Nux* 3, five drops in two half tumblers of water, and ordered a teaspoonful to be given, alternately, every half hour, until there was a mitigation of the symptoms, then at longer intervals.

Next morning found her better, but very weak indeed; pain in the side, back, and head much less. Learned that in

about two hours she became easier, and with a book placed at her back (the eighth dorsal vertebra), where she complained of great pain, she soon fell asleep. I learned she also had amenorrhœa of three months' duration; leucorrhœa; dysuria and a hacking cough, with some expectoration in the morning.

I kept her on the above remedies and she speedily improved. Being near the menstrual period, I put her upon *Puls.* and had the satisfaction of causing the menses to appear, with also the disappearance of the leucorrhœa. The use of *Canth.* caused the dysuria to disappear.

Her employment being light she rapidly improved. Her cough grew less; appetite better, and she was improved in every way. Her lungs are sound.

Aug. 11, called again to see her. She had been at very heavy work for about a month.

This time I found her very feeble; cannot sit up; some dyspnœa; severe pain in right side of neck, which shoots up into the head; right side of neck somewhat swollen; pain in the whole length of the spinal column, especially in dorsal and lumbar regions; dysuria; urine high colored and scanty; diarrhœa; no appetite; some thirst; had been chilly in the forenoon, but is now (9, P. M.) quite feverish; pulse small and quick (120); tongue coated white, large and flabby, showing the marks of the teeth, had some ptyalism for a few days previous; great muscular soreness.

Prescribed *Bell.* 4, and *Ars.* 3, every hour, with cold water cloths to the neck and head.

13th. Diarrhœa stopped; tongue red and much smaller; dysuria gone; complains of great muscular soreness of the whole body; but little fever or chill to-day, other symptoms about the same.

Prescribed *Bell.* 4, and *Arn.* 2, with stimulants.

15th. Headache not so severe; right side of neck not so much swollen; she now complained of the left side. Losing strength rapidly. Menses appeared to-day. Continued treatment with extra stimulants.

17th. Had a chill about 10, A. M., which lasted for about an hour, followed by fever. Head aches severely, especially at the occiput; neck, both sides, much swollen and very sensi-

tive to the touch; pain in the right shoulder and side, opposite the solar plexus, which darts up the spine into the head, causing great agony and dyspnoea; but little pain below the waist.

The nervous system seems sore to the touch, especially the optic nerve, causing great photophobia; extreme sensitiveness to the least noise of the aural nerves; the superficial extremities of the fifth pair; the median; the ulnar, and in fact of the whole nervous tissue.

Prescribed *Bell.* 4, and *Ars.* 3. No stimulants of any kind allowed, for I felt satisfied that they were doing injury. Ordered ice upon the head, eyes, and neck.

18th. Slept but little last night, then, only, when ice was freely applied to the head. Had two chills to-day, one at 10, A. M., and the other at 4, P. M., each lasting about an hour, followed by fever, the last one by a little sweat. Her neck is very badly swollen, red and sensitive; the temples throb violently, and are the seat of great pain; intense photophobia; the eyeballs "full like fire, and as if some person was trying to pull them out of my head;" does not feel the pain in the side, but the pain in the back darts up into the head along the neck, causing excruciating pain, terminating deep into the head; she says, the middle of the head, just behind the eyes, and into these organs; throbbing at the occiput; cannot move the hands or any part of the body for pain; cannot stir the right arm, as it is numb; tongue looks nearly natural; pulse wiry; face flushed.

Prescribed *Bell.* 1, and *Nux* 2, every half hour. Beef-tea as nourishment. Plenty of ice to head and neck.

19th. A little change for the better; right arm can be used a little, but now the left one is numb; no chills and but little fever to-day.

Continued treatment, with plenty of beef-tea.

20th.—Still better; can move head by the assistance of her hands; less pain in the head; feels more of it in the back, with dyspnoea.

Continued treatment. Medicine every hour.

30th.—Able to walk around a little. Appetite returning; no thirst; still much pain in back and head. Recovering slowly, still very feeble. Pulse 80.

Same remedies every two hours.

Sept. 11th —Gone into the country. Some pain still in back and head.

Ordered a six months' furlough.

She is about twenty-six years of age, rather below the medium height. The muscular and osseous systems are pretty well developed, the nervous largely. She is obliged to work for a livelihood.

I learn that she has had a good many such attacks similar to the first one for which I was called. About five years ago her father was confined to his bed in the last stage of consumption, he lingered two long years, and she was his constant attendant; during the last year of his life she was rendered very weak by her protracted vigils; one night after extra exertion, when passing out of the room, she fell and went into a tonic spasm, every muscle was tense. They worked over her long before they brought her out of it, giving her, she said, about a pint of the tincture of *Lobelia* (except what they spilled). The next one she had was similar to the first one in which I saw her.

From that time, every time she would work, she would feel languid, then be taken with cramps in the stomach; great orthopnea: great pain in the back, dorsal region, and side. This would last from six to twenty-four hours, when she would be easier, but very prostrate, in a few days; however she could be at work again. During the last three years she has had a good many similar attacks. Her appetite was vicarious; she has lived on stimulants principally, such as *tea* and *ale*, has taken some *Morphine*.

Her reference to *Lobelia*, and my own vivid recollection of its action, led me to turn to the pathogenesis of this drug, furnished us by Drs. Noack and associates, Jeanes, Williamson and others, and cases of poisoning from various sources.

I was surprised to note the similarity of the symptoms of her attacks and those of this drug.

I further learned that her father was a full fledged *botanic* physician.

During childhood, she was not very rugged, and in every illness *Lobelia* was her remedy, until she became so prostrated

by its action, that she could no longer take it. She said, "every time I took it, it caused my stomach to cramp, had to catch for breath, and would so prostrate me that I would be several days before I would get over it, it left my back and stomach very weak."

It affected her worse and worse every time she took it. After refusing to take it, she grew rapidly and became well developed. At the age of eighteen weighing 120 pounds.

Whether *Lobelia* is the cause of all this, is more than I can decide, but the circumstantial evidence against it is truly very great, the assertion of many to the contrary notwithstanding.

How such a powerful drug can act on the system and not leave its "mark" I cannot see.

The prompt action of *Nux*, its most powerful antidote, although the symptoms were so marked as those of *Bell.*, adds additional testimony.

To my mind they stand as cause and effect.

ARTICLE XXVII.—*Clinical Observations.* By Dr. MAYRHOFER, in Nizza. Translated by S. Lilienthal, M.D.

LARYNGITIS CATARRHALIS ACUTA.—John S., twenty-two years old, good constitution and sanguine temperament, always enjoyed the best of health. On the 8th of January he enjoyed himself at a large dinner party, partook freely of different wines, also Champagne, and regaled the company by several songs. He went home at three o'clock in the morning; the night was bitter cold. On the morning of the 9th he complained of chilliness, followed by heat and raw hoarse cough; fever and cough increased during the night, and his breathing got greatly oppressed. On the morning of the 10th I found the patient in high fever; pulse 100, full and hard; skin burning hot and dry; face red, with anxious expression, the eyes shining, lips slightly bluish. Patient spoke with hardly any voice. Breathing troublesome; inspiration whistling, with a feeling of constriction in throat. Great thirst; some headache; a feeling of dryness and burning in throat with painful and difficult deglutition; burning

pain in larynx, aggravated by pressure or speaking. Patient shows the greatest anxiety, being afraid of choking; throws himself about in his bed, in order to find a place where he could breathe easier. Cough very frequent, hoarse and dry, repeating itself in half hourly spasmodic attacks; as those energetic expirations through the diminished glottis compressed the contents of the chest, the jugular veins are hindered of emptying themselves, and cyanosis follows. With the beginning of those cough paroxysms, the want of breath increases to the utmost; patient tries to jump out of bed; wants all the windows open, and grasps any object for support, in order to employ all muscles of respiration; he pulls at his larynx, as if he could by so doing remove the obstacle to his breathing; inspiration prolonged, whistling; every feature expressed the deepest anxiety and fear, and his forehead was covered with cold sweat. Those paroxysms lasted from four to five minutes, after which our patient was perfectly exhausted. Pharynx and epiglottis are reddened, tonsils swollen, tongue white with yellow coating, moist toward the root. Urine dark-red and scanty. Chest and abdomen nothing abnormal. Ordered: Aconite 2, a drop every twenty minutes, till the skin begins to get soft.

11th. About two hours after the first dose of Aconite, profuse perspiration broke out, with great alleviation of all the symptoms; cough less and breathing easier; inspiration ceased to be whistling; and patient slept from midnight till two o'clock in the morning, when another, but lighter, paroxysm woke him up. Cough less dry, and towards morning he expectorates greenish, half-transparent mucus. Deglutition easier. Pulse 80, soft: skin moist; urine scant with red sediment, which dissolves by heat.

Ordered: Merc.-sol, 3, gr. iij. solve in aqua dest. zvi. Every two hours a tablespoonful.

12th. Aphonia passes off, but the hoarseness remains; throat less inflamed; cough moist with yellow expectoration. Continue the medicine.

13th. Voice clear again. Cough rare, produced only by prolonged speaking or laughing.

The excessive use of spirituous liquors, the great labor of

the vocal chords, as well as the great change of temperature from a heated room to a temperature below the freezing point, produced in this patient such an extreme laryngitis as we seldom see in a grown person, except in œdema glottidis. The pons respiratoria of the glottis allows, even by considerable swelling of the mucous membrane, air enough to keep up the burning process of the lungs; indeed, there are plenty of cases of fatal diphtheritis laryngealis without any dyspnœa. (Trousseau.) In small children the anatomic disposition of the glottis is different from that of grown persons: with the first the lips of the vocal chords close up, and the glottis therefore does not form a triangular open space, as in grown persons. It happens, therefore, frequently, that light catarrhal affections of the larynx produce symptoms in children, which are often taken for croup. The continuous dyspnœa in our patient can therefore be only explained by a serous infiltration of the cellular tissue below the mucous membrane; whereas the difficult deglutition was caused by the swelled tonsils and the sensitiveness of the larynx. The paroxysms of cough and suffocation were reflex symptoms, caused by the irritation produced by the inflamed mucous membrane on the nerv. laryn. sup.

Since Hahnemann, Aconite is our antiphlogistic par excellence; but it has been used mostly quite empirically. The Vienna provers tried to analyse the pathogenetic results of Aconite from a physiological standpoint, and Gerstel showed its influence on the sympathicus. Up to 1852 we knew only that arteries contract and the pulse gets depressed through an irritation of the sympathicus. In that year (March 29), Claude Bernard showed, that, after dividing the neck part of it, all parts which are supplied by the cut nerve, show an increased temperature, and Brown Séquard proved clearly, that this increased temperature is only the consequence of flabbiness of the blood-vessels and an increased flow of blood to the organs. The influence of the sympathicus on blood-vessels may be thus summed up:

1. After dividing the sympathicus on the neck, we find an increased heat in all organs supplied by it.
2. The cause of this increased temperature is the flabbi-

ness and expansion of the arteries and in consequence of it

3. The increased flow of blood in them.

4. The hydrostatic pressure in the vessels in the wounded side is greater than in the sound one by unchanged power of contraction in the heart.

5. Blood, taken from an artery, freed from the influence of the sympathicus, has a higher temperature, as vice versa.

6. By putting the head part of the divided nerve under the influence of electricity, we get the contrary result of the division; the vessels shorten and get narrower, the tissues pale, the pulse vanishes, and the temperature sinks below the normal state.

7. The increased temperature, the expansion of the vessels, and the quickened circulation give us all the characteristics of rush of blood and congestion, but not yet of inflammation.

8. A congestion turns into an inflammation and suppuration, when the animal gets weakened by hunger or other operations.

These facts upset all former theories about fever and inflammation, for, a frequent pulse, heat, congestion, and inflammation are not, as supposed to be, results of irritation in the arteries, but on the contrary of paralysis.

Among the remedies of our *materia medica*, we find in Aconite an article, which, taken in large doses, exerts in a healthy human body the same influence on the blood-vessels as the division of the nerve on the neck in animals, whereas Aconite in small doses produces a contrary effect; or in other words, Aconite in small doses shows the same effect on the weakened vessels, as the galvanic stream by irritation of the sympathicus.

In the beginning of a feverish disease, especially when produced by cold, Aconite is able to cut it short and prevent a morbid localization. But even when inflammation has already set in, Aconite will still moderate the fever and soften the skin, if given in quickly repeated doses. Persons with slow pulse and dry little perspiring skin, bear very well low dilutions; whereas nervous temperaments, weakly constitutions with small and quick pulse are more benefitted by higher dilutions (from the sixth upward).

We have already mentioned a catarrhal affection in children, frequently accompanied by attacks of suffocation. During the day those little patients show only symptoms of a slight irritation of the mucous membrane, the voice is more or less hoarse, the cough rough, barking; seldom fever; the children play mostly and are lively. In the night, after sleeping a few hours, they wake up suddenly from their sleep with all symptoms of a closed glottis; the inspirations are slow, whistling, and troubled; the greatest anxiety is expressed in their features, and the want of air makes them change their places continually. Such a paroxysm lasts only a few seconds or minutes, the children then go to sleep, and the regularity of their breathing as well as their clearness astonishes one after such a severe storm. Usually all the night now passes off easily, although there are cases where the paroxysm repeats itself in the same night.

Some explain these attacks as a reflex motion, produced by the irritation which the mucous membrane exerts on the nerves of the larynx; others supposed it was caused by a sudden swelling of the mucous membrane, as is the case with the schneiderian membrane in coryza. We believe it was caused by the accumulation and thickening of tough slime in the larynx during sleep; for those attacks happen only after a few hours sleep, and pass off as quickly by change of locality or crying. Ipecacuanha ʒ, always helped us to prevent further attacks. This remedy is generally of great use in catarrhal states of the laryngo-bronchial mucous membrane in children, especially when accompanied by spasmodic cough and secretion of a tough mucus.

Pharyngo-Laryngitis Catarrhalis.—Madame B...ti, prima donna, suffered three years ago in Florence from spitting of blood and cough, obliging her to retire from the stage for a whole year. Nov., 1859, she got another severe cold in Nizza, but was obliged to attend rehearsals in spite of the irritated state of her throat, resulting in great hoarseness and impossibility of appearing in her roles. *Status præsens*:—the lady is of tender constitution, nervous temperament, black hair, pale skin and well formed thorax. The voice is hoarse and perfectly unable to give a pure note; patient complains

of difficulty of swallowing and of a feeling as if the larynx were swollen and enlarged; pressure of the ligamentum cricothyroideum produces pain; a light cough produces expectoration of small lumps of a greenish mucus; speaking makes tickling in larynx and slight paroxysm of cough. A local examination shows the pharyngeal arcs and the pharynx inflamed; the tonsils swollen, and the uvula elongated; the whole throat shows varicose vessels, and is covered by greenish-white layers of mucus. Below the left clavicle, between the first and second rib percussion gives an empty sound about the size of a dollar; on the same spot auscultation reveals absence of vesicular murmur, rough inspiration and prolonged respiration; nowhere else, can either dry nor moist ronchi be heard. Hands cold; skin moist with inclination to perspiration on the back; pulse 80, small and weak. Digestive organs in good order. Patient was anxious to fulfil her engagement very soon. Every visit was forbidden and light nourishing diet ordered. On account of hoarseness and mucous secretion, we ordered:

B. Hepar-sulph. trit. 3, gr.j., tal. dos. No. 4, a powder every four hours. On the same evening her voice was already clearer; but going too soon on the boards, and exercising her voice entirely too much, a relapse took place and I was called again on 4th of January. She complained then of general malaise and inability to sing the higher notes in their purity. When she tries to do it, she feels a pressure of the larynx which takes her breath away; she has neither cough nor any other morbid sensation in the larynx; the voice is clear, but even speaking requires some labor. An examination of the fauces shows nothing abnormal, but the right thyroid gland is swollen, caused by the constant over-action of the respiratory muscles in an already generally weakened state. The effects of a protracted energetic expiration on the vena cava superior are too well known, not to explain easily the enlargement of this gland, so full of blood-vessels; the gland was soft and elastic, free from all induration; this swelling was also the cause of the pressure of the trachea, which the patient felt in striking certain notes. She received Spongia 3, a drop every two hours, and pale ale to her meals. Great

amelioration already by the 6th ; and the fair cantatrice had full power over her voice. By continuing the use of her ale, she was able to fulfil her engagement during the whole winter. When her voice appeared to tire, a dose of *Causticum* set her all right again ; this remedy we have always used with quick and sure effect in professional singers, when by over-exertion their voice seemed to fail them.

Luigi L., consulted me on account of hoarseness in February, 1863. He is thirty years old, strong, broad shouldered, full breast, sanguine temperament. Has a baritone voice, but strained it in the higher registers, and was unable to sing for for the last six months.

Status Præsens.—The voice of the patient is covered, has neither metallic sound nor volume ; he vocalizes with purity some chest notes, but in trying higher notes, his voice gives out, or produces only harsh squeaking sounds. Has no pains or disagreeable sensations in the larynx or fauces, no cough nor expectoration. Examination with laryngoscope shows the false vocal ligaments swollen and flabby, and of a bluish-red color. In regular respiration the glottis forms an open split in the form of a trapezoid ; the vocal ligaments differ by their yellowish-white color from the surrounding pale-red mucous membrane ; a furrow on both sides of it indicates the morgagnian ventricles. Whereas those are in the usual physiological state bordered externally by the upper and false vocal ligaments, this is not the case with our patient ; the upper ligaments cover the morgagnian ventricles so far that even the glottis is partly hidden by them ; when he tries to produce higher notes, the edges of the false ligaments come close together, instead of leaving an empty space, and thus hinder the production of full and clear waves of sound. The general state of his health was always good ; never suffered from skin diseases ; and only from time to time he observed small hæmorrhoidal swellings in ano.

The overworking of the ligaments was here clearly the cause of their giving out, for in every other way he was the very picture of vigor and energy.

The question now arises, is this local muscular paralysis curable, and if so, by what remedies ? It is true, we have in

our materia medica a great many remedies which show in their pathogenesis a change or loss of voice, but always accompanied by symptoms of inflammatory or nervous origin, which were here wanting. I have therefore to select from that class of remedies which act directly on muscles and nerves, and considered for our case: Curare, Strychnine, and Kali-cyanuretum best indicated. Curare abolishes the vital qualities of the motor nerves; Strychnine destroys the actions of the sensible nervous filaments, and Cyankalium the elasticity of the muscular fibres. Strychnine was therefore excluded, as we had only to do with motory lesions. Treatment was begun with Cyankalium 0.6, two drops morning and evening. After a week, no amendment, although given in the 12th, 30th, and 3d dilutions. Curare, given in the the same way, led to no better results.

I now tried local faradization, which I had employed successfully in several cases of aphony. I followed the treatment indicated by Duchenne, and introduced the excitator of the pharynx, isolated by India-rubber, so far in the pharynx, that he touched the lower and back part of the larynx. The second moistened excitator was applied externally on the neck, over the crico-thyroid muscle, and setting the whole apparatus in motion, I gave the excitator of the pharynx such a turn, to bring the head of it in contact with the back wall of the larynx, moved it then up and down, to irritate immediately one after another the muscoli posteriores, crico-arytenoidei, arytenoidei and crico-thyroides. In the beginning only a very moderate intermittent stream was used with long pauses (one second), shortening them in such proportions, as the stream got stronger; the first seance did not last over six minutes. After the fifth application,—every second day lasting one minute longer,—the voice of our patient got clearer for a few minutes, after the tenth (never longer than ten minutes) his voice had regained its full volume and purity. Another laryngoscopic examination was now made, showing a normal position of the ligaments, and an absence of all pathological symptoms, but he was advised to keep quiet, and not to accept an engagement for six months yet. Now he sings again, in full possession of his voice, in the opera at Turin.

Every physician knows by this time the great value of the laryngoscope from a diagnostic as well as a therapeutic standpoint. Though we may give a good diagnosis in many laryngeal diseases without it, yet there are a great many cases, where without its application a clearer insight in the pathological state of the larynx would be impossible, and where we would have only the functional symptoms as our guide for therapeutics. But such a practice leads frequently into error, we mention only certain syphilitic and nervous diseases of the organs of speech, polypous excrescences, and frequently ulcers are found, where a simple catarrh was suspected. Nobody denies that there are difficulties in an examination with the laryngoscope, as vomituration, narrow fauces, a troublesome tongue, but especially inexperience of the observer; but patience and perseverance will lead to success. As proof, we give the following case:

Mrs. N., forty-nine years old, consulted me in February, 1863. She complained of a laryngo-bronchial catarrh, from which she suffered for four years, although she had used the bath of Ems and of Mont d'Or. She has two grown-up children; menses are quite regular; suffers frequently from migraine with nausea and vomiting, never had any other nervous symptoms.

Status Præsens.—Mrs. N. is of middle size, broad shouldered, well formed chest, nervous lymphatic temperament, with some inclination to obesity. She speaks very softly, not because she cannot speak loud, but because it produces severe titillating in the larynx with spasmodic cough and a feeling of constriction, and at the same time such a dryness and burning that she is forced to keep mute for hours, and has to use cold cloths around the neck to alleviate those painful sensations. Every pressure on the larynx, especially on the ligamento crico-thyroideum produces pain. Chest and abdomen normal. I tried several times to introduce the laryngoscope, but she could not govern her tongue, and I had to give it up for the present. Ordered: Phosphor. 6, gtt. iij. Aq. dist. ꝑvi, a desert-spoonful four times a day. Mornings and evenings milk instead of coffee or tea; fresh water for beverage; fresh air as much as possible.

On the 8th she felt worse. After every dose of medicine, increased burning and titillating, and the nights again sleepless. She had to write down all answers and keep perfect silence. After a few trials we succeeded in introducing the laryngoscope, and found: vivid redness of the laryngeal membranes; a superficial ulcer on the right vocal chord, going from the apophysis arytenoides to the centre. Ordered: Sach-lact.; hanging of wet clothes around the rooms.

15. Nights better; as symptoms decrease, she is more able to speak slowly.

20. *State the Same.*—R. Phos. 15 gtt. ij., aq. dist. ꝑvj morning and evening a spoonful.

30. Laryngoscope shows all hyperæmic symptoms gone; the ligaments yellowish-white; the mucous membrane pale-red. The place where the ulcer was shows a scar of a little darker color. Voice clear and full. Migraine very little. I met this patient the following summer, and she had had no return. (*Hirschel's Klinik.*)

(TO BE CONTINUED.)

ARTICLE XXVIII.—*Paralysis of the Œsophagus.* By S. LILIENTHAL, M.D., of New-York.

CASE 1.—A WEEDSPORT correspondent of the *Auburn Advertiser* writes:—"A strange case has just happened here, of a Mr. Amos Arnold, who was attacked with a strange disease, which paralyzed the organs of the throat and stomach. He was taken five weeks ago last Saturday, and had not swallowed a mouthful of nourishment of any kind up to the night of the 6th instant, when he died, being thirty-nine days without swallowing. This seems impossible, but Dr. Clarke, who attended him, said repeatedly, that it was impossible for him to swallow a particle. He had probably been kept alive for the past few days by Morphine being placed upon the tongue. (*New-York Evening Express, June 13, 1866.*)

CASE 2.—W. L., thirty-five years old, choleric temperament, enjoyed from childhood up the very best health. About Christmas, 1864, had bleeding per anum. There was not much pain in the bowels, but a frequent desire to evacuate

the bowels, although often he would not pass more than a tablespoonful of pure blood. Felt better when keeping quiet, as every motion increased the desire to move the bowels. This constant drain on his system began soon to tell on him, for he got weaker all the time. Hamamelis was the only medicine which benefited, and about June, 1865, he was to all appearance well again, and able to attend to all his affairs. About the last days of May, 1866, he was much exposed to the inclemencies of the weather, and on the the 31st of May, after bending down, was taken with vertigo, cold sweat, fullness and pressing pain on the left side of the head. He laid down on his lounge for a few minutes, fell asleep, and when he awoke, found that he could not swallow the least drop. The whole left side felt benumbed and cold. The cold feeling changed Sunday, June 3d, to the right side, and then disappeared there gradually. But the dysphagia remained; the left eye was injected and bloodshot, the upper eyelid half drooping over it; the eyeball looked less bright than the right eye. He complained of a feeling as if the left side of his head did not belong to him, with a cool wind running over it; cold milk felt hot on the left side, although natural on the right side; but as often as he tried to swallow anything, it returned through mouth and nose. And although the paralytic symptoms on his whole left side gradually improved, the impossibility to swallow remained unabated. Monday, June 4th, Dr. M. Baruch, the eminent high dilutionist, and certainly one of the most skillful physicians our city can boast of, was called on to treat this case. He prescribed Belladonna, and requested Drs. Burdick and Lilienthal to assist him in the regular application of the stomach-pump, but with direction to pump in instead of pumping out. After having drawn the tongue fully out, and kept it in situ with a cloth, a *full-sized* stomach tube was attached to a Davidson syringe, easily introduced in the stomach, and about a quart of milk and water thrown in. With pleasure, we recollect the grateful feelings of the patient, that that harrowing, gnawing feeling of thirst and hunger was at last appeased, for, although he kept water or milk continually in his mouth, it did not seem to quench his thirst. Regularly he

now got morning and evening a pint of strong beef-tea and a pint of milk, in which the yolks of two eggs and some brandy were mixed, washed down with a pint of water, and all set well on his stomach. Without the water he complained of thirst and burning. We tried to add farinaceous food, but the oat-meal gruel did not suit as well, and was therefore left off again. Bowels and urination regular and natural. Sleep good and refreshing. No more headache since he gets regularly nourished. As medicine, he took *Arnica*, the great absorbent, as Dr. Baruch called it, although showing no paralytic symptoms in the *materia medica pura*. The week passed without any amendment. Patient and friends lost their patience and requested consultation. Professor Guernsey, being called in, thought our regular feeding will support him to overcome after a while the disease. Several remedies, as mild electricity, *Nux-vomica*, and *Plumbum* were discussed, but as the patient kept his own so well, no alteration was made. Dr. Baruch now gave him *Arnica* alternately with *Causticum*, a dose every twenty-four hours; he had before taken *Arnica* alone a little more frequently. On the 14th of June, for the first time he could swallow a small quantity of water, but milk regurgitated through the nose. On the 15th, he tried to swallow water between meals, but found it impossible, and felt greatly disheartened thereat. In the evening, after having his regular allowance pumped in, we persuaded him to try again, and he could now swallow even milk. From the 16th, the power of swallowing fluids, or even a soft-boiled egg had fully returned, so that we put aside the stomach pump. He now takes *Hypericum-perfol.* alternately with *Causticum*. The taste of food is perfectly natural now, and the blood in the eyeball is more and more absorbed.

June 21. Has tried beef-steak, can swallow it with ease, after chewing it well, but it oppresses his stomach, and so the patient thinks he had better let well enough alone.

July 4. Patient has left off all medicine, as he can eat as well as ever. All paralytic symptoms have disappeared, and we consider the man cured.

Sept. 12. Mr. Lutz has been all the time under observation, and although, as grocer, frequently exposed to all sorts of weather, no relapse has taken place.

ARTICLE XXIX. — *Artificial Exanthemata.* By Dr. ROTH, of Paris.

A GREAT number of substances introduced through the skin or the organs of respiration and acting on the living organism, produce exanthemata.

It was frequently observed, that laborers in chemical factories where Sulphate of Quinine is manufactured in large quantities, suffer from diseases of the skin. Chevalier collected a great many observations about it, and published them in the *Annales d'hygiène et de médecine légale*, tom 48.

We draw from that excellent article the following conclusions:

1. Persons who prepare quinine suffer sometimes from diseases of the skin in such a degree that they are obliged to quit this occupation.

2. Such accidents happen not in all manufactories. They are seldom found in England, more frequently in Germany, and mostly in France. Especially those workmen are troubled with it who *a.* boil the Peruvian Bark, *b.* who prepare the Sulphate of Quinine, *c.* who fill the bottles with it.

3. Even persons who pass their time in such manufactories, but do not work themselves, are liable to those deleterious influences.

4. All observations agree that the exanthemata consist in red spots, blisters, pustules, and scabs, appearing on the hands, forearms, face, and genital organs. Sometimes it spreads over the whole body, and is accompanied by great itching.

5. Ziener, a German manufacturer, observed among his workmen two forms: *a.* diseases of the skin; *b.* a fever, which he calls "China fever." It attacks especially those who grind the Peruvian Bark finely, and passes off without medication. One attack guards against any further return.

6. The exanthema lasts commonly two weeks, sometimes a month. In one man it took six months before he could work again.

7. It is generally agreed that the disease is caused by some virus, peculiar to the China, and not, as formerly thought, to very small splinters penetrating the skin; for the disease attacks all exposed to the steam of the boiling China.

Dr. Bazin observed the following cases in his hospital :

A robust man, sixty-six years old, was attacked a short time ago by a disease of the skin, which covered his face, his hands, forearms, genital organs, and the inside of the thighs. His business was to watch and stir about the decoctions, made in a large kettle.

The exanthemata appears thus, after having suffered for a week from it : The face very much swollen, especially on the right side, very red, and covered with eczema, partially moist and running, partly already dried up in scabs. Neck the same. Eyes red, full of tears, and the patient opens only with exertion the œdematous lids. Nostrils closed by crusts.

The forearms and hands show most exquisitely the form of the disease. The inner side of the forearms and elbow show numerous vesicles, partly confluent and degenerating in ulcers. The disease is less conspicuous where the skin is firmer and not so sensitive, as on the back of the hand and upper side of forearm. Here the vesicles remained solitary and surrounded by a small red areola. Opened with a needle, a drop of transparent serosity exudes. The isolated vesicles are of different size and intermixed with real pustules. On the inside of the hands and fingers the epidermis is raised, and the vesicles, like in pemphigus, contain a sero-puriform fluid. On the inside of the thighs and on the genital organs we find the same red spots denuded of epidermis and covered with crusts. A few days ago the thighs were very much swollen. In all the affected parts, burning pains and intolerable itching are felt. A few emollient baths and sprinkling with starch cured him in a few days.

All workmen have not the same predisposition to the China eruption. Some of them work there for years without ever having felt anything, but with other persons a few days' exposure to its fumes suffices to produce severe itching, and the exanthemata follows. If they are able to stick to their work, it passes off without medication. Persons of a soft, lymphatic temperament are most exposed to it. Another gentleman employed in the same manufactory, had to keep himself hermetically closed in his room, as the least exposure to the fumes of boiling Peruvian Bark produced the exanthema in his face.

Another artificial prurigo, we find with professional cooks through constant exposure to fire, attacking especially the dorsum of the hand, its joints, the forearms and face. The form of the disease is different according to the intensity of the cause and the thickness or firmness of the skin exposed to it. Commonly an eczema opens the ball, but it is an eczema *sui generis*. The vesicles are solitary, dispersed without order on a red erythematous surface; the vesicles burst and empty their serous contents. But as the cause continues, new vesicles spring up. By and bye the skin takes up a sickly habit, and suffers in its texture great and important changes. Its surface gets dry, rough, here and there covered with thin scales, firmly adhering. Color reddish; epidermis bursts in different places; papillary membrane thickened and covered with an eruption, like lichen. The pain is burning at the beginning, and then itching. The question arises, if with professional cooks the constant exposure to fire is alone to blame, or also the many different substances which they employ, for we find that many morbid products, attached formerly to mechanical or chemical irritations, are caused by living parasites. So the "*gale des epiciers, or grocer's itch.*" This eruption is a mixture of lichen and eczema, and was ascribed to the caustic substances used in that business. The skin of their hands is red, with dry painful furrows, especially in the joints of the fingers, and nearly hindering all motion; but Prof. Cameron, of Dublin, found two kinds of insects in common brown sugar, which are easily seen with any good microscope. But this "grocer's itch" needs also no internal treatment. A few alkaline baths suffice to eradicate it.

Another artificial skin disease is the so-called "arundo-donax eruption." It is known only since 1840. Under the title *Observations sur la vertu malfaisante de la moisissure des roseaux,*" several observations appeared in the Gazette Medicale, which we will repeat here:

The widow Dijon, thirty-nine years old, was peeling and taking the leaves off of the arundo-donax. The leaves were dry and musty. Her work lasted four hours. She was obliged to sneeze frequently; got headache towards evening; eyes run water and itched, and over the whole body severe stitch-

ing, especially on the face, upper body, on the inside of the thighs and genitals. Then followed an erythema, forming pustules around the eyelids, lips, nostrils, nipples, and vulva, which were filled with a reddish serum.

Urination was already difficult on the first day, it then became impossible to evacuate it. Hoarseness; and voice nearly gone. Great itching; continual running of water from the eyes; nose filled with mucus; continual spitting; vomiting, dyspnoea; cough; moderate fever. All these symptoms increased for two days, and then it took seven days till they were all gone.

Widow Dijon had two children around her during her work; one, six months old and nursing, and another six years old, who played with the refuse. This child suffered still more than its mother. Mucous membrane of the mouth white, spasmodic cough, aphony; expectoration of foamy spittle; nausea; penis swelled three times its size; no evacuation of urine. The disease ended favorably after nine days. The baby suffered less and recovered also.

The father-in-law, who remained only a few hours in the work-room, and transported the refuse to the stable, suffered from severe headache, frequently sneezing, and stitches in the eyes.

Several other persons, performing similar work, suffered similar symptoms on the nostrils, genitals, and skin. Even the donkey, who had a bed made from the shavings, suffered from swollen nostrils and genitals.

In the year 1845, Miguel wrote a good description of this disease, and in 1860, Maurin, who called it "*dermatose des vanniers, dite des canisiers*"—"disease of basket-makers." All these descriptions agree that the arundo-donax for itself, is an inoffensive plant, and that the disease-producing qualities originate in a white dust covering the plant. This white dust is fatty to the touch, with disagreeable, corrosive taste, and burning on the tongue. The smell is musty, producing sneezing. It looks like saltpetre, and the microscope proves it to be a real fungus, belonging to the same family as Ergot.

This parasite produces in the beginning: nausea, headache, frequent sneezing; redness of eyelids; severe itching over

the whole body, especially on the face, upper part of the body, inside of the thighs and genitals. After twenty-four to forty-eight hours, fever appears with erythema, swelling and burning of the skin. On a red ground dispersed vesicles appear, containing a milk-white fluid. The swelling of the face is sometimes quite extraordinary. The eruption reaches its acme on the second day, localizing itself on the scrotum, which is swollen, red, and denuded of epidermis. The ulcerated surface is covered by a serous, bloody, and puriform fluid. After a few days, this congeals to a brown scurf. One old man died from gangrene of these parts.

If this fungus enters the mucous membranes, it produces the following symptoms: Conjunctiva of the eyes and nostrils strongly injected; severe coryza, even ulceration. The mucous membranes of the mouth, pharynx and respiratory organs suffer also; dysphagia; spasmodic cough; dyspnoea; hoarseness, and complete aphonia. Vomitus, colic, diarrhoea. Dysuria and complete retention of urine.

In such a disease prophylaxis is the best, and to escape all danger, the canes have only to be thoroughly soaked, as by so doing the white dust remains firmly fixed, and cannot fly about in the air, to produce such severe symptoms. (*Hirschel's Klinik.*)

General Record of Medical Science.

1. *Bromide of Ammonium in Pertussis.* By C. E. SANDFORD, M.D., of Bridgeport, Conn.

NOTICING in the February number of the Gazette an article with the above title, giving the report of its use in a case under the care of Dr. W. T. Okie, of Newport, I was led to try it, under certain circumstances in which other remedies had failed me, and, I think, with good results. I obtained some of the drug Monday, April 30th. I was then treating a family, consisting of mother and two children, for pertussis. The mother had had whooping cough in early life, yet her symptoms were the most distressing of the three; and it was more particularly for the mother that I obtained the medicine. The children required little, if any treatment. The little boy commenced coughing the last week in March; the girl, aged four years, about the 14th of April, and the mother two or three days after. The primary cough of the mother seemed to be the result of a severe cold,

causing considerable irritation of the bronchial membrane, intensified and aggravated by the whooping-cough poison. When I obtained the Bromide, I had been treating the case some two weeks without the least benefit, although I had persistently tried the remedies that appeared to me best indicated, both by mouth and by inhalation. The cough was dry, spasmodic, and very severe; and at times, with an intermission of only a few moments, almost continuous for hours. Especially when lying down at night she coughed almost without intermission for three or four hours.

The patient described the feeling in her throat as a sensation of tickling irritation, with heat or burning.

I made the first decimal trituration of the Bromide of Ammonium, and gave of it about two grains in powder. This she took during Monday evening and night until Tuesday noon every two hours, with no perceptible benefit. Then I increased the dose to five grains of first trituration every two hours. This was taken until late in the evening, Tuesday, when I found all the symptoms aggravated, especially the itching and burning of the mucous membrane, which seemed to extend from the nose and throat through the bronchia. For this I gave one dose of Sanguinaria, which afforded some relief. Wednesday morning I made a solution of six or eight grains of the first trituration of the Bromide in half a tumbler of water, and gave two teaspoonsful every three hours. From this time the patient commenced to improve rapidly; and in four or five days she had only a slight cough, and medicine was omitted.

CASE II.—A lady, thirty-five years old, of decided scrofulous constitution, whom I had treated for months at different times for a severe spasmodic cough, produced by taking cold. Her cough at times was most distressing, being hoarse, dry, spasmodic, asthmatic, and exhausting, without any secretion. I prescribed the Bromide of Ammonium, Sunday, May 13th; ten grains, first trituration, in a six-ounce bottle, to be half filled with water, the powder added, thoroughly shaken, and then water added until nearly full. Of this a dessert-spoonful was prescribed once in two hours.

To-day, May 24th, saw the patient. She desired more of that medicine. Said it acted like a charm, relieving the symptoms almost entirely in a few hours. (*New England Medical Gazette*)

2. *Affections of the Nervous System.*—Notes from Allopathic Authors.

CHOREA.—*Calabar Bean.*—The Calabar Bean promises to be an effectual remedy for chorea. It should be given in half-drachm doses of the tincture (ʒj. of the Bean to ʒi. spirit of wine) three times a day in water, and gradually increased if necessary. In one case which had gained no ground for more than two months, this plan of treatment produced most marked improvement in a fortnight, and cure in four weeks. In some cases no benefit seems to follow its use, but this may be said of any medicine. (Dr. J. W. Ogle, p. 71.)—*Braithwaite, July, 1866.*

EPILEPSY.—*Turpentine.*—Turpentine is a very valuable remedy in epilepsy. It may be given in half-drachm doses three times a day, or in a

single dose of three drachms at occasional intervals, combined with an equal quantity of Castor oil. (Dr. Headland, p. 250.)

Epilepsy, Hysteria, Neuralgia.—In cases with a distinct aura, a narrow circular blister applied all round a limb, a toe, or a finger, or a circular cauterization with a white-hot iron may cure the case, or at any rate be productive of benefit. (Dr. Brown-Séguard, p. 66.)

FUNCTIONAL NERVOUS DISORDERS. *Mental Occupation in.*—In cases of hypochondria, of hysteria, of chorea, and even of epilepsy, a great benefit can be derived by inducing the patient to have some serious aim, whereby the mental faculties may find healthy employment. (Dr. C. E. Brown-Séguard, p. 64.)

Bromide of Ammonium.—It is of the greatest importance to procure sleep in patients attacked with a morbid increase of the reflex excitability. In cases in which there is sleeplessness owing to some cause of cerebral excitement, sleep is almost invariably induced by giving to adults a dose of thirty grains of Bromide of Ammonium a quarter of an hour before the last meal, and a second dose of from thirty to fifty grains at bedtime. (Dr. C. E. Brown-Séguard, p. 65.)

LUMBAGO.—*Ether Spray.*—If there is no gouty or rheumatic condition, instant relief is sometimes attainable by the use of Richardson's Ether spray. (Mr. J. B. Walker, *Lancet*, March 17, 1866. p. 299.)

NEURALGIA.—The application of the Ether spray of Richardson's apparatus for producing local anaesthesia gives immediate relief in cases of neuralgia. (Dr. B. W. Richardson, p. 261.)

Subcutaneous Injection of Atropine.—In cases of neuralgia not only may Morphine be injected subcutaneously, but Aconitine in doses of $\frac{1}{16}$ of a grain, and Atropia in doses of $\frac{1}{8}$ of a grain may be similarly employed, and sometimes with benefit, where Morphia has failed. (Dr. J. W. Ogle, p. 72.)

PAIN.—*Subcutaneous Injection of Morphia and Atropine.*—Inject together half a grain of the Sulphate of Morphia with one-sixtieth of a grain of Sulphate of Atropine, and the good effects of both against pain are obtained, without the bad effects. (Dr. C. E. Brown-Séguard, p. 252.)

PROGRESSIVE LOCOMOTOR ATAXY, or Wasting of the Posterior Columns of the Spinal Cord.—In a well-marked case of tabes dorsalis (so called by Hippocrates), there is an actual waste of nerve-fibres of the posterior columns of the spinal cord. The principal symptoms are a want of co-ordination of voluntary movements, and a tendency on the part of the patient to lose his balance, but without much actual loss of power. The only remedy which seems to be of any avail is the Nitrate of Silver, given in doses of one-tenth to half a grain two or three times a day; it may be continued for four or six weeks consecutively, and then discontinued for a fortnight or three weeks. The gums must be examined from time to time, as the peculiar coloration which Silver produces in the long run first appears in the mucous membrane, and only afterwards in the skin. It acts better when combined with the Hypophosphite of Soda. The disease was supposed by Hippocrates to arise from excesses in sexual intercourse. It, however, also arises from exposure to cold, exhaustion, and rheumatism. (Dr. J. Althaus p. 50.)

Until recently this disease has been included under the class paraplegia. The symptoms however do not consist in actual paralysis of the muscles, but a loss of power to guide them. If the patient shuts his eyes, he stops and sometimes falls. The microscope shows disease of the posterior columns of the spinal cord. There is no loss of sexual power. (Dr. Johnson, p. 55.)

SPINE—*Effects of Cold and Heat to the.*—Cold and heat applied to the spine produce definite and constant effects, exactly the opposite of one another. Ice applied to the spine increases the general circulation, stops the cramp of voluntary and involuntary muscles, proves an effective remedy in epilepsy and other convulsive affections, cures sea-sickness, restrains the sickness of pregnancy, arrests diarrhœa, recovers patients from the cold stage of cholera, and finally promotes menstruation. On the other hand, heat along the spine lessens the general circulation, overcomes congestion in all parts of the body, lessens fever, restrains hæmorrhage, and lessens or arrests the menstrual flow. (Dr. J. Chapman, p. 69.)—*Brathwaite's Retrospect.*

3. *On the Medical Properties and uses of Glonoin or Nitro-Glycerine.** By W. H. EVANS, Esq., M.D., Bradford.

IN 1847, when chemists were busy in the production of gun-cotton, M. Sobrero of Paris made known the fact that Glycerine, treated with a mixture of sulphuric and nitric acids, yielded an oily liquid heavier than water, in which it was nearly insoluble, although readily dissolved in alcohol or ether. The preparation of this compound, to which the fanciful name of *glonoin* was given (gl. o. [oxide glyceryl or glycerine], n. o. [nitric acid]), and the termination *ine*), was a matter of considerable danger, as explosions were of frequent occurrence, unless the materials were kept at a temperature below the freezing point of water; and Mr. Redwood, in 1851, while preparing some for examination, was so injured by its explosive properties, that he was deprived of sight for some months. After his recovery he resumed his experiments, and communicated the results to the meeting of the British Association in 1851.

M. Sobrero had imagined *glonoin* to be a most dangerous poison, from the fact that a minute dose produced violent headache. Mr. Redwood corroborated the statement as to its effects, but found that it did not possess poisonous properties, as he administered 10 drops to a rabbit without producing any fatal effect.

With respect to the effects of this agent on the human subject the most contradictory statements have been put forth. In the *Medical Times and Gazette* for March 10th, 1858, Mr. Field of Brighton most graphically describes the effects of a very small dose of it upon him; they were those of narcotic poisoning in a high degree, but they were transitory, and do not appear to have left any bad after-symptoms. M. Sobrero, Mr. Redwood,

* The following is the second of two Theses read before the University of Dublin when graduating M.D., in 1860. The first appeared in the January number of the *Review*.

and Mr. Field all concur in describing severe headache as a most prominent symptom, and other observers have borne the same testimony. Some experiments were undertaken in London by Drs. Fuller and Harley, in which they failed to elicit many of the symptoms recorded by the gentlemen whose names I have mentioned, yet experienced a degree of fullness about the head and neck, and headache, which they considered referable to the *glonoine*.

With respect to the medical or curative action of *glonoine*, I may state that it has been found especially servicable in headache of a neuralgic character, and, indeed, in neuralgic affections of other parts of the body. I have had some cases of hemicrania, and of facial neuralgia, which have yielded to a few doses, after having resisted for years almost every kind of treatment which could be devised. In the *Medical Times and Gazette* of March 12th and April 2d, 1859, some cases of great interest are recorded by Mr. Brady of Sunderland, and by Mr. Field, in which *glonoine* was used with marked success. The latter gentleman says that in some cases the malady is aggravated, and states that he is quite unable to distinguish the kind of headache to which *Nitro-glycerine* is remedial, but believes it to be that of a neuralgic character. Of this I have no doubt, judging from my own experience of its use; and I further find that an almost infallible indication for exhibiting it is a sensation of weight or painful fullness at the vertex. This was pointed out some time since by Mr. Willans of Liverpool; and it is worthy of note, that this very symptom was experienced by some of those who experimented on themselves with *glonoine*.

In prescribing, I never use the pure *Glonoine*; and notwithstanding what has been written by Drs. Fuller and Harley, I should be very sorry to use large or concentrated doses of it. I generally begin with drop doses of a solution of 1 per-cent. of pure *Glonoine* in rectified spirit, repeated at intervals of twenty minutes or half an hour; and I never order a stronger solution than one of 10 per-cent.

A great deal of the uncertainty which attends its exhibition is, I believe, due to the difficulty of always procuring it of the same strength; to the fact that it quickly becomes decomposed, unless kept in a dark place and at a low temperature; and lastly, it is often given in cases for which it is altogether unsuited. A close study of the symptoms produced by comparatively large doses on the healthy subject, will be our surest guide for the administration of this useful remedy in disease. (*Monthly Homœopathic Review*).

Reviews and Bibliographical Notices.

1. *New Remedies*. Part III. Pages, 305-448. By E. M. HALE, M.D., Professor of Materia Medica and Therapeutics, in Hahnemann Medical College, Chicago. E. A. Lodge, Detroit.

Our readers will recollect that it was announced in this Journal that owing to the rapid sale of the first Edition of *New Remedies*, the enterprising

publisher had determined on issuing a second and larger Edition. Prof. Hale, encouraged by the popularity of the first Edition, has been indefatigable in collecting new matter relating to the remedies contained in the first Edition, and has also added twenty or more entirely new medicines.

Part I. and II. have been announced by us. Part III. contains besides the medicines mentioned in the first Edition—namely, Dioscorea, Erigeron, Eryngium, Eupat-arom. Perf., and Purpurea, Euphorbia, Gelsemium; *four* new remedies of value—Erechthites, Euonymus, Frasera, and Galium.

Erechthites is an analogue of Erigeron, and has been found very useful in hæmorrhages from the uterus, lungs and bowels. It has also been used successfully in diarrhœa, dysentery and cholera morbus.

Euonymus seems likely to prove an interesting and useful medicine. It causes symptoms very similar to the entire symptoms of Veratrum-album and Euphorbia; it is homœopathic to cholera morbus, and even to Asiatic cholera. It has also some peculiar action on the nervous system not yet fully understood.

Frasera is analogous in its action to China Chelone and Gentiana. It will prove a useful addition to a class of medicines, which are useful in prostration from loss of fluids, or after protracted illness.

Galium has long been used as a popular domestic medicine, under the common name of "Cleams," for various conditions of the urinary organs, characterized by *irritation*. It is not a powerful drug, but resembles Cann., Chimaphila, Eupat.-pur., and the simple demulcents. It has already made some good cures in homœopathic hands. An interesting case of its use in cancer, is taken from the British Journal of several years ago. [*See also U. S. Jour. Homœopathy*, Vol. II., p. 435. Ed.]

We commend this work to every member of our profession.

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2. *Epidemic Cholera: Its modes of Treatment; their Respective Results; with Directions for Prevention; and what to do in Cases of Sudden Emergency.* By JOHN F. GEARY, M.D. San Francisco: H. H. Bancroft & Co. 1866. 8vo. pp. 54.

THE world has known something "Alta-California" for a little more than three hundred years; and the name of the harbor of San Francisco has been known to geography since its discovery in the time of the Viceroy Mendoza. But it has been especially famous since the year 1579, when the Privateer Sir Francis Drake refitted his ship there, and was crowned king of "New-Albion" September 29th of that year. For particulars on this point, as well as on his discovery of Cape Horn, his introducing potatoes into England, and his receiving the honor of knighthood from Queen Elizabeth, we have only room here to refer to the official history, "The Famous voyage of Sir Francis Drake into the South Sea, and hence about the whole globe of the earth." Printed at London, A.D. 1600.

The history of San Francisco from the time of Mendoza is not our present object. For the first three hundred years the events of successive years and centuries have been recorded as they transpired. Of a few later

years no history has been written, and none is likely to be; for since 1847, events have succeeded each other so rapidly that no stenographer has been able to take them down. We pass then from the *past* to the *present*.

San Francisco is now the commercial capitol of the golden sun-set world of the Pacific. It imports men by hundreds of thousands, and exports gold by hundreds of millions. It of course does everything else that a great commercial city "can, and may of right do." It has its artists of every order, practitioners of every profession, and among them, of course, *first and foremost*, it has practitioners of the noblest of all professions and arts, the science and the art of curing diseases. That medical science is industriously cultivated on that side of the globe, we have learned from various communications and books issued from the golden City. A new work has just reached us which would establish a respectable claim for the scientific acquirements of the physicians of San Francisco, if this had not been already done. That homœopathy is fairly and ably represented in that progressive City will also be well proved by a glance over the pages of the work, the title of which stands at the head of this article.

The text of the author is a significant lecture in itself. It is taken from LE SAGE in "*Asmodeus*," (Chap. XIII). This Asmodeus is sometimes called "the devil upon two sticks," and he is certainly the most amiable as well as one of the most sensible devils we have heard of. We will read the allopathic programme:

"Look towards the east: behold, he offers himself to your view! This indefatigable hand is armed with a terrible scythe, under which fall successively all generations. On one of his wings are painted war, pestilence, famine, shipwreck, and conflagration, with the other sad accidents which every instant furnish him with prey. On the other wing are to be seen young physicians taking their doctor's degree in the presence of DEATH, who invests them with the cap, after they have sworn never to dispense medicine otherwise than according to the present practice."

The work of Dr. Geary is designed to make the public acquainted with cholera in advance of its arrival; to array before the people the vast array of wisdom accumulated by old school experience in a combat of fifty years with the dreaded enemy; and then suggest the safer and more efficient remedies first prescribed by Hahnemann before he had seen the disease, and still found to be among the best. A lively tableau of an allopathic (imaginary) consultation is given on page 7. It well illustrates the kind of "safety" that has often been found "the multitude of counsel."

"I will invite the reader to be present with me at a meeting of medical gentlemen, representatives from every portion of the world where this plague had appeared, and whilst yet on its journey of destruction. The meeting shall be in London or Paris. The chair is duly taken, and the first speaker introduced. His words are few: "Gentlemen, I recommend *timely and copious bleeding*; I know this treatment to have been proved by marked success!" "The learned gentlemen will excuse me, if I differ from him, and think a much higher degree of confidence due to *mustard emetics*, and therefore recommend them to your notice;" are the words of the second. "I," said a third, "have tried both these modes, and have found them useless, and resorted to the use of the *hot air bath*, which never disappoints

me." "Gentlemen," said a fourth, "you are all, I trust, aware that I have taken no small pains to avail myself of all light which science has thrown upon our art, but I must say, with due deference to others, that I have been forced to a very different conclusion. I am in favor of *introducing into the system a large quantity of neutral salts, which will liquefy and redder the blood, and so restore the functions of circulation!*" "If," replied the fifth, "the last speaker's patients, as well as ours, were hogs and herrings, his extraordinary method might answer; but as the matter stands otherwise, I do not think that *salt*ing our patients will *cure* them. I therefore recommend *the mechanical dilution of the blood by the injection of warm water, or salt water, into the veins!*" "All these remedies," said a sixth, "are departures from ancient and known usage. *Give good brandy!*" "Why not try *Cajeput oil!* it has been sold by the barrel, and never fails," suggested the seventh. "I recommend," urged the eighth, the "*free use of opium, as the safest soother in the pangs of cholera!*" "Human life and health are too precious to be risked, gentlemen," solemnly declared the last speaker, "by these divers and strange experiments; but for my own part, I have trusted and shall still trust, as do the large body who think with me, in *Calomel alone!* Three cheers; and the 'congress' breaks up, with the thanks of the meeting to the chair, and the eulogium of the chair on the vast body of solid science and useful experience brought out at the meeting!"

That this imaginary consultation is no caricature but a truthful picture the author next proves by lengthy and striking, even eloquent quotations from a series of the ablest men of large experience. The wisdom of the whole school is very well summed up in a paternal *charge* by Dr. Maclean, professor of Military Medicine under the British Government. It was delivered at the Royal Victoria Hospital at the beginning of the present year (1866) to the young adventurers in Military Medicine who were about to go forth to fight the monster cholera in his native den in India: After enumerating all the remedies, and he has tried and condemned them all, Dr. Maclean says:

"You will perhaps say—Do you then advise no treatment in cholera at all? Well, I can only say that, in the collapsed stage, I know no drug worthy of the smallest confidence. Must we, then, abandon it to Nature, and do nothing? Must we suffer them to die without any effort to save them? My answer is, that efforts of the kind described above are futile; your remedies are either vomited, or, if retained, are inert, and if given, as they often are, in excessive quantities, they become a serious source of embarrassment, interfering above all with nutrition. If Opium, the preparations of lead, or Calomel, have been abstained from, nature in the stage of reaction, starts, so to speak, fair, which I am sure is not the case when weighted with one or other, or, as, I have often seen, with all the above. Because I objected to bleeding intemperate old soldiers of twenty years' service in tropical and malarial climates, taking blood away to the extent of upwards of a hundred ounces when suffering from peri-hepatitis, I was called the other day 'the Micawber of medicine,' the gentleman 'who waits to see what will turn up.' Well, I don't object to the name in the least; I had rather be the 'Micawber' than the 'Sangrado' of modern medicine

The more I have 'waited' upon nature, the less I have attempted to force her—the more I have found that 'something' is pretty sure to 'turn up' to the advantage of my patients. Very notably has this been the case in cholera. Some—unfortunately a great many—patients in severe epidemics, will die, but such cannot be saved by pouring drugs into them in the collapse of this terrible disease."

3. *Manual of Reference on Epidemic Cholera, its Causes, Prevention, and Treatment.* By H. M. PAINE, M.D., Albany: Weed, Parsons & Co., Printers. 8vo., 16. 1866.

THIS work, though small, contains a very comprehensive view of this long-dreaded disease. The ground has been so often trodden over by compilers and practitioners that it is difficult to find anything *new* to say about it. But it is a meritorious work to *sum up* skillfully what has been well or ill said by many authors. This has indeed been accomplished by Dr. Paine. We have none of us had the opportunity to see much of real Asiatic cholera the present season. Such cases as we have seen have been most satisfactorily disposed of by the use of the remedies indicated here, as well as recommended by all the writers of our school since true specifics were pointed out by the genius of Hahnemann.

4. *The Homœopathic Expositor.* Milwaukee, Wisc.

DR. Douglas in his second Number carries forward his argument for homœopathy before the people. Having proved the *fact* of its superiority over old methods, he now ventures to *popularize* the practice of the new school by showing to intelligent and honest minded people its *reasonableness*. He does his work well, and the people understand it.

5. *Circular of the Atlantic Mutual Life Insurance Company.*—No. 65 and 67 State, cor. James-St., Albany.

HOMŒOPATHY begins its service to humanity by alleviating man's earthly sufferings and prolonging his earthly life. The apostle of worldly providence in this country, Ben. Franklin, taught our fathers that, inasmuch as "life is short," art ought to be "long," that it might cure as many of the ills of life as possible. He proposed that the people should become a mutual insurance company, that the misfortunes which would fall upon the few might be sympathetically borne by the many; and thus a common "great-sympathetic" nerve might run through all the aching laboring hearts that composed human society. Life insurance has since become an institution of incalculable benefit to the families of those who have fallen in the grand battle of life. Homœopathy now comes forward and says: "I have so far softened the miseries that afflict the human race that the *chances of long life* are *better with* all who are under my influence than they have, or

ever been before since the garden of Eden was closed. I therefore visit the life insurance office, and leave word that when *my friends* come here they shall be *treated as they deserve*. They are not being tortured to death by murderous medical treatment when they are sick; their constitutions have not been broken down by preventive mal-treatment before they became sick. If then the chances of death are smaller, the company can afford to take the risk at a lower rate. There are now companies in full and successful operation which take all of these considerations into the account. The above-named circular gives the rates of insurance, the inducements for patronizing the homœopathic companies, and ample statistics which prove the superiority of homœopathic over allopathic practice. As a work of typographical art this circular of the Atlantic Mutual surpasses any similar production we have hitherto seen. We give it below.

6. *Circular of the Atlantic Mutual Life Insurance Company.*

To the Homœopathic Medical Profession of the United States.—Allow me to call your special attention to the recent organization of the Atlantic Mutual Life Insurance Company, of which the home office is located at Albany, N.-Y. The homœopathic medical profession in this country cannot fail to be earnestly interested in this enterprise, as its success will contribute at once to the more extensive adoption of this system of medical treatment. This company has adopted a distinctive feature, which is a new one in the business of life insurance, that of discriminating in the rate of its premiums in favor of practical homœopaths. The members of our profession will recognize in this enterprise very striking and gratifying evidence of a general acceptance of the scientific basis on which the homœopathic system of medical treatment is founded. It may be reasonably regarded as the result of a prevailing belief that the homœopathic system of medicine is not a visionary scheme destined to have an ephemeral existence, and soon pass into obscurity; indeed, we may consider this enterprise a natural outgrowth of the system, one which clearly indicates its progress, confidence in its permanence, and foreshadowing its ultimate triumphant vindication and general adoption. This announcement will be received with pleasure by the pioneers of our system, and by those who have long observed the steady progress of homœopathic principles.

I desire to show the relation of the company to the profession; to point out the mutuality of interests and similarity of purpose; and prove that the success of each, in a measure, depends upon and is coincident with the growth and prosperity of the other.

Deduction of Ten Per-Cent. from Ordinary Rates to Practical Homœopaths.—A deduction of ten per-cent. annually to all practical adherents of the homœopathic system of medical treatment is made from the ordinary rates charged by other first class companies. The reasons for this reduction are based upon reliable statistical evidence establishing the position that this method of treating all curable diseases is far superior to allopathic. The results of trials in hospital practice in Europe and in this country

proves conclusively that the average rate of mortality under allopathic treatment is more than eleven per-cent, and under homœopathic, five per-cent, showing a difference in favor of the latter of at least *fifty per-cent*. This difference in hospital practice is equally great in all forms of disease, and in all parts of the world. It is well known that in private practice the difference is even greater in favor of our system. The homœopathic branch of the regular profession have alleged for years that their system of medical treatment contributes to greater longevity than that of the allopathic school. They are constantly witnessing the fact that, families accustomed to the use of homœopathic remedies are healthier, and less liable to suffer from endemic and epidemic diseases, and when attacked are better able to resist their encroachments; hence recovery is more probable and more frequent. It is also to be considered that the adherents of our system are found chiefly among those who intelligently avail themselves of the benefits arising from an observance of hygienic rules.

For these and other reasons the company make the annual deduction before mentioned; and will ultimately, if practicable, make a still greater deduction. We fully believe this feature cannot fail to meet the unqualified endorsement of the homœopathic profession.

A New Test of the Superiority of Homœopathic Treatment.—The claims of our school to practical superiority are well established, as above stated, in private and hospital practice; but never before has a test of this kind been applied in this country by persons not connected with the medical profession—by business men in compliance with the business requirements of the age. The success of this enterprise is therefore, in a measure, dependent on and coincident with, the advancement of the homœopathic school as it will demonstrate the superiority of this method of treatment, by indisputable evidence, in a manner more convincing to the minds of some persons than any hitherto employed. For this reason the Atlantic Mutual is worthy of, and should receive the endorsement and co-operation of all the members of the homœopathic medical profession, by giving it preference in the business of life insurance.

Policies Issued at Ordinary and at Reduced Rates.—One of the distinctive features upon which this company is based is that of discriminating in favor of the lives of practical homœopathists, therefore, if there is a difference in favor of the adherents of either system of medical treatment, it is evidently unjust to insure both at equal rates. It is not possible to establish a *purely* homœopathic or *purely* allopathic life insurance company. At least one-third of the policy holders insured in ordinary companies, particularly avail themselves of the advantages of homœopathic treatment. The patrons of the two schools, either from choice or from circumstances beyond their control, are occasionally the subjects of both systems of medical treatment. In view of these facts, patent to even a careless observer, it is not practicable, and it is unnecessary if it were practicable, to establish either a purely allopathic or a purely homœopathic life insurance company. All that the interests of the homœopathic public demand is, that so far as may be practicable, they shall enjoy the full benefit derivable from their own method of medical treatment. This is just what is proposed by the Atlantic Mutual.

While it is the purpose of the officers of this company, to rely upon the influence and patronage of the homœopathic profession, they fail to perceive any good reason for declining to receive applications at ordinary rates of insurance. They design to secure, if practicable, a sufficient number of insurances, both upon the usual and the reduced rates, not only to afford a comparative test of the merits of the two schools of medicine, but they also intend to so apportion the dividends upon the ratio of mortality as to give the patrons of our system the benefit to which they are entitled by their increased longevity; thus, for the first time, placing the two rival systems upon an equal and perfectly equitable basis.

Qualifications of the Officers.—The officers of the company having had many years of practical experience, are thoroughly conversant with all the recent and most approved methods of conducting the business of life insurance. The board of trustees and the list of stockholders embraces the names of principals of several of the leading and most successful business men in this city and state. They are gentlemen of acknowledged ability and reputation as experienced and wealthy capitalists.

Liberality of the Charter.—The charter of the Atlantic Mutual is as liberal as that of any other life insurance company in this country. It positively provides for the early retirement of the capital, and for perfect mutuality; and also grants to every policy holder the right to vote either by person or by proxy at each election of trustees.

Ample Security of the Capital.—The paid up cash capital stock of the company (\$110,000.00), is invested in United States bonds, and deposited with the Insurance Commissioner, as a perpetual guarantee of good faith, for the security of all policy holders, in compliance with the laws of this state. The insurance laws of the state of New-York require the transaction of business upon a sound financial basis. They are, as models, considered so free from imperfection, so comprehensive and satisfactory that, essentially similar forms have been adopted by other states and by foreign governments.*

Business Conducted upon the most Liberal and Economical Principles.—While the amount of capital exceeds the sum legally required by this and other states, and while it is abundantly sufficient for the transaction of a large life insurance business upon a sound and perfectly reliable basis, it is purposely limited to as small a sum as practicable, the intention of the trustees being not to secure large profits for themselves or for the stockholders. It is evident that a larger amount of stock than is actually required to promote the great practical utility of the business, is proportionally prejudicial to the best interests of the insured. The trustees are resolved to conduct the business of the company upon the soundest basis and upon principles of the strictest economy, with a view to a division of the largest possible amount to the policy holders.

Advantages to the Insured.—The additional inducements to insurers are peculiar, and in some respects new, never before having been presented by any company in this country.

* See Certificate of Organization, given by Hon. William Barnes, Superintendent of the Insurance Department of the State of New-York, published on page 294.

Policies which have continued in force seven years, are, by their terms, held indisputable against charges of fraud or error in the original application.

Common life and endowment policies are non-forfeitable, after three years, to the amount of cash premiums. Policies are issued upon the ten year life, ten year endowment, and all the most popular plans of insurance.

All losses are made payable immediately upon the receipt of satisfactory proof of loss, without necessitating the usual delay of sixty or ninety days. The interest on the amount, thus improperly withheld, is often equivalent to one annual premium.

No charge is made either for policy fee or stamps.

Dividends are declared annually, and applied, at the option of the insured, to the reduction of premium or the increase of the policy.

For full and *explicit information*, see circular.

The officers desire to state that on all points connected with the organization of the company and the direction of its affairs, the closest scrutiny and investigation is invited; and that all the correspondence, the books and papers, are at all times open for inspection by any of the policy holders. The officers are fully aware that they are merely the temporary custodians of the property entrusted to their care; accordingly, they desire to arrange the business system of the company upon principles of the greatest liberality, the strictest integrity, and the soundest and surest basis, believing that the interests as well of the insured as the insurers will be thereby promoted to the fullest possible extent. They are happy to state that this policy has already received abundant evidence of appreciation on the part of the profession.

H. M. PAINE, M.D.,

Medical Referee.

Office of the Atlantic Mutual Life Insurance Company, Nos. 65 and 67
State-street, Albany, N.-Y. September, 1866.

CERTIFICATE OF ORGANIZATION.

State of New-York.—Insurance Department.

ALBANY, May 3, 1866.

Whereas satisfactory evidence has been exhibited to me and filed in my office showing that the corporators of the "ATLANTIC MUTUAL LIFE INSURANCE COMPANY," of the city of Albany, in the state of New-York, have fully organized the said company, and that the entire amount of the capital of said company, to wit: the sum of one hundred and ten thousand dollars (\$110,000), has been paid in and is invested in the stocks and securities required and allowed under and by the provision of the act entitled, "An act for the incorporation of Life and Health Insurance Companies, and in relation to agencies of such companies, passed June 24, 1853, and the amendments thereto.

And whereas, also, the said company has deposited in this department for the security of its policy holders the sum of one hundred thousand dollars (\$100,000) in United States stocks, producing interest at the rate of six per cent per annum.

Now, therefore, I, *William Barnes*, Superintendent of the Insurance Department of the state of New-York, do hereby certify that the said ATLANTIC MUTUAL LIFE INSURANCE COMPANY has deposited with me, as such superintendent, the sum of one hundred thousand dollars (\$100,000) in the stocks or securities required or allowed by law, and that the said company is duly authorized to commence business and issue policies as a Life Insurance Corporation, according to the statutes in such case made and provided, on filing this certificate, together with the certified copies of the papers required by law, hereto attached, in the county clerk's office of the county of Albany.

In witness whereof I have subscribed my name and caused my official seal [L. S.] to be affixed, in duplicate, at the city of Albany, this third day of May, A. D., 1866.

WILLIAM BARNES, Superintendent.
STATE OF NEW-YORK,
INSURANCE DEPARTMENT.

OFFICERS.—Robert H. Pruyn, President; James Hendrick, Vice-president; Louis B. Smith, Secretary; H. M. Paine, M.D., Medical Referee.

Trustees.—Hon. Robert H. Pruyn, Ex-minister to Japan, Albany; James Hendrick, President Hope Bank, Albany; Peter Cagger, Counsellor-at-Law, Albany; John C. Devereux, Utica; H. H. Fish, Manufacturer, Utica; Lemon Thomson, Lumber Merchant, Albany; Alfred Van Santvoord, Manager Hudson River Steamboat Company, Albany; Robert L. Johnson, Manager American Express, Albany; Frank Chamberlain, Produce and Commission Merchant, Albany.

As a guarantee of the good faith which may be looked for by policy holders, and as a test of the commercial standing of those interested in this company, we would state that the capital represented by them individually is not less than the aggregate amount of fifteen millions of dollars.

Stockholders.—The following names additional to those of the Trustees are among the stockholders of the company: Hon. John Butterfield, Ex-Mayor of Utica, and Director of American Express Company, Utica. Hon. Erastus Corning, Ex-President of N.-Y. Central Rail Road, Ex-Member of Congress, Albany; Peter Clougher, Agent Steam Woolen Mills, Utica; George Dawson, Editor Evening Journal, Albany; DeWitt C. Grove, Editor Utica Observer, Utica; Ward Hunt, Jr. Attorney-at-Law, Utica; Hugh J. Hastings, Editor Albany Knickerbocker, Albany; Hon. Francis Kernan, Ex-Member of Congress, Counsellor-at-Law, Utica; C. B. Lansing, Manufacturer, Albany; Jacob Leonard, Coal Merchant, Albany; James Martin, Cashier Commercial Bank, Albany; Hon. J. V. L. Pruyn, Chancellor of the University of the state of New-York, Ex-Member of Congress, Albany; David Orr, Manufacturer, Albany; James H. Ramsey, President of the Susquehanna Rail Road, Albany; P. V. Rogers, Cashier Bank of Utica, Utica; Wm. B. Taylor, late State Engineer, Utica; John Tracy, Manufacturer, Albany; Wm. H. Watson, Physician, Utica.

Miscellaneous Items.**MEDICAL COLLEGES.***Cleveland Homœopathic College.*

THE seventeenth annual announcement is received, and presents as usual a strong faculty, ample means for illustration and a good list of students and graduates. The number of students for the season of 1865-66 was 78. Graduates 37. A full roll of all the graduates of this school from its commencement in 1850 is also given.

Faculty.—A. O. Blair, M.D., Professor of Principles and Practice of Medicine and Dean to the Faculty; G. W. Barnes, M.D., Professor of *Materia Medica*; J. Brainerd, M.D., Professor of Botany; J. C. Sanders, A.M., M.D., Professor of Obstetrics and Diseases of Women; R. F. Humiston, A.M., M.D., Professor of Chemistry and Toxicology; T. P. Wilson, M.D., Professor of Physiology and Pathology; H. C. Allen, M.D., Professor of Anatomy; S. R. Beckwith, M.D., Professor of Surgery and Surgical Anatomy; Hamilton F. Biggar, M.D., Adjunct Professor of Surgery and Surgical Anatomy; Joseph Hooper, M.D., Professor of Medical Jurisprudence.

Officers of the Faculty.—A. O. Blair, Dean; T. P. Wilson, Registrar.

The Homœopathic Medical College of Pennsylvania.

Faculty. C. Hering, M.D., Institutes and Practice; A. Lippe, M.D., *Materia Medica*; H. N. Guernsey, M.D., Obstetrics and Diseases of Women and Children; C. G. Raue, M.D., Special Pathology and Diagnostics; George F. Foote, M.D., Surgery; John C. Morgan, M.D., Anatomy; J. H. P. Frost, M.D., Physiology; Lemuel M. Stephens, M.D., Chemistry; H. R. Warriner, Esq., Medical Jurisprudence.

H. N. GUERNSEY, M.D., Dean,

No. 1707 Summer-street, between Race and Vine, Philadelphia.

New-York Homœopathic Medical College. 116 East 20th-Street.

Faculty of Medicina. J. Beakley, M.D., Prof. of Surgery and Surgical Pathology; D. D. Smith, M.D., Prof. of Obstetrics and Diseases of Women and Children; S. R. Kirby, M.D., Prof. of Forensic Medicine; S. B. Barlow, M.D., Prof. of *Materia Medica* and Therapeutics; M. Semple, M.D., Prof. of Chemistry and Toxicology; F. W. Hunt, M.D., Prof. of Institutes and Practice of Medicine; H. M. Bowen, M.D., Prof. of Clinical Medicine and Special Pathology; H. M. Smith, M.D., Prof. of Demonstrative Physiology; T. F. Alen, M.D., Prof. of General and Microscopic Anatomy; A. P. Throop, M.D., Demonstrator of Anatomy; J. B. Holtby, M.D., Prosector of Surgery; Ira Rempson, M.D., Assistant Chemist; Enos Hall, Janitor.

J. BEAKLEY, M.D., Dean.

Hahnemann Medical College,—Chicago.

THE Seventh Annual Course will open Oct. 26th. The course is divided into two terms: a junior and a senior. The former is devoted to the theoretical and preliminary branches, the latter to the practical.

Faculty.—G. E. Shipman, M.D., Emeritus Professor of *Materia Medica*; A. E. Small, M.D., Emeritus Professor of Theory and Practice, Dean of the Faculty; N. F. Cooke, Professor of Theory and Practice of Medicine; G. D. Beebe, M.D., Professor of Principles and Practice of Surgery; D. A. Colton, M.D., Professor of General and Descriptive Anatomy; R. Welch, M.D., Professor of Chemistry and Toxicology; H. P. Gatchell, M.D., Professor of Physiology and Principles of Medicine; R. Ludlam, M.D., Professor of Obstetrics, and the Diseases of Women and Children, Registrar; E. M. Hale, M.D., Professor of *Materia*, Therapeutics and Medical Botany; J. S. Mitchell, M.D., Professor of Surgical and Pathological Anatomy and Post-Mortem Examinations; C. Woodhouse, M.D., Lecturer on Medical Jurisprudence and Insanity; A. E. Small, Jr., M.D., Demonstrator of Anatomy.

European Medical News.

A PROSPECTUS is received which announces a selection of the most valuable articles from European Medical periodicals, to be published in Monthly Parts of 50 pages each at \$5.00 a year. Editor, Robert Stone, M.D., New Haven, Conn.

Proceedings of the Michigan Homœopathic Institute. Seventh Annual Meeting, Detroit, June 19th, 1866. With the Annual Address, by C. J. Hempel, M.D. Constitution of the Institute &c. DETROIT: Published by the Institute. Dr. Lodge's Pharmacy, pp. 48, 1866.

THE Michigan Homœopathic Institute is one of the *working associations* of that newer portion of the New World where new schools of all branches of human progress are alive and perpetually struggling to make still newer improvements. The contest with the Regents of the State University now progressing will only hasten the solution of the grand medico-legal question which the Boards of Army Surgeon Examiners and the New-York Board of Health have prepared the minds of the people to press forward to a speedy settlement.

A "*University*" was, (in the last century) supposed to be a sort of school to which rich men's sons might by Divine right be admitted, where they could learn *every thing* in the whole range of *universal* knowledge. The University of Michigan is based upon the noblest of all foundations,—the

right of every youth, who is born upon all the old hunting grounds of the Ottawas and Pottawatamies, or who happens to come thither from any of the four corners of the earth to learn *all that anybody knows*. The power of prescribing what may be taught to these aspiring seekers after knowledge seems now to be in the hands of a few men who though holding the responsible positions of "Regents" are too far *behind the times* in their intelligence to understand the peremptory demands of the present age. Let them hold fast to the doctrines delivered by medical teachers a century ago, when Pontiac, the greatest of the Ottawa warriors and statesmen was striving hard to hold the very ground which they now control. We suppose he was a greater man than any of them, but the destinies were against him. *Modern Civilization was determined to have the ground.* It took it, and long after Pontiac was dead the war-eagle of the young American Republic drank the blood of Tecumseh and his braves on the field of the Thames in Upper Canada.

The manifest destiny of the education of this century already presses forward the solution of many problems; but the decision of *this* question is foredoomed before the verdict of the jury is announced. The *University* must be a *skylight to let in light*, not an iron window-blind to *shut out* the rays of the morning sun-shine. We hope the lines of battle may be well drawn in Michigan. These Regents will show themselves unworthy successors of Pontiac, White-Pigeon and Tecumseh if they do not die hard. The fates are against them, indeed, but let them do their best. Let each man say with the "King of the Woods" when entering upon his last conflict "We go into the battle from which I shall not return."

Michigan Homœopathic Institute. Seventh Annual Meeting.

MORNING SESSION. The seventh annual meeting of the Michigan Homœopathic Institute was held at Detroit, June 19th, 1866, in the basement of the Christian Church, corner of Jefferson avenue and Beaubien-street.

In the absence of the President, Prof. C. J. Hempel, of Grand Rapids, was called to the chair.

The Divine blessing was invoked by Elder A. I. Hobbs in fervent prayer.

The Secretary then called the roll, and the following members responded when their names were called: Dr. L. M. Jones, of Brooklyn; Dr. F. X. Spranger, Detroit; Dr. A. B. Spinney, East Saginaw; Dr. Wm. J. Calvert, Chelsea; Dr. J. R. Hyde, Eaton Rapids; Dr. F. Woodruff, Ann Arbor; Dr. I. N. Eldridge, Flint; Dr. James D. Craig, Niles; Dr. A. Walker, Pontiac; Dr. J. A. Albertson, Detroit; Dr. E. H. Drake, Detroit; Dr. C. J. Hempel, Grand Rapids; Dr. Edwin A. Lodge, Detroit; Dr. E. L. Roberts, Detroit; Dr. C. J. Jefferies, Dexter; Dr. L. Younghusband, Mt. Clemens; Dr. J. V. Spencer, Battle Creek; Dr. Benj. F. Pennock, Fentonville.

On motion, the following gentlemen were admitted to membership; Charles Hastings, M.D., George E. Swan, M.D., B. F. Bailey, M.D.

The reading of the minutes of last meeting was, on motion, dispensed with.

Dr. Lodge, of Committee on Publication, made a verbal report, which was accepted.

Dr. E. H. Drake, Chairman of Committee on *High Dilutions*, made an interesting report, which was accepted and ordered to be printed.

Dr. L. M. Jones made a report on Indigenous remedies, which was accepted.

Dr. E. H. Drake remarked that the use of *Cactus grandiflorus* from first to third, in cases where it seemed to be directly indicated according to the provings, had not been of the advantage he expected. After failure with *Cactus*, *Kalmia-latifolia* produced a cure in a case of palpitation of the heart.

Dr. A. B. Spinney said that his experience coincided with that of Dr. Drake.

Dr. James D. Craig found that the use of first decimal dilution of *Cactus* in acute pleuritis resulted in marked benefit to the patient; one case was cured in four days. No other remedy was used.

Dr. P. H. Hale presented a proving of *Asclepias-tuberosa*, which was referred to Committee on Publication.

Dr. James D. Craig referred to the following symptoms of *Hydrastis-canadensis*—weakness and loss of muscular power of both arms, tingling in left arm, and loss of sensation.

Dr. C. J. Hempel, of Committee on Dose, remarked that his report on the subject was not complete, and asked that the committee be continued which was agreed to.

Dr. J. D. Craig read a report on the subject of Dose, which was accepted and referred to Committee on Publication.

Dr. A. Walker, of Pontiac, made a verbal report on Obstetrics.

Dr. W. J. Calvert, of Committee on Medical Electricity, read a report which was accepted and referred to Committee on Publication.

Dr. F. X. Spranger inquired the kind of instrument used by Dr. Calvert.

Dr. C. replied that he used Palmer's Electro-voltaic battery. He considered the smaller the quantity given the better for the patient. Palmer's battery can be used to avoid the pain on extraction of teeth, the positive pole to the ganglion, and the current made from that to the tooth through the forceps.

Dr. Walker found the use of electricity advantageous in ophthalmia. Common remedies failed in a case of tumor. He then applied electricity, the negative pole to the foot and positive to tumor. It was discussed in a few days to the great satisfaction of himself and patient.

Dr. F. Woodruff said that he succeeded with high dilutions in disposing of both inflammations and tumors without resort to electricity.

Dr. F. X. Spranger considered that the to and fro current of the ordinary batteries was highly prejudicial in the treatment of disease.

Dr. Long presented a report on Physiology and Homœopathy which was read, accepted, and referred to the Committee on Publication.

On motion the Institute adjourned until 2:30 P. M.

AFTERNOON SESSION. L. Younghusband, M.D., of Mt. Clemens; J. V. Spencer, M.D., of Battle Creek; and S. J. Fulton, M.D., of Tecumseh; were admitted to membership.

Dr. Benj. F. Pennock, of Fentonville; and Dr. H. T. Walker, of Detroit; were also admitted on recommendation of the Board of Censors.

Application of W. Zaremba, M.D., was referred to the Secretary with power.

The following was offered by Dr. Drake and unanimously adopted :

Whereas, Since the last meeting of this Institute A. W. Walker, M.D., one of its members, has departed this life after a short but severe attack of fever; therefore

Resolved, That this Institute has lost in Dr. A. W. Walker one of its most promising members.

Resolved, That we heartily tender to his father and friends our sympathy and sincere regret, that his period of usefulness among them and us was so brief.

The following proposed by Dr. Lodge was adopted without dissent:

Whereas, The Regents of the State University neglect and refuse to appoint at least one Professor of Homœopathy in the University according to the requirements of the law; therefore

Resolved, That Drs. E. H. Drake, J. A. Albertson, E. A. Lodge, and A. Walker, be instructed to procure the services of counsel and apply to the Supreme Court.

Resolved, That they be authorized to pay such counsel out of the treasury such sums as they may deem right, and if the funds on hand are not sufficient, that they make a uniform assessment on the members for the amount required.

Dr. F. X. Spranger made a report on Variola, which was accepted and referred to Committee on Publication.

Dr. Drake said that he had used the *Sarracenia* with success in several cases of small-pox.

Dr. A. B. Spinney relied upon *Cimicifuga* tincture, and believed that it was a valuable prophylactic. In severe forms of the disease the eruption declines quickly under its use. *Gelsemium* should be given to arrest the fever.

Dr. Albertson said that after testing *Tartar-emetic* and other drugs he had come to settle down on *Gelsemium* and *Cimicifuga* as the most reliable remedies in Variola.

At 3, p. m. Prof. C. J. Hempel delivered the Annual Address, which was received with marked attention, and on motion of Dr. Hastings the Institute ordered it to be printed as a part of the proceedings.

Prof. E. M. Hale, an Honorary Member of the Institute, presented the following papers—"Baptisia in fever," and "Biographical notice of Dr. John Mosher, the Pioneer Homœopathic physician of Southern Michigan."

Dr. J. A. Albertson presented a report on *Fistula in Ano*.

Dr. S. J. Fulton presented a report on a case of cough, with unusual complications.

The following communication from the Western Institute was read :

Dr. E. A. Lodge, Sec'y Michigan Institute of Homœopathy :

DEAR SIR:—At the 3d annual meeting of the Western Institute of Homœopathy the following Resolution was unanimously adopted :

"Resolved, That the State Societies of the Western States are hereby requested to hold their annual meetings *previous* to the meeting of this Institute."

With much respect, I am yours truly,

E. M. HALE, *Corresponding Secretary.*

Also, from the Illinois State Homœopathic Association, the following:

124 *South Clark-street, Chicago, May 18, 1866.*

E. A. Lodge, M.D., Sec. Michigan Institute of Homœopathy:

DEAR SIR:—I have the honor to communicate to the Michigan Institute of Homœopathy, that at the last Annual Meeting of the Illinois State Homœopathic Association the following Resolution was unanimously adopted:

"Resolved, That the State Societies of our sister States be, and are hereby invited by the Association, to send each a delegate annually to this body, who shall be instructed to contribute to the progress of medical science by presenting some practical paper for the consideration of the Association."

I have also to inform you that Dr. G. W. Foote, of Galesburg, Ill., is our accredited Delegate from this Association to the Institute for 1866.

Yours very truly,

E. M. HALE, *Cor. Sec., Ill. State Hom. Association.*

The following members were then appointed as Delegates of the Society.

*To the American Institute, at its 20th Annual Meeting, on the first Wednesday of June, 1867, at New-York City—*Dr. C. J. Hempel, Dr. A. Walker, Dr. E. A. Lodge, Dr. A. B. Spinney.

*As Delegates to the Western Institute of Homœopathy.—*Dr. J. D. Craig, Dr. F. X. Spranger, Dr. J. A. Albertson, Dr. J. V. Spencer.

*As Delegate to the Illinois State Homœopathic Association.—*Dr. J. M. Long.

The Institute proceeded to an election of officers for the ensuing year, the following were unanimously elected:

*President—*Charles J. Hempel, M.D.

*Vice-president—*A. Walker, M.D.

*Secretary and Treasurer—*Edwin A. Lodge, M.D.,

*Censors—*E. H. Drake, M.D., Detroit; James D. Craig, M.D., Niles; J. A. Albertson, M.D., Detroit; I. N. Eldridge, M.D., Flint; J. R. Hyde, M.D., Eaton Rapids.

The following special Committees were appointed to report at the next annual meeting.

*On Honorary Membership—*Drs. G. T. Rand, A. B. Spinney.

*On Publication—*Dr. E. A. Lodge.

*On High Potencies—*Drs. I. N. Eldridge, Orrin Fowle, T. Romeyn Huntington.

*On Cases cured with one Remedy—*Drs. A. Bagley, Lewis Taylor, P. H. Hale, L. M. Jones, H. C. Bagg, John Doy, Orrin Fowle, T. B. Lamb.

*On Procrings of Indigenous Remedies—*Drs. F. P. Spranger, J. R. Hyde.

*On Dose—*Drs. C. J. Hempel, A. Walker, A. J. Sawyer, F. Woodruff, H. B. Bagley.

*On Intermittents—*Drs. A. Farnsworth, F. X. Spranger.

On Surgery—Drs. E. H. Drake, Smith Rogers, H. T. Hawley, A. Farnsworth.

On Syphilis—Drs. J. A. Albertson, C. A. Jefferies, A. C. Spinney.

On Pathology—Drs. C. Hastings, A. H. Botsford, Wm. Huntington, A. R. Ball.

On Obstetrics—Drs. S. W. Pattison, C. A. Jefferies, I. B. Tuttle.

On Diseases of Women—Drs. L. Younghusband, J. N. Spencer, S. J. Fulton.

On Physiology—Drs. J. D. Craig, R. Pengelly, B. F. Pennock.

On Anatomy—Drs. C. A. Williams, Edwin C. Wilbur, Wm. J. Calvert.

On Chemistry—Drs. Jos. Sill, E. R. Ellis, S. N. Coons.

On Medical Electricity—Drs. J. M. Long, John E. Smith, H. T. Walker!

On Delegates to other Societies—Drs. J. A. Albertson, and H. B. Bagley.

On Homœopathic Colleges and Homœopathic Professorship in State Univer-
sity—Drs. E. H. Drake, J. A. Albertson, E. A. Lodge, and A. Walker.

On Obituaries—Drs. Chas. Hastings, G. E. Swan, E. H. Drake.

On Diseases of Eye and Ear—Dr. E. L. Roberts.

On Diseases of the Teeth—Dr. Isaac Douglass.

The following preamble and resolutions were offered by Dr. I. N. Eldridge, and passed:

Whereas, False imputations are frequently thrust upon members of this Institute, charging them with using allopathic medicines and prescriptions in their practice; and

Whereas, This unjust and libelous charge comes in consequence of professed Homœopathic Physicians using prescriptions and other modes of treatment as practiced by allopathists, the tendency of which is to bring reproach upon the cause of Homœopathy and upon members of this Institute and upon other practitioners of our system; therefore be it

Resolved, That the members of this Institute hereby, one and all, unqualifiedly condemn and repudiate any departure from the principles and practice of pure Homœopathy.

Resolved, That we will not countenance or hold fellowship, professionally, with any who thus bring disgrace and odium upon our system of practice.

Resolved, That this institute recognizes only one principle of therapeutics, and this principle is embraced in the law of "*simili similibus curantur*," as enunciated by Hahnemann. To this principle we, as the representatives of homœopathy in this State, will adhere, knowing, as we do, that the only safe and certain way of curing the sick is embraced therein.

On motion, the thanks of the Institute were given to Prof. Hempel for his very able address.

After thanks to the physicians of Detroit for their hospitality, the Institute adjourned to meet at Jackson, Michigan, on the third Tuesday of June, 1867.

EDWIN A. LODGE, *Secretary.*

Homœopathic Medical Society of the State of New-York.

THE Sixteenth Annual Meeting of the Society will be held at the City Hall, in Albany, Tuesday and Wednesday, February 12th and 13th, 1867.

It is desirable that all the county societies be represented by a full attendance of delegates. Delegates, or their alternates, should be furnished with properly certified credentials.

Delegates from other State Homœopathic Medical Associations are expected to be present.

Communications for presentation at the meeting and publication in the Transactions, should be forwarded, as soon as practicable, to the Recording Secretary.

The attention of members of Medical Committees and of the profession is called to the Circular published in the third volume of Transactions, pages 401 to 404.

H. M. PAINE,

Recording Secretary.

104 State-St., Albany, N.-Y., October, 1866.

The importance of the Annual Meetings of the State Society have been sufficiently established, and the interest and value of the Reports and Proceedings expected at the above announced Anniversary, will certainly surpass those of any preceding one. We hope the members from whom Reports are expected will be fully prepared to contribute their share to the interest of the meeting, as well as to the value of the ensuing volume of the Transactions. Let us have, not only the expected papers duly prepared and presented, but also full histories of the epidemic constitution of the season, individual cases of diseases treated by new, or well known remedies, provings, facts, medical topography, statistics,—everything that can display the progress of sound science in our school, and illustrate the *Medica! History of the Empire State.*

Obituary.—Alexis Leon, M.D.

THE death of this respectable and faithful physician has already been announced in all the Newspapers of New-York city: and his many friends here and elsewhere have, long before this memento can be received, estimated and tried to become reconciled to the loss which his family, the social circle, his professional patrons, and his much loved profession have sustained. But memory still recalls his features, his character, and his sudden departure from among us; and every homœopathist will be gratified by even the most imperfect effort to catch and retain in our pages the faintest picture of the man as he was, though the sketch be taken by one with whom he had only a personal acquaintance of a few years.

The life of a patient laborer in private medical practice does not furnish materials for general history. There are men who upon small mental capital build striking structures of notoriety. They sail upon the surface of a profession, a religious sect, or a political party, and are conspicuous objects in every storm or every slighter breeze. Such men find the way to the platform on every public occasion; and, whatever their ability, weight of character or moral worth may be, it is known to the public at least for what it is worth. Such men are always likely to be overrated by their

own party or fragment of a party; if not highly valued by the rest of the world, the world *knows* of them, knows how to *find* them, and may *use* them when it wants them. The subject of our present notice was not one of them.

Alexis Leon, M.D., was born in Philadelphia, April, 1815. He received a good education in all useful branches, and graduated in Medicine at Jefferson Medical College, Pennsylvania. After remaining a few years at Philadelphia he removed to New Orleans where he commenced a laborious but successful career in general practice. He remained in that City twelve years, during which time he passed through several seasons of severe trial from the usual Mississippi endemics, and also from cholera and yellow fever. In each of these diseases he was unusually successful; and detailed histories of his cases and expositions of the principles on which he prescribed have always been valued by professional friends. A few interesting cases were published in the United States Journal of Homœopathy (Volume I. p. 45.)

About ten years ago, finding his strength much impaired by professional fatigues and the climate of New Orleans (then much less healthy than it is now) Dr. Leon made some visits to the North for the purpose of recovering his health. By a few consultations with Dr. Marcy he was led into a course of self-treatment by which he recovered from the torpor of the colon and cæcum from which he had long suffered. But it was already evident that a northern climate might be indispensable to complete restoration and Dr. Leon was induced to make New-York a permanent home. Here he commenced practice, though feeling much hesitation about the propriety of making the attempt to compete with men already occupying the ground. But he had elements of success in him, which would not permit him to fail; and in the course of a few years he came into a practice which drove him to make exertions which his physical energies were not always sufficient to sustain. Physicians are of all men liable to break down under over-work; and Dr. Leon was just the man to do it, because he always felt too much for his patients and too little for himself.

The summer of 1866 was a hard one for New-York physicians, though little of the dreaded epidemic was here. Still the *fear* of its sudden advent was a perpetually present skeleton in every house. When *any* thing was wrong "the doctor" had to be called "to see what it was." Dr. Leon bore his part of the campaign cheerfully. In the latter weeks of August he retired for a few days' rest to Long Branch. On the 30th he was in the city for a few hours, and spoke of feeling remarkably well. He returned to Long Branch, and on the 31st took a sea-bath, which he had always felt to be beneficial. He noticed afterward that though he felt well he did not become warm *soon enough*. A *slight* feeling of chilliness remained, but it was *so slight* that he thought nothing of it. Next morning (Sept. 1.) something of this feeling remained, with a numbness almost imperceptible, and the slightest degree of contraction of the fingers. During the day these symptoms advanced *slowly*, though he still visited a patient and thought nothing of danger. When he began to realize the nature of the insidious enemy that was imperceptibly paralyzing all his physical as

well as mental powers, he telegraphed to New-York for Dr. Marcy. Dr. Marcy took the first boat and reached Long Branch at 7 p. m., (Saturday.) He found Dr. Leon hopelessly sinking in the cold perspiration and utter insensibility of collapse, there having been *no reaction* from the cold sea-bath of the preceding day. He lingered in perfect stupor until the following morning when he died. (Sept. 2d.)

The professional character of Dr. Leon was that of a man who devoted himself entirely to the *practice of medicine*, and tried to do *nothing else*. He was modest, rather diffident, always patient in striving to ensure the safety of his patients; everywhere he was affable, candid, faithful in attending to every known duty, but making himself felt in the *sick-room* or in *private consultations* rather than any *public* position. He was a devoted student of the *Materia Medica* of Hahnemann; and his faith in it became stronger in proportion to the number of years he had devoted to the testing of the best known remedies. In consultations, his accurate knowledge of the *specific* characteristics of an available remedy was always strikingly displayed in a few well considered words. If his opinion was not at once accepted his manner in pressing it was so unobtrusive that it was easy to come up to the subject from some other point; and it was always evident that when he *gave* an opinion, it was one that had been reached by careful analysis of existing symptoms, and intimate knowledge of those of a corresponding remedy. Thus though Dr. Alexis Leon filled few positions in life, he filled the *highest one*, that of the *intelligent and conscientious medical counsellor*, with such a degree of success as his more youthful brethren will not think beneath the range of a fair ambition; and he has filled it with such honor as has won from many friends a confiding clientage, and we doubt not from a higher Master the title of a "*good and faithful servant*."

Proceedings of the New-York County Homœopathic Society.

At a meeting of this society held at the College Building, 116 East Twentieth-street, on the evening of October 10th, 1866, the following Resolutions were unanimously adopted:

Whereas: This Society has learned with profound regret and sorrow that the medical profession and the cause of homœopathy are called to mourn the loss of one of its valued members in the death of Alexis Leon, M.D., of New-York City, Therefore

Resolved: 1. That this Society unites in sympathy and grief with his afflicted family in the loss they have so suddenly sustained.

2. That this Society recognized in Dr. Leon an earnest advocate of the great principles of Homœopathy, a faithful practitioner of its doctrines, and a sincere, honest, amiable, and conscientious man.

3. That the Society hereby expresses its respect for his character, and its desire to cherish his memory, as well as to soften the affliction which has so unexpectedly fallen upon his family.

4. That a copy of these Resolutions be transmitted by the Secretary to the widow of the deceased; and that they also be published in the *American Homœopathic Review* and the *North American Journal of Homœopathy*.

Billiards—Medically considered.

Nothing contributes more to the physical, moral and intellectual development and healthfulness of a community than suitable recreation. Man is made up of a great variety of organs and faculties, all destined to perform certain functions, and a proper exercise and development of them is essential to the highest degree of health and usefulness. This vital fact is not duly appreciated by the American people. In all parts of our country the chief end of life appears to consist in the acquisition of riches; and all of the faculties of the mind, yea, even health itself, are rendered subservient to this object. In our large cities especially, violations of laws of health are almost universal. The amount of recreation and amusement indulged in by our professional, literary and business men is entirely inadequate to secure that degree of physical and mental vigor which properly belongs to them. Scarcely a man of them can examine carefully the mortal tabernacle in which his soul dwells, without finding some derangement, some source of pain, depression of spirits, or other annoyance.

We claim that a large portion of these evils are due to excessive devotion to business, and to a neglect of those mental and physical diversions which conduce so materially to health and happiness. On returning home from business, our citizens indulge in rich dinners, with vinous and other potations: after the meal is ended, a majority of them mope over their evening journals, ponder upon the prices of merchandize, stocks, and the profits and losses of the day, and then retire to an unrefreshing sleep, with a stomach full of rich viands and exciting stimulants, and a mind oppressed with perplexing cares and thoughts of business. Another portion pass a large part of the night at crowded parties, balls, theatres, clubs, and late suppers, and call this recreation. But is the inhalation for hours in succession, of a poisonous atmosphere, or an indulgence in game suppers, punches, wines, ices, and other abominations at two or three o'clock in the morning, and then going from heated apartments with open pores into a cold atmosphere, in sober reality *amusing*, or conducive to health or morals? Let the next morning's headache, nausea, and mental and bodily lassitude, which even Seltzer-water fails to remove, answer. Later, let the sallow skin, the dyspeptic stomach, the torpid liver, the shaky nerves, and the blue-devils respond to the query. Later still, let apoplexy, paralysis, softening of the brain, or Bright's disease give the final answer.

What then can be suggested as suitable modes of recreation? How can we present that exercise and diversion to both mind and body which will result in recruiting them from the perplexing toils and cares of business? We answer by directing the thoughts and the muscles into new and agreeable channels:—by taking the mind from care, anxiety, and severe application, and diverting it by pleasurable exercise and excitement;—by setting aside disagreeable and depressing emotions, and substituting in their place those which are cheerful and exhilarating;—by giving to the dormant muscles of the limbs, and of the whole body that gentle and healthful exercise which they so much require, but of which they are deprived in the ordinary avocations of city life.

One of the modes by which these desirable objects may be accomplished is to introduce into private houses a *Billiard Table*, and to present it to the entire family, men, women, and children as a means of daily exercise and recreation. The most indolent and stupid will, by practice, soon acquire a fondness for the game; and the improvement in the sanitary condition of those who habitually indulge in it, will commend it in the strongest manner to the heads of families.

We also advocate the game of billiards in families from a *moral* as well as *sanitary* point of view. Young America is naturally "frisky," naturally enthusiastic, exuberant, and fond of excitement and fun. Confine him in the house without diversion and excitement, and he mopes, sulks, pines, and sooner or later, breaks from wholesome parental restraints, and instinctively seeks for amusements, excitements, and pleasures elsewhere—at the club, the play-house, the restaurant, and too often, the gambling-hell and brothel. These natural instincts for diversion may be directed in such a manner by parents as to be productive of positive physical, moral, and intellectual benefit, by investing home with a few of the attractions which beckon them elsewhere. Give them comfortable billiard-rooms and billiard-tables, so that both body and mind can be amused and invigorated, and the attractions and pleasures of home will be superior to those beyond its boundaries.

Billiards is a mathematical game, and affords scope and exercise for those faculties which discipline and strengthen the mind. A steady hand, a clear head, quick perceptions, and a pleasant exercise of the calculating powers, are the requisites for an accomplished billiard-player. The practical development of these qualities must naturally be productive of good results.

The game of Billiards was invented in France. The name is derived from *Bille*, a ball.

Charles IX. of France married Elizabeth of Austria in 1570, and the wedding was signalized by the serving up at the table of the first turkeys ever seen in France. A year after this event and a year before the death of this young Queen, the game of Billiards was invented by Henricque De Vigne, a French artist in 1571. The new game became immediately popular at the French Court, and was soon known to the Germans, the Dutch, Italians, and the various nations of Europe. Burton, the author of the *Anatomy of Melancholy*, mentions Billiards among the fifteen popular "winter recreations" in vogue in England at the end of that century. Of some other amusements he thus speaks: "Cards, dice, hawkes, and hounds, are rocks upon which men lose themselves when they are improperly handled and beyond their fortunes." Hunting and hawking he regards as "honest recreations, and fit for some great men, but not for every base or inferior person:" for "while they maintain their faulkoner, and dogs, and hunting nags, their wealth runs away with their hounds, and their fortunes fly away with the hawkes."

In more recent times various improvements have been made in the construction of Billiard Tables.

Tables made of slate were introduced into England in 1827. The skill of American manufacturers now leaves nothing further to be desired.

A few years ago, we purchased of Messieurs Phelan & Collender a billiard table, and installed it in one of our large upper rooms as a household fixture; and we can truly say that it has contributed vastly to the health and pleasure of the entire family. Hundreds of times, when we have looked upon the happy and excited faces of those engaged in the game, and when personally participating in the exhilarating recreation, we have been profoundly grateful to Messrs. Phelan & Collender for their praiseworthy efforts in endeavoring to nationalize, and render popular this delightful game. If those who ameliorate the ills of life, and add to the sum of human happiness, are public benefactors, then the gentlemen to whom we have just alluded are entitled to the appellation.

Camphor.

CAMPHOR is a vegetable gum, semi-transparent and colorless. It is exceedingly volatile. When exposed to the air it flies off in vapor. On account of its strong aromatic smell it is much used to preserve cabinets and clothes from moths and other insects. It has long been supposed to preserve against infectious disorders. This it does by poisoning the animalculæ of which the infectious malaria so generally consists. When too much is taken it causes disease, being itself poison. A *very minute* quantity is sufficient to give its aromatic flavor and medicinal properties to water. This water in ten-spoonful doses is one of the best specifics for Asiatic cholera. If some shavings of Camphor are thrown on the surface of perfectly clean water in a large basin, the pieces immediately begin to move rapidly, some round on their centres, others from place to place. The cause of these motions is unknown. Camphor exists in many plants, but is chiefly obtained from two—one a native of China and Japan much resembling the Laurel. It is obtained by chopping the leaves, branches, roots, &c., into small pieces and placing them in a still with water.

The other Camphor tree is a native of Borneo and Sumatra. The Camphor is obtained by splitting open the tree, when it is found in large pieces in the interior.

The Stone Age.

M. CHEVREUL, in a communication addressed to the French Academy, brings together some curious facts relative to the Age of Stone in China. It seems that when Confucius was staying in the Kingdom of Tchen, a bird of prey fell dead before the king. Upon examination it was found to have been killed by an arrow armed with a hard sharp stone. Confucius was called upon to explain this, and related the tradition that in the year 1122 (B. C.) such a weapon had been presented as a token of sovereignty by Ou-ouang to the first King of Tchen. Search was made in the Royal Museum, and the weapon was discovered. "This proves," says M. Chevreul, that even at that remote epoch iron weapons had already been introduced into China, and the Stone Age only lived in tradition." M. Stanislas Julien has confirmed this opinion by several extracts from Chinese encyclopædias, which put the existence of a Stone Age in China beyond a doubt.

Portable Hot-Air Bath.]

A SIMPLE apparatus for giving a *hot-air bath*, by merely lighting an Alcohol Lamp, at a very small cost, has been constructed by J. Ronchetti of 92 Fulton-street, New-York. We have heard of so many sudden deaths, which might have been avoided by a speedy *warming-up* of a person who had been exposed to cold air or water a little too long, that we are disposed to favor the simplest, promptest means yet proposed for producing *complete reaction*.

Dioscorea Villosa.

DR. E. M. Hale (*New Engl. Med. Gazette*, Vol. I., p. 210.) says of this little known plant: "From the results of the recent provings (by Dr. Burt), as well as from its action in a case which I will narrate, I am convinced that it acts *first* on the nervous system of the abdomen, probably the *celiac plexus*; whence the intense pain and spasm of the intestines. It May also affect the *hypogastric plexus*. Indirectly, or secondarily, it affects the whole nervous system, causing pains in various portions of the body and extremities through its *reflex action*. Dr. Paine (eclectic) believes it to act on the "'umbilical plexus;' and as 'bilious colic' is but a hyperæsthesia of this plexus, it cures," &c. But Dr. Paine became almost convinced that homœopathy was true, although he does not admit it; for on giving the medicine to several students of medicine, he found it to cause in each case abdominal pains, such as would arise from hyperæsthesia of the umbilical plexus."

Dr. Hale gives the following case which occurred after the publication of the Second Edition of "New Remedies:—"

"A lady, pregnant with her second child, had alternate constipation and relaxation of the bowels. She had suffered much from pyrosis, and a 'burning aching pain in the stomach.' But her peculiar symptoms were these: for two weeks before she applied to me, she experienced just before and during each fæcal evacuation, a severe pain in the sacral region of the bowels, of a '*writhing, drawing*' character; and these pains appeared to radiate upward and downward, until the whole body and extremities became involved, the fingers, hands, feet and toes, feeling as if they were about to be cramped, from the severe, drawing, darting pains in them; these symptoms were always accompanied by great anxiety, faintness and palpitation of the heart."

For "this singular group of symptoms," "Belladonna and afterwards Veratrum were tried for two days without benefit. Colocynth was thought of, but *Dioscorea*, its "very close analogue" was tried. "Two or three grains of the one-tenth trit. of *Dioscorea* (first decimal) was dissolved in a half goblet of water; one spoonful was ordered to be taken every two hours. The next evacuation was accompanied by a slight manifestation of the previous symptoms, but after that they did not appear again. The 'burning pain' in the stomach afterwards disappeared. At this date, four weeks since the *Dioscorea* was given, none of the symptoms have returned."

Caustic Paste.

One of the best is that of CANQUOIN. The following is given as an improvement on it in the *Med. Times and Gazette*: Chloride of Zinc ten parts, flour twenty parts, Glycerine, four parts. "So prepared it can be applied with great facility to the part to be destroyed, however varied this may be in shape or direction, and can as easily be washed away.

Anæsthesia in Obstetric Practice.

M. BAKER BROWN has exhibited to the Obstetrical Society of London a mixture of two parts of chloroform with one of alcohol, to which the distilled essence of Eau de Cologne had been added. He had found it to allay the pain of labor without complete anæsthesia, and reported some cases in which it had been used.

Ovarian Tumors—Treatment by Homœopathic Remedies.

By JAMES H. PAYNE, M.D.

DR. PAYNE claims (*Hahnemannian Monthly*, Sept., 1866.) that ovarian, as well as most of other tumors can be cured by properly-selected remedies. He gives three cases.

CASE I.—A lady, aged thirty-nine, had a hard, round, oblong tumor on the right side of the abdomen, the size of an infant's head. Eight or nine years previous it was no larger than an egg; it had since increased. Menses small in quantity, irregular at intervals of six or twelve weeks; constipation led to use of injections and purgatives at intervals of from three to nine days. All medical treatment hitherto tried had failed; appetite poor; whole system debilitated.

After two years of careful homœopathic treatment, she was comparatively well, and in three years the tumor had entirely disappeared. She continues well. Remedies used in the course of the treatment: Puls. 30 (on account of the gradual diminution of the menses), Arsen. 30, Lachesis 30, Sulph. 30, Calcarea-c. 31, Aurum-f. 31, Merc.-viv. 30, Sepia 30. They were given one at a time, always waiting for the full action of one before another was given.

CASE II.—Mrs. F., aged twenty-three, recently married. Had a fall from a carriage, Aug. 25, 1856, struck her right side on the step, producing severe pain and inflammation of the bowels; this subsided in two or three weeks. The menses ceased. A small tumor was discovered in the region of the right ovary. This increased, extending up the right side from above the pubes till the abdomen was as large as at nine months of pregnancy. Tumor not very hard, and it seemed to contain fluid; the appetite failed; the bowels costive, she became pale, feverish, emaciated, and so reduced in strength that she could not sit up for nearly three months. The tongue and lips were red and sore; other symptoms indi-

cated a dropsical tumor of the ovary; no bloating or swelling of the limbs. Her uncle, a respectable allopathic physician thought "there was no possible chance for her recovery." Under homœopathic treatment she entirely recovered in about five months. She then menstruated regularly; the swelling gradually disappeared; and she has had excellent health ever since.

Remedies employed: Bell. 30, Merc.-viv. 30, Arsen. 35, Apocyn. 30, Pula. 30, Lachesis 30, Sulph. 31. Gave pellets dissolved in water. Dose every four hours at first, lengthening the intervals as she grew better.

Predisposition to Disease.—Her mother was scrofulous; her father was subject to severe attacks of rheumatism; a brother, eight years old, had several attacks of rheumatism, which resulted in enlargement of the heart, from which he never entirely recovered. The patient herself had itch badly at the age of thirteen. This was cured by external applications. The author thinks that the suppressed psora lay dormant for some years, during which she was considered healthy, and then developed itself in the form of a tumor. He thinks Hahnemann's Psoric pathology "one of the most important truths ever discovered in medical science.

CASE III—Miss B., aged thirty-eight, was pronounced hopeless, even for a surgical operation, by a consulting board of allopaths; and her case was undertaken reluctantly. She had been attacked some months before by either acute enteritis or bilious colic. Pains severe a few days; they then subsided; a tumor of the size of a walnut was found remaining in the right ovary. In the course of weeks it became nine inches in diameter, filling the abdomen. She looked as if nine months pregnant. The patient was very weak, pale, yellow and emaciated; she had no appetite; the tongue was red with little yellow ulcers upon it; mouth very sore; bowels inactive for five, six, even fourteen days at a time; urine retained or suppressed, voided with pain, at times needing the aid of the catheter; menses suppressed; profuse leucorrhœa. The neighbors were called in, thinking she would die. Dr. Payne succeeded in relieving the strangury, the constipation, and improving the appetite. In four weeks the general health was better, but the tumor was larger. After further time the general symptoms were still better, and the tumor began slowly to diminish; and in nine months it entirely disappeared. In a year the menses returned, and she became strong and healthy.

Remedies Used:—Cannabis-sat. 30 and 200, Puls. 200, Merc.-viv 100, Arsen. 200, Apis-mel. 30 and 200, Lachesis 30 and 200, Apocyn.-can. 30, and Sulph. 200. They were given as in Case II. Cannabis was first given for the strangury. The Apocynum-can. seemed to have the most decided effect of any one remedy in reducing the tumor. Good effects seen from Arsen. and Apia. In such advanced cases "no one remedy appears to make a complete cure."

Medical Education.

THE medical colleges of many sects and schools are now in full operation. The annual course of lectures is progressing in many schools in our own

city; and the merits of the varying creeds subscribed to in different colleges are being canvassed and discussed by earnest men who believe in all they say, but few of them ever tell more than half that they believe. There are many points in which it is evident that all schools are approximating each other. We are certainly nearer the millennial age when men shall see eye to eye, even in medicine, than when we first believed in the splendid theories first announced in this country by the eloquent tongue of Dr. Rush. The whole science has drifted far away from what it was in the day in which we first read medical books and medical journals. Now students in every school are taught many things that then nobody believed in; and if they did believe in them, nobody dared to utter them.

A respected Journal, which we recognize as about the best that allopathic medicine now sustains,* says on the subject of Medical Education, that during this century medical science has largely divested itself of its formerly dogmatic and theoretical basis, and has been placed, approachingly at least among the positive sciences. (See page 162 this Vol.)

In all of these improvements the homœopathist rejoices, and he intends to appropriate every one of them. No homœopathic school will dare to disregard them; and all our several colleges are now most industriously employed in appropriating every useful fact and principle scientific labor has ever brought to light, not only during this century, but in every preceding one.

But the gathering up of old fragments, already known, partially tried, and then thrown aside because they were imperfectly understood by the old school men, constitutes only a small part of the labor homœopathists have on hand. The observations of former years have generally been too imperfectly made, too imperfectly understood, and too loosely reported to be of much real value. It is therefore necessary to make them all over again. We have read much good advice on the value of observations intelligently made. The *London Lancet* (January, 1866) says the same good things over on the importance of accuracy in the observing of facts; it dwells upon the value of knowledge acquired through demonstrative teaching, and proves the superiority of the present methods of teaching, into which everything possible is presented to the eye, over the old druidical system which addressed the ears only. We accept the whole of this. Students need to see and touch, to handle and talk about everything that they are ever to know well enough to use with success. Imperfect observations only mislead; thus experience teaches the wise, but only confirms the fool in his error. The thousand remedies for the toothache, which King James said were (some of them) known to every ignorant old woman in his kingdom, were all suggested by somebody's experience. The supposed facts were not all facts, and neither the King nor his medical counsellors could tell the true from the false. A century later, Cullen, trying to reform theoretic medicine, found it mainly composed of false reasonings upon supposed facts. When he came to criticise the facts, he said he found that there were "more false facts than false theories in medicine." Within our own century it has been said by an author who stands equally

* U. S. Med. and Surgical Reporter, Aug., 1866, p. 163.

high, "What are called *medical facts* are little more than *medical lies*." We have spent too much time in trying to stow them away in the narrow pigeon-holes of a non-receptive memory.

We want the facts observed over again; we want them more carefully seen and more sternly sifted and analysed. We now have numerous observers who have good eyes, and who have been taught how to so use them that they can avoid the errors of former observers. *The homœopathic materia medica* is rapidly growing in extent and in value. If, like Tam O'Shanter's ale, there be already *too much of it* in bulk, we may still say with him, that "*it all the time is growing better*."

The reception at this moment of another part of Dr. Hale's *NEW REMEDIES*, (Second Edition, pages 449 to 592) reminds us of the progress that the medicine of true observation is making. Here, within the compass of one hundred and fifty pages are more accurate statements of actual, available, useful truth than can now be found in all of Cullen's *Materia Medica*. We have passed from the dispensation of *general theories* and abstractions, and have entered upon that of rigidly observed *particulars*. The new era commenced when Hahnemann made the first direct experiment on himself; its noon-day sunshine will be realized when the toilers now in the field of experimental provings, and the younger men, now in the halls of the homœopathic as well as allopathic colleges, shall have only accomplished half their work. We only want, with Goethe, "*light! more light still!*"

Just here we recognize some good and true thoughts in another man's book. We at once appropriate them, not for our own use, but for that of our brethren.

"The pedant talks to pedants like himself,
The man who follows Nature, to mankind:
The book-worm dies in dusty libraries;
The man of *sense* lives on as time endures;
The man who adds a science or an art
Or new invention practically wise,
Leads the great host; while those who simply talk
Of what men did, are laggards in the rear.
All shams are tottering on their pedestals;
False reputations shrivel as the grass
Of western prairies bathed in billowed fire.
Mere theorizing is the idler's trade,
The madman's boast, the tricksters common-places,
The dreamer's castle floating in the brain.

Men learn *through all the senses*; not in vain
The eye, the ear, the hand, the touch, taste, and smell.
The *Senses* are the *organs* of the *soul*,
And the immortal messengers who bear
Great tidings of great joy from God to man.
Scorn not the senses, nor condemn thyself,
Because thou feedest on the joy they bring,
And bathest in their harmony of bliss.
Sensation is the *attribute* of *God*,
Sensation is the *attribute* of *mind*,
And the immortal rapture of the *heart*.
Through the *five senses* time and space reveal

Their stately splendors to the inmost life.
 " All certain lies
 In that great sphere the senses seek to know,
 And, through sensation, all the universe
 Instructs the reason and informs the heart.

The senses are the ministers of love,
 The senses are the oracles of truth,
 The senses the interpreters of law,
 The senses the discoverers of fact;
 They hold their court in beauty and in joy
 On earth and in the spheres where angels dwell;
 And through the senses God reveals Himself,
 And through the senses Earth is taught from Heaven."

Etiology of Epidemics—A prize of \$250 offered.

AN offer of a prize the above sum for the best Essay on this subject is thus announced :

To stimulate such inquiry, I hereby offer a prize of \$250 for the best Essay on the "ETIOLOGY OF EPIDEMICS," which shall be deemed worthy of such reward; the decision to be made by the writer associated with the three professors of Theory and Practice in the three medical Colleges of the city of New-York.

Essays or monographs on the above subject, in competition for the prize, must be founded on accurately kept meteorological and sanitary records, in connection with equally exact records of the prevalence and specific character of diseases. Data must be supplied of an authentic character, by means of which epidemic seasons may be compared hygrometrically, thermometrically, barometrically, &c., with those which precede and follow them.

As notoriety is not sought for in this matter, I leave my name with the Editor of the Philadelphia MEDICAL AND SURGICAL REPORTER, to show that the offer is a *bona fide* one, to whom essays may be addressed until January, 1868, with a motto and sealed envelop containing the same, with the name of the author. Unsuccessful essays will, if desired, be returned to the writers. (*Med. and Surg. Reporter.*)

Degeneration of the Human Race from Residing in Crowded Cities.

THERE can be little doubt that about the great centres of civilization man is carrying out his sociable tendencies to such an extent as to detract considerably from the enhancement of his personal welfare, looked at in a physiological or medical point of view. He has become so fond of his neighbor, and his neighbor so fond of him that they are almost inseparable. Their friends are in the same way of thinking, and hence all join company and form compact fraternization. But the consequence is that they are in too close contact, and so continuously add to their number that at length they scarcely allow themselves room to move. There is no fresh air for them; they are forced to breathe their own and their neighbors' exhalations over and over again. There are so many of them in so small a space that they

cannot well get rid of their refuse matters, scarcely of their own excreta. If anything in the shape of an infectious disease attacks one, it spreads like wildfire, of course, amongst the others; and even moral delinquencies are found to be in the same way catching, for if a "black sheep" gets among the flock it is well known that "evil communications corrupt good manners." If the consequences then of this social agglomeration be, on the one hand, increase of political power, of wealth, of commercial and social prosperity, and successful competition with other nations, they are, on the other, an over-taxing of the physical and mental energies at our disposal, and a premature consumption of national life blood. To see all this, we have but to scrutinize the character and results of that which has been called in recent days the "great town system." To witness it in perfection we should observe the effects of this system on the physical condition and modes of life, particularly of the industrial poor of a great city. If we do this, it will certainly be found just as the Honorary Secretary of the Manchester Association and Physician to the Salford Hospital assures us is the case. There will be observed, as he states, amongst this class a singular want of stamina, manifesting itself either in the gait, bearing, voice, or frame. The muscular system is rarely fully developed or well strung. Few men are of that calibre from which we might expect either vigorous or healthy offspring, or arduous and sustained labor. Cases of deformity, along with actual distortion, are far from unfrequent, while minor physical defects, many of them denoting no trifling constitutional ailments, are deplorably common. The pulse, telling of the power of the heart, assures us the great central organ of the circulation is weak and flabby. The extremities are often cold in younger people; the veins prominent and tortuous in the adult, and the elders complain of vertigo. Blanched lips and colorless cheeks are common to men as to women, while hysteria and neuralgia are to be met with under protean and abundant forms. In fine, the blood is proved to be impoverished, and the nervous system devoid of that well-balanced tension on which the easy and harmonious working of the whole system so mainly depends. In the children of this class, again, the teeth are no sooner developed than they begin to decay; enlarged glands protrude from the neck; the skin looks dry and parched; the hair scanty, scrubby, or withered. If we extend our inquiries, we shall find too that of the number of military recruits derived from the population of our great towns, nearly four out of five fail to come up to that standard of bodily fitness which the army medical referees are instructed to insist on. (*Lancet*)

Belladonna an Antidote for Opium.

EDITOR Medical and Surgical Reporter:

WISHING to add my testimony of the antidotal properties of Belladonna in Opium-poisoning, I send you the following, which occurred in my practice.

July 21st, 1866. I was hastily summoned to see E. H.; messenger said he had taken poison. I arrived at 11.30, P. M. Found patient a man of nervo-bilious habits, aged thirty years. Had taken three ounces of tr. Opium at 8 o'clock. This he stated in a letter found on his table, and further

substantiated by two-ounce vials, which were found in his boots. One was empty, the other was half full of Laudanum.

The drug showed its full effects, having been taken three hours and a half previously. The friends had discovered his condition an hour after he took the poison, and had tried to produce emesis with mustard and warm water, until they had given a pint, also by tickling his fauces with an oiled feather, but to no purpose. I found the patient covered with a cold clammy sweat; extremities cold; pulse 110, and intermittent; respiration seven, and stertorous; pupils mere points; nose pinched like a cadaver, and could not inspire through it. Had had spasms of the muscles before I arrived. All efforts to arouse by shaking and flagellation proved useless.

With great difficulty I administered twenty grains of Sulphate of Zinc, but with no perceptible effect. I then gave twenty drops of TILDEN'S fluid extract of Belladonna (which I knew to be a reliable preparation) every ten minutes, until three doses were given, when his pupils began to dilate. In twenty minutes from the time he took the last dose, they attained their normal size.

As soon as the pupils began to dilate, consciousness began to return, and when they were fully dilated, the patient could be aroused, and would answer to his name when loudly called.

22d, 1 o'clock, A. M. Pulse 106, and regular; respiration seven; pupils twice their normal size. Could be aroused by severe flagellation and loudly calling his name.

He remained in this condition until three o'clock, when it became more difficult to arouse him. I again gave ten drops of the Belladonna every ten minutes until he had taken forty drops, with but little or no change, except the further dilating of his pupils. At 4 o'clock, patient could not be aroused as before, or with battery, which I now applied and used faithfully for an hour. At 7 o'clock, patient showed signs of improvement, and at 10 o'clock, could sit up in bed, and called for water. I ordered gruel to be given during the day, and a cathartic at night.

23d, 10 o'clock, A. M. Found patient sitting up, and perfectly rational, with slight gastric irritation and feeling of dullness, and some soreness, the effects of flagellation received from our hands in trying to keep him aroused. I am sure the Belladonna saved this man's life.

H. J. HORTON, M.D.

We have but a brief note to make to this case; and that we think both the writer and the editor of the "Reporter," have heard of before. It is best expressed in the brief aphorism of Hahnemann: "SIMILIA SIMILIBUS CURANTUR."

The Central Homœopathic Association of Maine.

PURSUANT to a call issued by the physicians of Augusta to the Physicians of Bath, Lewiston, Richmond, Gardiner, Winthrop, Waterville, Vassalboro, and Liberty, a meeting was held at Augusta, Aug. 22, and a society formed with the above title, by the choice of the following officers: President, W. E. Payne, M.D., Bath; Vice-Presidents, H. C. Bradford, M.D., Lewiston;

N. G. H. Pulsifer, M.D., Waterville; Secretary, J. B. Bell, M.D., Augusta.

The Meeting was harmonious, and even enthusiastic. Good accounts were given of the progress of homœopathy in the towns represented, and a cordial purpose expressed to make this a living society, and to make much sacrifice to secure a good attendance on the meetings. It is hoped that our brethren of the East and West may form an Eastern and Western Association, and that together we may form a strong *State Society*, which we have long needed.

The next meeting will be holden at Bath, Sept. 20, at the office of Dr. Payne.

The following gentlemen were appointed to report, at the next meeting, upon the designated subjects: W. L. Thompson, M.D., Augusta, *Typhoid Fever*; W. E. Payne, M.D., Bath, *Alternation of Remedies*; J. B. Bell, M.D., Augusta, *Potencies*.

The Boston Medical and Surgical Journal, Oct. 18, 1866.

CONTENTS.—*Original Communications*.—Laryngeal growths. By Henry K. Oliver, M.D., Boston.—Cerebro-spinal Meningitis. By S. G. Webber, M.D., of Boston. An essay to which was awarded the Boylston Medical Prize for the year 1866. (Continued.)—REPORTS OF MEDICAL SOCIETIES. (Boston Society for Medical Improvements.) Aneurismal Dilatation of the Arch of the Aorta; Extensive Atheromatous Disease. (With a wood-cut.)

Editorial and Med. Intelligence.—Annual Report by the City Registrar of the Births, Marriages, and Deaths in Boston for the year 1865.—Quack Advertisements in the Daily Press.—Progress of the Cholera.—Annual Report of the Boston Dispensary. By Samuel A. Green, Superintendent.—Marriages and Deaths of Physicians.—Vital Statistics for the week, &c.

The New England Medical Gazette. A Monthly Journal of Homœopathic Medicine, &c. October, 1866.

Contents for this Number.—Misinterpretations. By Dr. C. Hering.—Cases of Dysentery. By Conrad Wesselhœft, M.D.—Bromine in Disease of the Heart. By David Thayer, M.D.—A Case of Gonorrhœa, treated with Cannabis 200. By H. M. Hunter, M.D.—Editorial. Putrescent Sore Throat.—The Central Homœopathic Association of Maine.—The Bristol County Homœopathic Medical Society.—Notices of Publications.—Chronic Diarrhœa of Nine Years' Duration cured by Strychnia.—Attachment of Fœtal bend to the Uterine Parietes.—Hyposulphite of Soda in Scarlet Fever.—Hæmorrhage from the Uterus.—Notices and Items.

Medical Investigator, October, 1866.

Contents of No. 1.—Valerianate of Zinc in Neuralgia, &c. Prof. E. M. Hale.—Certain Abuses of Nursing, and their Consequences. Professor Fred. Weber.—Chronic Tobacco Neurosis (translated).—Correspondence: Criminal Abortion; Itinerant Homœopaths Again.—New Publications.—Review of Handfield Jones on Functional Disorders.—Editorial—Preceptors

in the Lecture Room.—Monthly Periscope: Michigan Homœopathic Institute: A speck of War; Hahnemann Medical College; Personal—Sir Henry Holland; New England Medical Gazette; New Books; New Expedient in Arm Presentation; A New Remedy for the Cholera; Mortuary; Cook County Medical Society; Cattle Plague Poison; Dr. R. D. Mussy; An Interesting Novelty; Presentation—Dr. Hatch; Hospital Advantages for Students in Hahnemann Medical College.—Selected: The Inoculability of Tubercle; Removal of Upper Maxillary Bone for Myeloid Disease.—County Societies. Dr. T. C. Duncan.—North-Western Provers' Association.—The United States Medical and Surgical Journal.—Report of the Chicago Homœopathic Dispensary.—Wisconsin Homœopathic Medical Society.—Sudden Blanching of the Hair.—The Breathing Test.

Helonin as a Remedy in Diseases of the Kidneys.

We extract the following from Prof. E. M. Hale's *New Remedies*. Second Edition, p. 534.*

Urinary Organs.—Kidneys somewhat stimulated, and a larger amount than usual, of clear, light-colored urine has been voided.—(*Burr.*)

Irritation of the urethra; pain in the kidneys, *congestion* of the kidneys, *albumen* is present in the urine, and the specific gravity is increased.—*Paine.*

CLINICAL OBSERVATIONS.—Dr. Burr's symptoms indicated that it caused congestion of the kidneys; but Dr. Paine's observations leave us in no doubt as to its specific relation to these organs. This latter physician acknowledges the truth of the homœopathic law by giving the medicine in Bright's disease. Dr. Paine says:

"In medicinal doses of from one-half to one grain, it appears to exert its powers principally over the kidneys, bladder, uterus, urethra, uterus and vagina."

The one fact of its causing *albuminuria*, is of immense value as a pathogenic and pathological symptom. In this respect it is an analogue of *Mercurius*, *Kali-hyd.*, *Kali-nit.*, *Eupatorium-pur.*, *Copaiva*, *Terebinthina*, *Cantharis*, &c.

It is deemed to be a diuretic by medical writers: "In the treatment of the various forms of dropsy, the Helonin has proved of remarkable utility. It operates in a general manner, and is seemingly a powerful resolvent. The manner in which it proves evacuant, is in some cases as a diuretic—except when given in over-doses, when it is an emetic."—(*Coe.*)

There are few forms of dropsy which are not due to an asthenic state of the system, or which do not bring on this condition during their course. Therefore, not only do we need to use in dropsy, such remedies as *Apis*, *Apocynum*, *Colchicum*, which act specifically upon the kidneys, but possess no tonic power, but we are obliged to resort to such medicines as *China*, *Arsenicum*, *Phosphoric-acid*, &c. Indeed, these latter medicines alone have cured many cases of general dropsy by their influence over the general system. The Helonias will be found valuable to the homœopathist in that class of cases when there is *anasarca*, with general debility, *albuminuria*,

and an atonic condition of the generative organs, such as chlorosis, amenorrhœa, dropsy from uterine hæmorrhage, &c.

Dr. Rogers, of Coldwater, Michigan, reports the following illustrations of the uses of Helonin in *urinary difficulties*:

Case 1st.—Mr. G. had been ill for six weeks. When first attacked he was in good health. The first symptoms were frequent and urgent desire to urinate. After a week or so, the amount of urine became very great and perfectly limpid. This condition continued five weeks, with increasing emaciation and debility. He had been under allopathic treatment during that time. When I first saw him his symptoms were—great emaciation and debility; unable to walk but a few rods at a time; complete loss of appetite; pale, chlorotic skin; tongue red at the tip and edges, white in the centre; morning headache in the occiput; unless he took some acid with his animal food, it was vomited immediately; bowels regular and normal. He had a constant aching, and extreme tenderness in the region of the kidneys, especially the right; also some tenderness in the region of the bladder. When urinating, intense, cutting, tearing pain in the urethra. Very frequent desire to urinate, every fifteen or twenty minutes during the day, not so often at night. The urine was very limpid when first voided, but deposited after a time, a lead colored, flocky sediment, adhering to the vessel. The amount of urine reached nearly three quarts a day. Suspecting that a portion of the symptoms were medicinal aggravations from some Copaiva he had taken, I considered that Helonin met the general indications more nearly than any other remedy. It was given in doses of two grains of the first decimal trituration, every two hours. Two days afterwards all the symptoms of urinary irritation were improved. Amount of urine less; pulse stronger. At the end of six days he had improved rapidly. The urine was normal in quantity and quality; appetite returned. In two weeks had commenced work again, and has had no return since. During this time the medicine had been continued, but at longer intervals.

Case 2d.—Mr. B., age fifty, complained of the following symptoms, which he had been troubled with occasionally for several years.

Pain in region of the kidneys; painful stiffness of the back, lumbar region; much burning, scalding pain when urinating. Frequent and urgent desire to urinate, with emissions of large quantities of red urine, how much more than normal I cannot state. Besides these symptoms, there was present a condition of complete impotence, which condition, he informed me, always accompanied the other symptoms. Gave one-tenth of a grain of Helonin, every two hours, for a day or two, then not so often. In a few days all the abnormal symptoms disappeared. Sexual power was fully restored. He had no relapse for several weeks, when, from getting the feet wet, the symptoms returned, but were promptly removed by the same remedy."

It would seem in this case, that the remedy was homœopathic to the strangury, a proving of the drug may demonstrate this.* The most marked effect, however, was in removing the excessive emission of urine and the

* NOTE TO THE SECOND EDITION.—My prediction is fulfilled in Dr. Paine's observations.

impotence. I have cured several similar cases with *Mercurius-sol.*, a few with *Phosphoric-acid*, and one with *Cannabis*.

Dr. Paine (eclectic) gives the following interesting testimony concerning the use of Helonin in urinary disorders, to which it is certainly homœopathic as shown by his own experiments :

"The disease which is most promptly influenced by this remedy is *diabetes*, for which it has been used extensively, and with most happy effects. I have myself treated a large number of cases of diabetes with this drug, and have invariably found it to diminish the quantity of saccharine matter in the urine in the course of a very few days; and by the continued use of it, in combination with Cod-liver Oil and Quinine, I have been most successful in curing many bad cases of this affection.

A case recently came under my treatment of a young man, aged twenty-six, who had been troubled with diabetes for several years. His urine had been analyzed by several of the best chemists in the city, and large quantities of saccharine matter found. By allowing the urine to evaporate in the sun, on glass, crystals of sugar would appear in a few moments, and the presence of sugar in the urine was detected by all the ordinary chemical tests. I now commenced the treatment of this case for the purpose of testing the specific power of the Helonin in this affection. I gave him one-half a grain of Helonin every two hours during the day, for sixteen consecutive days. The quantity of saccharine matter gradually disappeared, so that at the termination of the sixteen days very small traces of the sugar could be detected in the urine. His general health had been reduced by the disease, and for the purpose of restoring it, I gave him Quinine and Cod-liver Oil, in the proportions of one grain of Quinine and one teaspoonful of Cod-liver Oil every three hours, for three days, when I again resorted to the Helonin, and continued it for fourteen days. By this time all traces of saccharine matter had disappeared. I then resorted again to Cod-liver Oil and Quinine for four or five days, then gave him small doses of Helonin and Iron, and a nutritious diet. By this and other hygienic measures I succeeded in entirely curing the case in four months.

Several other marked cases have been treated in a similar way, and with the same results. Another disease which seems to be controlled by this remedy, is granulated kidney, or Bright's disease, or albuminuria.

A gentleman, about sixty-five years of age, who had been afflicted with Bright's disease for several years, and been treated by several prominent old school physicians in this city, applied to me about two years ago. I commenced the treatment by administering one-fourth grain doses of Helonin, and one grain of Iron by Hydrogen, or the *Ferri-reductum*. Of this compound, I administered one dose every two or three hours. I also applied an irritating plaster over the region of the kidneys, recommended an alkaline bath, nutritious diet and out-door exercise. The patient improved rapidly for several weeks, when he was seized with intermittent fever. I then omitted the remedies and gave Quinine and Iron, together with Aconite, and such other remedies as are used to control the fever. Upon recovering from this attack of fever, the albumen reappeared in the urine in large quantities, and by the use of the Helonin it soon diminished. The Helonin, Chelonia, Iron, and Cod-liver Oil were then used in combination and alternation, for five or six months, together with some general tonics, which resulted in a permanent cure. I mention this case, not because it is the only one treated by this agent, but as a marked case of degeneration of the kidneys in its worst form.

I have treated a large number of cases of albuminuria, following scarlatina, and other exanthematous fevers, with Helonin, and have found it to operate with almost uniform success."

The value of the above clinical cases is somewhat injured by the combination of Helonin with other medicines. It must be admitted, however, that the Helonin seemed to be the principal curative agent.

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LIX.

Original and Translated Papers.

ARTICLE XXX.—*Post-Mortem Examinations.* By BUSHROD
W. JAMES, M.D., of Philadelphia Pa.

WHY are *post-mortem* examinations so much neglected by the members of our school? It is rarely that we see any article appertaining to pathological anatomy in our journals: The field is wide open for continued research in this direction, and much valuable information is to be gained by well-conducted examinations of interesting cases where the same have proved fatal. Following the effects of morbid action as exhibited in symptoms still further up by means of these explorations, and showing the pathological appearance and condition of the different structures involved may not greatly influence the application of therapeutic agents in all diseases, still there are some affections in which a clear understanding of the external symptoms can only be had in this manner: the physician desires a knowledge of all the effects diseased action has produced, both external and internal, as far as he can obtain them, in prescribing his remedies; and although each and every case must be individualized and prescribed for upon the law "*similia similibus curantur*" in accordance with the

symptoms, he can at the time obtain; yet it cannot be denied but that the knowledge with which he is furnished by such past observations has an important bearing upon his choice of a remedy in some instances. Symptoms to the physician are like the hands of a time-piece to the watch-maker, pointing out any derangement of the internal structure, whilst *post-mortems* are like a thorough examination of the time-piece, giving an insight into the internal derangement that has produced the irregularity of action. When the art of photography, which has now reached so great a degree of perfection by means of the magnesium light, is brought into use, it presents the practitioner with photographic pictures of the tissues and organs as exhibited in a diseased state and when a microscopic investigation of the structures affected is super-added he can but obtain a more distinct view and understanding of the malady itself. The two main causes that operate towards retarding *post-mortem* inquiries are in the first place, the general dislike on the part of relatives and friends of the deceased to have a dissection of the body of one whom they loved; and in the next place many physicians themselves have an aversion to making such examinations, or will not take the time to make them and record the pathological appearances, even where the consent of the friends can be obtained for its performance. In most cases where peculiar symptoms or strange anomalies have been present during the progress of the malady, the consent of friends can readily be obtained to the performance of a *post-mortem* by the physician, if he will but properly represent the matter, and show that the importance the examination will be to medical science, especially since microscopy can now reveal many things appertaining to morbid structures formerly hidden. It is unquestionably his duty to lay aside his repugnance, if he has any in these matters, for the general good and enlightenment of his profession. It is but a slight sacrifice of time, and feeling that he will be obliged to make when compared with the great advantage it may be to pathological observers and the aid it may be to pathological anatomy. If every physician will but contribute the information he can thus obtain, it will add much to our science. I will here merely append the result of one examination, leaving others for a future paper.

ARTICLE XXXI.—*Case of Ascites with remarkable Disorganization of the Kidneys.* By BUSHROD W. JAMES, M.D., Surgeon to the Homœopathic Infirmary, Philadelphia, Pa.

AN unmarried lady, about thirty-two years, and of good moral and upright character, was admitted into the homœopathic infirmary with immense abdominal tumefaction. She had great oppression and difficulty of breathing with much suffering night and day from the pressure of the contained fluid upon the internal organs, loss of appetite, scanty urine, syncope and delirium, and prostration. She had applied for admission for the purpose of having an operation performed for the relief of the enlargement, and from the serious nature of her symptoms I admitted her at once. She stated that she had been complaining for a number of months; dating her sickness from an attack of erysipelas which had been treated allopathically, since which time she had never felt well. She had been under the care of several allopathic physicians, one of whom after examination intimated to her that she was pregnant, and another told her she had ovarian tumor. The last physician she had been under, was a member of the homœopathic profession. He diagnosed the case to be one of ascites which from the facts elicited proved correct; but remedies failed to reach her case. After using Apis-mel. for about twenty-four hours, and Barosma twenty-four hours longer without the least benefit, it was resolved to perform paracentesis abdominis. Dr. Francis Sims, one of the surgical staff of the institution, operated and drew off three gallons of a serous fluid, in color much like that of brick-dust. The patient was immediately relieved and able to go about upon gaining strength. In a few days she left the institution, feeling comparatively well, except weak; after the operation a portion of the evacuated fluid was put under chemical test by Dr. P. Dudley, and found to contain a large amount of albumen, in fact it was almost wholly composed of albumen, for by means of heat the test-tube became filled with a mass of coagulated albumen with a few drops of fluid on top, and with the Nitric-acid test the *same* result was observed except that the fluid on top was increased in proportion to the amount of Nitric-acid added.

Another portion of the fluid was allowed to stand for three days without being disturbed, and watched from time to time in anticipation of a crassamentum forming, but none was observed, although the fluid was quite red and retained its red color until thrown away; her urine was tested at the time of the operation and also afterwards at different periods, but not a trace of either albumen or sugar could be detected in it. An interval of several months intervened between the first operation and her death, during which time she was tapped ten times, and in all nearly 40 gallons of fluid drawn off. It was tested after nearly every operation and a large amount of albumen invariably found. A *post-mortem* examination was made about thirty hours after death, and the following appearances noted:

On opening the abdominal parietes a quantity of fluid of the appearance of that formerly removed by the operations was found. The cellular tissue of the abdominal walls was filled with dropsical effusion; but the peritoneum presented a most remarkable appearance. It was covered with innumerable sacs, some of which were filled with a gelatinous substance, others with pus, while some were just undergoing decomposition, being filled with a sero-purulent fluid. Interspersed amongst these sacs were found hanging to the peritoneum and omentum a large number of morbid growths, solid and compact in their nature. Loose transparent masses of an apparently gelatinous substance of the consistency of jelly in a semi-solidified state, could be gathered by the handful from within the peritoneal cavity and from off the omentum. There was no disease of either ovary. The uterus had unquestionably never been enlarged by pregnancy. It was remarkably small and contracted, the walls presenting a cartilaginous hardness to the knife. The bladder was in a normal condition, but the lining membrane of the ureters was considerably altered in its appearance. The kidneys bore the greatest marks of disease—the right one being completely disorganized and filled with pus. The left one was also much changed and pus found in its pelvis. So complete was the alteration in the structure of these organs that they would hardly have been recognized but from their situation and the attachment of the ureters.

ARTICLE XXXII.—*Secret Remedies.* By W. JAMES BLAKELY, M.D., of Benzinger, Pa.

“IN regard to these $\frac{1}{1000}$ and $\frac{1}{10000}$ potencies, &c., do you think it right to use them while the mode of preparation is kept secret? If so, where will our consistency be shown in opposing the use of nostrums generally? If the manufacturer declares that these $\frac{1}{1000}$ represent dilutions made in the ordinary manner, I think it can be demonstrated that they were never so made; if they are merely medium potencies with so many extra shakes, why should the deception be countenanced?”

The above is an extract from a letter which I lately received in acknowledgment of a report of some cases cured with the higher and highest potencies. The queries are as concise and pointed as could be desired, and are highly suggestive of the duty of the profession in regard to this subject. I have used these highest potencies, and have seen them used by others with great success. I believe them to be valuable, whatever they may be, and I had contented myself to enjoy the benefits they afforded, and wait until their mode of preparation should be made public. Many others have, probably, occupied the same position. The above extract, however, clearly shows the equivocal position which the homœopathic profession has assumed towards these “fluxion potencies,” and I have, therefore, taken it as a text for the few remarks I shall make upon this subject.

It has, at no time, been the practice of the medical profession, irrespective of systems, to countenance the vending or use of remedial agents, however valuable, so long as their mode of preparation remained a secret with their authors. And nothing can be more rational than that such should be the case; for we cannot expect the earnest and conscientious physician to treat disease with remedies of which he is entirely ignorant, and which he receives only upon the assurance of some one individual. Other reasons for this course are obvious: it has not been adopted from jealousy, because one man is pecuniarily benefited above his fellows by the sale of his remedies, nor because he acquires an extensive reputa-

tion from his success in treating a certain disease or diseases by means of his secret medicines, but simply because he does not impart his knowledge to his professional brethren, and thus deprives the great body of the suffering public of any advantages which may arise from his discovery. We claim that the medical profession is at once dignified, philanthropic and fraternal; but how can we maintain its dignity when we encourage that which is clearly quackery? how can we assert its philanthropy when we deprive our patients of, perhaps, valuable remedies, unless we choose to sacrifice its dignity and buy such remedies from the manufacturer, at the same time remaining in ignorance of what we are buying or what we are administering? and how can we style it fraternal when some of its recognized members engage in the manufacture of certain preparations which they sell to the profession, at the same time retaining the secret themselves.

The NORTH AMERICAN JOURNAL OF HOMŒOPATHY in noticing Dr. Finck's work says: "But when the claim is presented for the most astonishing cures performed by the *seventy-one thousandth potency* of some well-known remedy, the first question that arises is, not, "can it be possible that *such doses* can do *such wonders*?" The primary problem is *this*: "By what process are these high numbers in dynamization reached? * * * * * We want *any number* of cases treated by the *highest* attenuations as well as the *lowest*. But let us have one glimpse of the *process* by which these *very high* potencies are *potentized*, no matter if our old enemy, the king of terrors, shall turn pale as death when the door is opened." This was a fair request, for the discoveries of the physician belong, not to himself, but to the profession. Dr. Fincke has said, I believe, that he will, at the "proper time," make public the secret of his preparations. The "proper time," I imagine, was when he had perfected them, for if they are made according to the Hahnemannian formula, there would exist no necessity for concealment, and if not, the homœopathic profession have a right to demand a knowledge of the method of preparing the remedies which they administer to their patients.

In the pharmacy of our school it is especially necessary

that everything should be clearly understood and explained. Chemistry will disclose, to the allopath, the secrets of preparations made by members of his school; to us, in this respect, it is a useless science, and we are completely at the mercy of the manufacturer of secret infinitesimal preparations so long as we encourage him by buying or using them. Again, what inconsistency do we not show in opposing the sale and use of secret preparations generally, while at the same time we encourage men in our midst to do what we condemn in others! Is quackery not quackery in the homœopath as well as in the case of the allopath or of the ignorant pretender? Or is homœopathy to be made a synonym for quackery, and our enemies allowed to say: *mutato nomine, de te fabula narratur?* The American Institute, which numbers among its members a large body of the homœopathic physicians of the country, has already, in the expulsion of Dr. Humphrey, emphatically given its opinion of secret preparations.

In his defence before the Institute, Dr. Humphrey claimed that the Institute had no right to expel a member; that he had not departed from the object of the Institute:—"The improvement of the science of medicine," and that on the other hand, he had made discoveries—had found and made a new and better method of preparing and dispensing remedies for domestic and general use.

Dr. Gregg contended that every society had the right to expel a member when found to act in a manner detrimental to her interests; and that no medical society, as far as he was acquainted, had ever permitted a member to retain his standing, and at the same time be engaged in the manufacture and sale of *nostrums* or private remedies. It was contended by Dr. Guy, that granting Dr. Humphrey to have made important discoveries, it was his duty as a member of the Institute, to communicate his views to the fraternity, and thus engage *all* in the work of improvement instead of beginning immediately to prepare, advertise, and *sell* the fruits of his discoveries as all *quacks* do their *nostrums*.

It was contended by Dr. McManus that while the undertaking of Dr. Humphrey might be a fine pecuniary specu-

lation, it could never promote, but rather retard the "improvement of the science of medicine," the object for which the Institute was founded. Dr. Humphrey was not allowed to resign from the American Institute, but was expelled, notwithstanding his disclosure, to the committee of investigation of the manner in which his preparations were made.

Between the cases of Dr. Humphrey and Dr. Fincke, I can see no difference, except that the former made secret preparations of *remedies* which he afterwards disclosed, while the latter makes secret preparations of *potencies which he has not disclosed*. This difference is, I think, highly favorable to Dr. Humphrey. The duty of the profession, then, is plain; let Dr. Fincke explain the manner in which his potencies are made, or let the profession discontinue the use of them, and some one will make high potencies in a manner which will need no explanation, that is according to the method given us by Hahnemann. Consistency, as well as the preservation of the honor and purity of our system, demands that such a course be pursued.

ARTICLE XXXIII.—*Malaria.* By L. BRADLEY, M.D., of Jersey City, N. J.*

So far as disinfectants can be made available in the promotion of health, it is of the first importance that we understand them and know how to use them.

The etiology of malarious and pestilential disease is a topic of the greatest moment, which, in proportion to its importance, has engaged the attention of the learned in all ages; and yet, the subject is an open one, and seems to be as far from being settled as ever.

For some forty years of my life I have lived in truly malarious districts, and have seen and felt much of the intermittents and the thousand concomitant forms of disease, having their origin in the malarious influence, be its intrinsic or essential nature, whatever it may—under the observation and experience thus derived, a hypothesis has, for many years,

* Delivered before the Polytechnic Institute, New-York, Oct. 1866.

occupied my mind, which is quite at variance with the several theories usually supported, all of which assume the presence of some specific poison, or deleterious matters in the atmosphere.

This hypothesis consists in the supposition, that malarious diseases are produced, not by any specific poison in the atmosphere, originating from the decomposition of vegetable matter, or any other generating agency; or, from the existence of affluvia, or miasmatic emanations of any kind; but from a cause which may be considered as *negative* in its character, viz, the want of the normal depuration of the animal organism.

It is well known that all the tissues are continually undergoing change by assimilation and defecation; the matters, therefore which have served their purpose and become effete must be regularly expelled, or they act as a virulent poison and readily become the occasion of great and general disturbance.

Among the most important of the functions by which the depurative process is performed, is that of perspiration. The exhaling vessels of the skin are ordinarily capable, by their vital energies, of presenting the perspirable matters to the surface, and, under the stimulus of either great warmth or exercise, of actually throwing them out in the form of sweat; but, in the absence of such stimuli, another auxiliary is required, viz, an atmosphere, having an affinity for the exhaling matters. In a healthy state of the atmosphere, such affinity is an active, positive force of great power; but it may be stated in various ways; the most simple and common of which, perhaps, is the evaporation of simple water, which sometimes occurs to such an extent, that the temperature of the atmosphere and the dew point are brought to close approximation to each other; hence, the well-known danger of being in the open air, when the dew is forming around us.

An excess of carbonic-acid, too, has a powerful effect in satisfying the appetency, with which the atmosphere is otherwise endowed, of imbibing, taking up and carrying off the effete carboniferous matters, which, by the vital action are presented at or near the surface.

During the spring and early summer, while vegetation is growing luxuriantly, Carbon is assimilated and the atmosphere is purified; but later, when plants begin to decline in their growth, the air becomes charged, in larger proportion, with carbonic-acid. To this, and to the fact that in the latter part of summer and in the fall, the atmosphere is more highly charged with aqueous vapor, is due the greater prevalence of malarious diseases in the fall of the year, than in the spring.

In crowded and badly ventilated hospitals, ships, prisons, &c., the air, sometimes becomes charged to repletion, with the very matters, which have already served their purpose in the animal economy, whereby disease of malignant type is generated.

These matters, it may be true, when taken into the lungs by inspiration, are, in some degree poisonous; but their deleterious effects, in this respect, are next to nothing, compared with those occasioned by their effect in depriving the air of its tendency of absorbing and carrying away the exhaling matters.

I conclude, therefore, that malarious diseases, are not caused by exterior poison, taken into the system; but by interior, effete excrementitious matters, which have become poisonous, of which the system has failed to be properly depurated on account of the lack of a good dry atmosphere, having affinity or appetency for such excretions, and the consequent deprivation of that very important auxiliary in the performance of the perspiratory function.

And now for the remedies; the disinfectants; and what are they? I answer: any thing that has the tendency to desiccate, or dry the air, or to enlarge its capability of absorbing and dissolving the fluid of perspiration—therefore “fire” as was quaintly remarked, at our last meeting of last week, “is the best disinfectant.”

The immunity from malarious attacks enjoyed by persons whose calling keeps them much under the influence of artificial heat, is proverbial. Fire greatly increases the power of evaporation in the atmosphere.

Chloride of Calcium and other deliquescent salts, owing to

their stronger attraction for moisture, tend to dry the air, and are, so far, good—but they are costly and inefficient, as compared with a little fire. The common practice, therefore of taking down stoves and removing all facilities for house-warming, for four or five months in the year, especially in malarious regions, I condemn in toto. There is not a summer month, in which a little fire made up at evening would not be beneficial.

There is yet another powerful disinfectant. I mean a little water (cold water is preferable) with the addition of a little soap, if need be, applied at proper intervals, by way of ablution, which, being followed by thorough rubbing with a dry crash, opens the pores and stimulates the skin to healthy action in the performance of its excretory function.

Such, Mr. President, is a brief outline of a theory, by which I have been able to account more satisfactorily to my own mind for malarious phenomena, under all the varied circumstances attending them, than by any other.

ARTICLE XXXIV.—*On Marriages between Persons Related by Blood, and its Relations to the Physical Conditions of their Offsprings.* By S. FRIEDMAN, M.D., translated by S. Lilienthal, M.D.

THE nations of antiquity kept no statistical tables, yet those nations who were foremost in their culture, had a clear knowledge of the injurious influences of such marriages, and forbade them in their laws.

Tacitus already informs us that the Roman law strongly interdicted consanguineous marriages, and in the Codex Justiniani marriages between near relations are not only strongly forbidden, but even those of a remoter degree are warned against, as improper and injudicious.

The mosaic law (Levit. 18, 2–18) is more strict still, as even connections in the second degree are not allowed.

Among the civilized nations of the greatest antiquity, the Chinese take the first rank, and we find here marriages among relatives strictly forbidden. They have only about a hundred family names, and there is a law that only persons of different family names can inter-marry. Persons who have lived in

China for a number of years, assured us that deaf-dumbness, and several other diseases are not found among the Chinese.

Let us now consider the investigations made in our times, and introduce the proofs given by some French savans. Boudin says :

In France there were in the years 1853–1859 inclusive, among 100 marriages,

Between cousins,	0.88
“ Uncle and Niece, .	0.04
“ Nephew and Aunt, .	0.016

0.936

or not quite one per-cent. of all marriages. Examining now the pupils of the deaf and dumb asylum in Paris, he found that of 67 deaf mutes, 19 descended from consanguineous parents. But the observation of Boudin does not stand isolated. Chazarin and Landes found in the institute for deaf mutes, at Bordeaux, among 100 deaf mutes, 30½ descended from consanguineous marriages. Perrin also found in the Institute at Lyons, one-fourth bearing the same relation.

But not only deaf-muteness is observed in children of related parents, but also other diseases and infirmities, as epilepsy, idiocy, scrofula. Morris found, that of 4013 children of related parents, 2580 were suffering from different diseases, and the infirmities were the more numerous, the closer the degree of relationship was between the parents. The proportion was thus :

<i>Degree of Relation of Parents.</i>	<i>From 100 Children were Sick,</i>
Cousins of the 3d degree,	40.8
“ of the 2d degree,	42.5
“ whose parents were also cousins,	65.7
“ of 1st degree,	67.2
Uncles or nephews with nieces and aunts,	81.1
Cousins from paternal or maternal side,	86.4
Incestuous connexions	96.1

As there are among Jews frequent marriages between cousins, and even between uncle and niece, so also we find here more deaf-mutes and other infirmities, as among the

same number of Christians. Dr. Liebreich found 27 deaf mutes among ten thousand Jews, whereas, in the general population there are only 6 to 10,000, and of Catholics only 3.1 to the same number.

Another proof of the noxiousness of connexions between relatives we find among nations where slavery exists. I found among the slaves in Surinam not only many epileptics, idiots, and deaf-mutes, but the slave-population is decreasing from year to year, in spite of their living in a climate suitable to their nature; and with moderate work they are well fed and well clad. The cause of their degeneration lies only in those near inter-marriages.

The marriages between relatives are *per se* detrimental, and in a great many cases are the only cause of an infirm posterity. Among the children of related parents we find often deaf-mutes, without any having been in the families of either parent. On the other hand, deaf-mute, not related parents, have generally children who can speak and hear. Devay, Boudin, and Chazarin enumerate a great many cases, to prove the truth of these assertions. We give only two.

A short time ago, says Devay, a young healthy mother showed him a beautiful three-year old child, which was deaf and dumb from birth. A second boy, four months old, appeared to suffer with the same complaint. The lady assured us that her husband is stout and hearty, and there was never such a case in either family. "Then you have married a near relative," replied the doctor. "Yes," acknowledged the woman, "my husband is also my uncle."

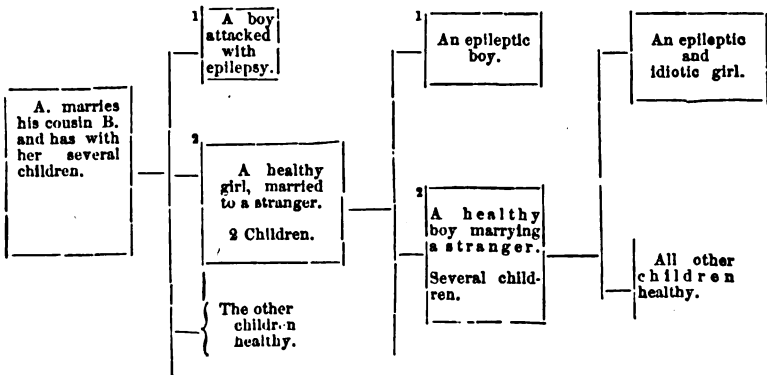
The second case, related by Devay, runs thus: Mr. and Mrs. N., had six children, two boys and four girls. All were healthy, got married at the usual time, three married cousins and three in strange families. Now to the result.

<i>Marriages with Relatives.</i>		<i>Marriages with Strangers.</i>	
Number of Children.	Early death.	Number of Children.	Early death.
Miss M., 11	11	Mr. M., 6	2
Mr. A., 8	6	Miss A., 7	0
Miss C., 5	3	Miss D., 6	1
24	20	19	3

We have to remark that the son and two daughters who lost so many children, were in every way as healthy as the others.

Bevin (*N. A. Med. Times and Gaz.*, 1858) says, that of 192 children, coming from 34 inter-marriages between relatives, 58 died at a very early age. Of the remaining 134 who passed over childhood, only 46 could be considered healthy; of the others, 23 were scrofulous, 4 epileptic, 2 infirm in mind, 2 deaf and dumb, 4 idiotic, 2 blind, 5 albinos, 6 suffered from different diseases of the eyes, and 32 had a tender and weakly constitution. He also affirms, that in North America 10 per-cent. of the deformities, 5 per-cent. of the blind, and 15 per-cent. of the idiots are children of consanguineous marriages.

Mitchel (*Edinburg Med. Journal*, 1865) added together a number of such cases which were personally known to him, and found that in 45 such marriages, 8 were without any visible detriment to the children, 8 such marriages produced no children, the other 29 families had 146 children, among which were 8 idiots, 5 weak-minded, 11 had diseases of the mind, 2 epileptic, 4 paralytic, 2 deaf and dumb, 3 blind, 2 with weak sight, 3 deformed, 6 afflicted with lameness, 1 rachitic, 22 suffered with scrofulosis and tuberculosis. There were, therefore, 69 persons who had to suffer for the sins of their parents. But sometimes we find the disadvantages not immediate, but in the 3d and 4th degree. Let us look in a tabular form at the sixth case, communicated by Mitchel.



Mitchel enlarged his examination to prove the degeneration of the human race by consanguineous inter-marriages. In several counties of Scotland he found among 519 idiots, whose genealogy was known; 95, or 23 per-cent. came from consanguineous marriages. If the number of idiots were as large in marriages among strangers as in inter-marriages between relatives, we would have one consanguineous marriage to every five among strangers, whereas the true proportion is nearer to one in fifty.

He found also, that if there were more than one idiot in the family, we may conclude with a probability of 1 : 2, that they came from a consanguineous marriage. But if there is only one idiot in a family, it comes only in the proportion of 1 : 5 or 6. We may infer from it, that the cause of idiotism in children produced by consanguineous marriages is generally an intra-uterine one. In relation to deaf-mutes, he found that in England and Scotland seventeen times as many deaf-mutes are produced by consanguineous marriages than by inter-marriages by strangers.

Those, who try to deny the evil influences of consanguineous intermarriages, refer to the propagation of our domestic animals, which is frequently done by the nearest relationship. Yea, there is a breeding, called the "in-and-in-breeding," where to the perfection of certain races the propagation is purposely done by members of the same family. But we find, though we may for a few generations produce such states, welcome to the breeder, yet in the end they will lead to the destruction of the genus. So we succeed generally, to produce albinos among birds and mammalia by in-and-in-breeding. But albinism in man and beast consists not only in the whiteness of the skin, but in a weakness of the arterial system. Those individuals in man hardly ever reach an old age, are frequently barren and produce, especially with albinos, very weakly and marasmatic children. All farmers, says Mitchell, are of the general opinion, that in-and-in-breeding deteriorates the race. Of the same opinion are Profs. Low, Stephens and Boudin.

When, however, the injurious influences of connexions between close relations are less apparent among animals, than

among men, we have to consider, that the by far higher development of the nervous and spiritual life in man also increases the disease in this sphere, and calls forth the necessity to observe certain modes of life, for the purpose to increase our sanitary condition, our moral worth, and a nearer approach to perfection.

There exists plainly a gradation in the organic creation. In plants, with few exceptions, we find no separate genders. The same individual, the same blossom contains the male and female organs, which are frail and perish, after having performed their function, *i. e.*, after having put the bud in a state, to produce fruit.

Many plants (cryptogamia) and low forms of animals have no sexual propagation, which is done either by formation of sprouts or by the division of the individual itself. Many low animals; as the infusoriæ, echinoderms, &c., seem, like most of the plants, to be hermaphroditic, *i. e.*, have male and female sexual organs; also most of the mollusci; only the cephalopodes, some gasteropodes and acephali have separate sexes; from here upwards in the animal kingdom we find separate sexes; and procreation is only performed by the impregnation of the ovum, although among insects Siebold has shown the procreation still without connexion.

We find therefore in the organic creation a gradation in the division of the organs and individualization in the following manner :

1. Procreation without sex (*geschlechtlose Zeugung.*)
2. Hermaphroditismus.
3. Divided sexes.

The more the individual difference shows itself in the higher animals and especially in man, the more necessary is it, that the division should be most pointed, which means, that only individuals from different families should be united in wedlock.

ARTICLE XXXV.—*On Cholera Infantum.* An Essay read before the Cook County Homœopathic Medical Society, July 13th, 1866, by R. LUDLAM, M.D., Professor of Obstetrics and the Diseases of Women and Children, in Hahnemann Medical College, Chicago.

(From the *Medical Investigator.*)

Definition and Synonymes.—The phrase Cholera Infantum is applied to a form of endemic cholera peculiar to children under two years of age. The disease has been considered indigenous to the United States. So far as I am aware, Hartmann and Trousseau are the only foreign writers who treat of it under this appellation. Cheyne includes most of its symptoms in his description of the *atrophia abductorum* of infants; Armstrong and others, under the head of watery gripes and diarrhœa; West, Gooch and Marshall Hall, the hydrocephaloid affection; Cruveilhier, gastromalacia; Rüttner, dystrophia; Billard, follicular enteritis; Bouchut, entero-colitis; Gendrin and Barrier, febrile and follicular diacrisis; Ricordeau, choleric form enteritis, and Rilliet and Barthoz, choleric form gastro-intestinal catarrh. Trousseau prefers to style it *la maladie d'été*, or "summer complaint," which is the common and vulgar name for the disease.

Clinical History.—The cholera infantum prevails only during the hot season of the year. In localities where the summer begins early, and continues for a long period, it may be met with as early as April, and as late as October or November. As a rule, it is seldom seen in the country, but it is a very common and fatal disease in all our larger towns and cities. Infants are especially liable to it during the first dentition, or at an age of from three and a half or four to twenty months. For this reason the second summer is believed to be especially dangerous for children in Chicago and other cities. I have remarked during the past fifteen years that the cholera infantum comes on in this city about the twentieth of June—varying somewhat with the coolness of the season, and continues until from the first to the tenth of September following.

The attack, in most cases, commences with a diarrhœa. The character of the stools varies at different times of the day.

They are at first light-colored, thin and copious. They lose in consistency, and become fluid. Soon they are found to contain occasional greenish spots and lumps, and by-and-bye the tint is uniformly green, instead of orange, as in health. Sometimes, however, the stools are thick, tenacious, slimy, or bloody and dysenteric in character. Again, they consist of curdled milk and undigested food. They may become colorless and offensive. They sometimes consist of clear serum, which Dr. Stewart has known to be mistaken by the nurse for urine. The greenish stools are sour smelling, and emit an extremely disagreeable odor, while those which are colorless, or of a dark-brown hue, are more putrid and stinking. The odor is very foetid where the child has been fed on animal soups. The suffering experienced by the little patient varies with the character of the stool and the seat of the intestinal lesion. The green stools are almost invariably accompanied by colic and tormina, the mucous and slimy stools by tenesmus. In advanced stages of the disease, and when complicated with brain affection, there are few, if any evidences of pain and suffering during their passage. The stool may be passed involuntarily, ejected violently, or thrown from the anus without other sign of consciousness than a peculiar grunting noise, which scarcely signifies that perception is intact.

The number of stools varies greatly. The more dysenteric the nature of the complaint, the more frequent they are. The same remark applies to their extreme fluidity, and in many cases to the degree of cerebral complication. As a rule they are more frequent during the day than at night, and in the morning than during the middle and after portion of the day. In this latter particular the cholera infantum resembles the cholera Asiatica. I have remarked that most of our calls to visit cases of "summer complaint," like those to patients with epidemic cholera, come before breakfast or early in the morning. Dr. Meigs has rarely met with twenty to twenty-five as the highest number of stools passed in twenty-four hours in cholera infantum. In this disease, complicated with dysentery, as frequently happens in our fickle climate, I certainly have noted the passage of from thirty to fifty stools in a day and night.

Vomiting is sometimes the incipient symptom. This is especially true in case of children who are being reared on an artificial diet, and in those who from the first are severely attacked. In many cases it is a very obstinate and persistent symptom, being among the last to yield to appropriate treatment. If it comes on promptly, with excessive purging, the disease is proportionally severe and dangerous. Dr. Stewart has witnessed death under these circumstances in twelve hours. In almost every instance the stomach becomes extremely irritable, food and drink being ejected sooner or later, and sometimes violently. The greater the gastric irritability the more excessive and tormenting the thirst. By placing the hand upon the patient's abdomen during emesis, a convulsive, rolling motion, which is synchronous with the muscular contractions of the stomach, may be plainly felt. Where the vomiting is not very troublesome, there may be considerable nausea and retching at longer intervals, recurring two or three times in twenty-four hours. The matter vomited consists at first of mucus and bile, and subsequently of the ingesta only.

The accompanying fever is of the irritative order. It has no distinct type, and its severity is not in ratio with that of the attack of cholera infantum proper. In some cases, however, it may assume a remitting type resembling the gastric fever of infancy. Very frequently the only sign of fever will be found in the marked restlessness, and the dryness of the skin, rather than in increased heat of the surface and frequency of the pulse. In the early stage the extremities are apt to be unusually hot. Sometimes the head is hot from the first. By-and-bye this excess of heat centres in the abdomen, and the arms and legs become cool or cold. The abdomen is unusually prominent, and sometimes, but not always, sensitive to the touch. It is very frequent at times, rising to 130, 140, or even 150 in the minute. Occasionally it is imperceptible from the onset, and the little patient sinks almost immediately into the stage of collapse, or the latter condition may appear to alternate with the febrile movement. The respiration is "tucked up," rapid, and more or less embarrassed. It varies from 40 to 60 in the minute, and, according to Dr. Hallowell, when over 30, is likely to be interrupted. The thirst is un-

quenchable. If cold water is permitted in any considerable quantity, it is almost immediately rejected.

This state of things may continue for a period varying from one day to a week, or more, when other changes supervene. The eye grows weak, expressionless, and sunken, with a dark areola about it. The pupil is slightly dilated, but contracts readily on the approach of light. I have frequently remarked that one of the eyes becomes suffused, and somewhat inflamed, as in slight attacks of catarrhal ophthalmia. This symptom usually passes away after a brief interval, but in severe cases may become more aggravated, and continue while the child survives. The countenance is anxious and distressed, and in many cases wears a pinched, imploring, pitiful expression. For the most part the face is pale, but during the febrile exacerbations, is likely to become flushed.

“Pain is indicated as existing in the abdomen by a pinched expression of the face, by a fold in the commissure of the lips outside of the orbicularis muscle, and by a lineament extending from this part to the inside of the *alæ nasi*, and sometimes surrounding the orbicularis muscle. Pain in the head is known by a frequent corrugation of the skin below the eye-brows. These usually occur upon the awaking of the child, and will continue for a minute, or shorter period, before it evinces pain by crying. Added to these the languor, paleness, sunken eyes, with their dark areola, and general sunken condition of the body, completes a picture of distress which it is in vain to attempt to describe.”

In this stage the urine is liable to be suppressed, or if not suppressed entirely, to be diminished in quantity. This symptom is frequently overlooked, and disastrous consequences to the brain and general nervous system are liable to result. The close analogy between the symptoms indicative of cerebral implication in cholera infantum, and those of uræmic poisoning, deserves the careful study of the practitioner. Your committee begs leave to refer the members to a lecture upon this subject which he delivered two years ago, and which was published in the *MEDICAL INVESTIGATOR*, Vol. 3, No. II., August, 1864.

Sometimes the urine becomes of a pale pinkish hue, and

very profuse in amount. Under these circumstances this discharge is thought by the nurse and attendants to come from the bowels. This symptom is not noted by authors on this disease. The child becomes rapidly emaciated, and death from inanition is threatened. The skin feels dry, "wilted," and hangs in folds about the face, while that covering the forehead is tense, smooth or puffy. The lips are thin, dry, and compressed, giving the appearance of premature old age. It lapses more or less rapidly into a somnolent, comatose state, or may be preternaturally irritable and susceptible to noise and light. A sudden convulsion, and then a series of them follow. These may approach without other warning than a straining and rolling of the eyes upwards, or they may supervene considerable tension of the nervous and muscular system, which has lasted for some days. In a few cases there is paralysis of the upper or lower extremities, sometimes both. The head is tossed from side to side, it may be violently so, the eyes are injected, or languid, glassy, half-closed, and insensible to external impressions. A constant chewing motion of the lower jaw, in some cases a rigid contraction of the muscles of that part has been observed.

In protracted cases the tongue and buccal mucous membrane become aphthous; the abdomen tympanitic, or sunken, the stools pinkish, like the washings of stale meat, flaky, purulent, or brownish, dark-colored, and intolerably offensive; the thirst extreme; the temperature of the body is greatly lowered; there is no longer any appetite; obstinate vomiting may come on for the first time, or recur if it has previously existed; there is great prostration, and finally collapse and death.

Anatomical Characters.—As in Asiatic cholera, so in this disease, there are no appreciable lesions that are certainly pathognomonic. The most frequent structural changes noted on *post-mortem* after death from cholera infantum are found in the liver and the intestinal mucous membrane. Of thirty recorded autopsies, Dr. Stewart observed that in twenty-eight the liver was congested, enlarged, or altered either in color or texture. In all, the mucous lining of the intestines was either inflamed with mucous exudation, congested or ulcerated. Careful examinations made by Prof. Horner and Dr. Hallowell

reveal that the location and nature of the gastro-intestinal lesions vary in different cases, and with the period of the disease at which death occurs. The softening of the stomach met with in a large proportion of the cases—ten out of seventeen—was probably due to the partial solution or decomposition of the gastric mucous membrane after death. The intestinal muciparous follicles are principally diseased. Of these follicles or glands, those which are isolated or solitary, are chiefly affected. These glands are reddened, swollen, and sometimes ulcerated, although the ulceration appears not to be either specific or constant, as in that of Peyer's patches in typhoid fever. The glands in both the large and small intestines are preternaturally developed, and the mucous surface appears to be covered with whitish elevated spots. These prominences impart a gritty feeling to the finger, as of little particles of sand. The vascularity of the surface of the mucous membrane varies greatly. In some cases it is very much congested, in others but slightly so; sometimes the redness and discoloration are diffuse, again they are circumscribed and limited. It is probable the occasional cases revealing *ramolissement* of this membrane are also to be explained by the *post-mortem* changes incident to these delicate textures.

The pathological lesions of the brain in this disease are equally varied in character. The meninges are sometimes congested, and there may be slight effusion into the ventricles. Portions of the brain are softened and disorganized. The softening may be so marked as to bring the cerebral matter to the consistency of cream. The color of the brain is more than usually pale, with occasional red spots, which are due to effused blood. The appearance of the whole mass gives the impression of having been but poorly nourished. The lesions are identical with those of cerebral anæmia in the adult. Where sub-arachnoid effusion has taken place, it is evident a depraved and impoverished condition of the blood, more than any previously existing inflammation, has been the principal cause of the result.

As all the reported autopsies in cholera infantum have been held upon patients who have died under old-school treatment, and been therefore subjected to crude medication, it is possi-

ble the unsatisfactory nature of the lesions observed may be in part owing to this cause. What share of the hepatic lesions noted is due to the employment of mercurials, and of the cerebral lesions to the use of narcotics, it would be impossible to say. Your committee would earnestly recommend that some competent and skillful member of our school should take occasion to confirm and correct our knowledge of the anatomy of this disease. Especially would we recommend a careful examination of the kidneys. Structural changes in these organs, if there are any incident or peculiar to the cholera infantum, have never been noted. Neither has the urine been examined to ascertain its relative proportion of urea and other constituents, the stools for morphological elements, or the mucous membrane of the intestine by the microscope. It is very probable the villi of the intestine, in confirmed cholera infantum, will be found to be denuded of their investing epithelium, as was shown by Prof. Horner to be the case in Asiatic cholera. Your committee would refer to a future report of experiments now in progress for interesting details upon this subject.

Etiology.—The causes of cholera infantum are predisposing and exciting. Among the first of these is age, which, as we have seen, is a strong predisponent. As a rule, infants under four months are exempt; but the majority of members present have witnessed exceptions to this rule.

Statistics show that during the period of second infancy, or from the fifth to the twentieth month, children are most liable to be seized with this disorder. This brings us to speak of the physiological changes incident to this epoch, and which are sufficient to account for said peculiarity. The eruption of the teeth and all the functional derangements contingent upon dentition, predispose to such diseases of the alimentary system as dysentery, diarrhoea, entero-colitis, and cholera infantum. The teeth are as much a part of the digestive apparatus as the duodenum or the follicles of Lieberkühn. And, while it is true that, by means of the sympathetic nervous system a general harmony of function between the bodily organs is secured, we infer the necessity for a more intimate and special relationship between organs that are associated with an ap-

paratus designed for the performance of a particular and complex function.

Now the digestive apparatus is, perhaps, more complicated than any other. Through the nervous centres, all its parts, no matter how remotely situated, stand related to each other; the teeth to the intestinal mucous membrane, the salivary glands to the stomach, the liver to the pancreas, the secretory follicles to the absorbent villi and the mesenteric glands. Derangements of the gastro-intestinal secretions are extremely common during the process of teething. There is a vulgar idea extant that "teething diarrhoea" is salutary, and that a sudden arrest thereof closes a safety-valve to the nervous system. With certain qualifications, this notion, although based on empirical observation, is a valid one. It may easily be explained. The teeth, as they advance through the gums, are a concentric source of nervous irritation. The morbid impression is conveyed to the brain, and reflected thence to the secretory glands. The glandular cells correlative the excess of nervous force to secretory force, and thus rid the system of it in a critical way. To seal up this discharge abruptly is a fatal expedient.

But, suppose this abnormal condition is persistent, what more natural result could one anticipate than that prolonged functional disturbance should predispose to, and really result in structural disease of these same secretory organs? We apprehend that by this process of physiological reasoning, it is possible to explain the clinical fact that difficult dentition is a powerful predisponent to cholera infantum.

Moreover, the continued operation of this cause is not limited in its injurious effects to the primæ viæ, but it implicates the cerebro-spinal system even more directly and certainly. Hence the frequency of cerebral and convulsive affections in the disease under consideration. Cholera infantum rarely occurs except during the period of dentition, and is believed to have a natural and necessary relation thereto. Affections of the brain are much more frequent during this same period. Stewart goes so far as to say that, "the brain, in confirmed cholera infantum, never escapes."

This organ may be sympathetically involved. The attack

of summer complaint may be extremely acute and violent. Under these circumstances, and in so young a patient, the convulsions that usher it in correspond to the delirium which an adult, or even an older child would have at the commencement of an eruptive fever or of an inflammation. Here we may have cerebral symptoms and complications independently of cerebral disease.

It often happens there is some organic defect in the brain that predisposes to cholera infantum. Of these the hydrocephaloid condition of Gooch, Marshall Hall, and West is the most common. This class of patients occasions the intelligent physician the greatest anxiety lest they should not survive the summer months. I always tremble in anticipation for such little ones, and especially when, as almost always happens, they are exceedingly backward in cutting their teeth. The same remarks apply to hydrocephalus and whooping-cough, an affection which should properly be classed among the diseases of the base of the brain. It is in these cases that the brain trouble is of primary origin and importance.

The cerebral symptoms incident to the last stage of this disease may arise from one of two causes. Either they evidence a poisoned state of the blood from a retention of urea (uræmia,) or an anæmic and impoverished condition thereof, giving origin to marked symptoms of cerebral anæmia. It is of the utmost importance to discriminate between them.

But there are other predisponents of this disease. A marked physiological growth and development of the intestinal glands, designed to fit the apparatus for digesting a more substantial aliment, commences with dentition. The changes incident thereto render the parts more liable to become diseased. They are extremely sensitive to unwholesome food and water, irregular meals, and a thousand and one contingencies that cluster about this era of childhood. The secretions afforded by the newly-formed and delicate organs may be abnormal in character—acid, excoriating, infectious. The cholera infantum is much more frequent among children artificially reared than with those brought up upon human milk. It is even more prevalent among those who have the mother's milk supplemented with some artificial preparation. I have re-

marked that the children who were born prematurely, say at eight months, or eight and a half, are exceedingly prone to cholera infantum, when they have once become old enough to have it. The same is true of infants that have survived antepartum convulsions of the mother at the time of their birth. Sometimes the mother's milk is innutritious and harmful. A diet consisting of articles which are of quite too difficult digestion, something entirely beyond its ability to dissolve and appropriate, is sometimes thrust upon the little innocent. This acts as a foreign body, and almost necessarily produces disease. Some French authorities insist that feculent matters are particularly injurious.

Impure air, especially if it be vitiated, moistened and rendered foul by the overcrowding of apartments and absence of light, renders young children liable to attacks of cholera infantum. It is a great mistake to suppose that only the offspring of the better class fall victims to this terrible scourge. The proportion of those who become ill and die of it, is much larger among the over-crowded, ill-housed and fed, than with those who are subjected to more favorable hygienic conditions.

Dr Meigs recognizes a hereditary predisposition to this disease. It certainly is more prevalent in some families than in others, and there can be but little doubt that the predisposition is sometimes transmitted from one generation to another.

Heat of the weather inclines many little ones to attacks of this disease. This cause is especially active when joined with the confined, impure air of cities and larger towns. Stewart cites the fact that in the city of New-York, from 1804 to 1854, a period of fifty years, the official registrar reports the number of deaths as steadily increasing with the increase of the temperature. In 1816, however, only one death was reported from this cause. The summer of that year was singularly cold, the thermometer, up to the 25th of July, being from 15° to 20° below the summer temperature, and after that period the mean temperature was but 61°; that of the three months 68°. "Cholera infantum appears scarcely to exist when the mean temperature is about 60°."

But heat alone is not a sufficient cause, else the disease should be as prevalent in the country as in Chicago, for in-

stance. The impurities inseparable from dense and thickly settled districts in our cities are also necessary. Exposure to the malaria arising from such a source is a strong and powerfully operating predisponent. Indeed, it appears impossible to produce cholera infantum, unless these agencies are brought to bear. Hence the necessity for a proper exciting cause of the disease in question. The conditions cited are absolutely requisite, but its special pathology and natural history imply the existence of a special cause for the production of its peculiar phenomena.

Without a recognition of this specific exciting cause for the cholera infantum, we should be wrong in classing it as a distinct disease. As we shall presently show, its diagnosis is readily made out. It is undoubtedly a separate disorder, and not more convertible than many others. It is true that it may supervene the various brain affections, difficult dentition, diarrhœa, dysentery, entero-colitis, constipation, whooping-cough, and *vice versa*; but the same remark applies to many other diseases. Perhaps the best proof that we possess of a specific local cause, is found in the fact that, if not too long continued and severe, its symptoms are most promptly and effectually relieved by a change of weather or of location. There is no other disease, excepting the asthma, with which your committee is familiar, of which the same is so signally true. A child ill with cholera infantum, exposed to the impurities arising from our various manufactories of gas, soap, &c.; the slaughter-houses and sewers, including the river, with the atmosphere, as during this very day, at a temperature of 98°, if carried out of town by boat or rail, begins at once to revive. The violence of its symptoms abates, and other things equal, the patient recovers. Keep it in town, adjust its diet never so carefully, affiliate the remedies with the utmost fidelity to the law of conscience, and if the range of the thermometer does not lower, the probabilities are against its getting well.

We infer that this local cause is atmospherical, and that the necessary conditions for its development are extreme heat, moisture, and the atmospherical contamination proper to large towns and cities. Heat and moisture either alone or conjoined,

are not competent to produce it, else the disease should also prevail in the country, but if we add the third condition, undoubtedly they may generate it anywhere. The same is true of teething, bad food, and clothing, and all other predisposing causes.

That heat and moisture are prominent factors in its production, any member present can testify who has remarked the increased number of calls to cases of this kind, and the aggravation of symptoms in those already ill with cholera infantum, on one of the few hot, damp, and murky mornings that we have in this city during the summer season.

As with all endemics, as contra-distinguished from epidemics, so the local cause may vary in some of its characteristics in different cities and seasons. This clinical item explains the greater relative success in treating the disease at one time and in one locality than in another. Every experienced practitioner knows that remedies which he has come to regard almost as specific during one season, will not perhaps, answer so well in another. There is no evidence that the cholera infantum is in any sense a contagious affection.

Another argument for the existence of a specific cause for the cholera infantum is recognized in the fact that the first or early class met with are most serious and frequently fatal. Later in the season, as autumn approaches, the attacks are less virulent, and more likely to degenerate into other bowel affections, as for example, dysentery, marasmus, &c. This is in accordance with the history of other epidemics. It is especially true of the Asiatic cholera.

Nature of the Disease.—A practical division of cases of cholera infantum may therefore be made into those in which the brain affection is idiopathic, and those in which it is symptomatic.

In the former, which are least frequent, the cerebral complication may or may not be easy of recognition from the onset. Gooch, Marshall Hall and West have shown most plainly that cerebral symptoms in infancy frequently exist independently of cerebral disease. This view is undoubtedly correct; but, I apprehend, the converse is equally true. In plain language, cerebral disease may exist for a time without any manifest cerebral symptoms.

The rule applies both ways. We all know that those cases of cholera infantum which supervene latent and anomalous brain affections, are by far the most serious and intractable examples of the disease that fall under our notice. Once the alimentary symptoms have cropped out in such a case, the course and gravity of the attack are rapid and well pronounced. This is especially true of early and obstinate vomiting. The more marked the symptoms of cerebral complication in the first stage of cholera infantum, the more rapid the course and frequently fatal the result of the attack.

Symptomatic, or secondary disorder of the brain in this disease depends upon imperfect alimentation. In consequence of the digestive derangement, the blood has become depraved and impoverished. Now, the brain of the child requires a relatively larger amount of blood than that of the adult. It must not only be of sufficient quantity, but of good quality also, or the development and nutrition of that most important organ will be checked and perverted, and its function most seriously involved. One of the worst consequences that can result from cerebral disorder due to this cause is to derange the heat-making processes of the economy. Whatever impairs nutrition, more especially of the brain, aims a blow at the function of calorification. We have seen that coldness, and paleness of the surface, more especially of the face and extremities, are prominent symptoms of cholera infantum, as well as of Asiatic cholera. They indicate a true collapse, and in the circulation of this depraved and vitiated blood through the nervous centres, we have the source of those serious and alarming symptoms. When, therefore the brain affection is not apparent until during the last stage of the summer complaint, we may reasonably infer that the cause is to be found in depraved nutrition, consequent either upon the disease of the stomach and bowels that has directly preceded it, or more remotely, upon the use of improper and indigestible food.

A glance at the symptoms of anæmia, recorded by Kussmaul and Tenner, will assure us they are identical with the nervous phenomena frequently met with in the third stage of cholera infantum. They include pallor of the face, loss of consciousness; dilatation of the pupils; slow, deep, and sighing respiration; difficult deglutition; nausea, vomiting, swoon-

ing, coma, paralysis and general convulsions. Post-mortem disclosures in these cases reveal that the brain has undergone a species of degeneration, known as "white softening"—a structural lesion caused by the insufficient nourishment of that organ.

If further proof were needed to substantiate the fact, that morbid states of the brain and nervous system may arise from disease of the intestinal follicles, we have only to refer to the special pathology of typhoid fever. Substitute delirium for the convulsions and paralysis of cholera infantum, and the nervous symptoms of these two diseases are almost identical.

Diagnosis.—The diseases with which the cholera infantum is most likely to be confounded, are cholera morbus, enterocolitis, hydrocephalus and the hydrocephaloid affection.

From cholera morbus it would be readily recognized by the several well defined stages of the disease, its gravity, its profound and protracted implication of the nervous and circulatory systems, the age of the patient, its tendency to collapse and its cause. Cholera morbus in an infant, or in an adult, may always be traced directly to a particular overt error in diet. Not so, however, with the cholera infantum.

From entero-colitis by the absence of inflammatory symptoms in the onset, the lack of fever of a settled type, during the first few days, the immediate prostration, the character of the stools, the vomiting, the pulse, the tendency to collapse, the prompt relief from change of air, the diversion and enjoyment of the little patient in riding and being carried out of doors, the general lack of abdominal tenderness, absence of symptoms of enteric congestion, when first attacked, the freedom in the first stage from pulmonary and urinary complication.

From hydrocephalus, by the absence of the peevishness and irritability with insomnia, that characterize the first stage of dropsy of the brain, by the relaxed condition of the bowels, and the full or distended abdomen, (the bowels being obstinately constipated, and the abdomen retracted in hydrocephalus,) the absence of the peculiar shrill cry or shriek of the patient when moved, of the extreme heat and sensitiveness of the head to the touch, of the rounded prominence of the fon-

tanelles, of the strabismus and the idiotic expression of the child proper to acute and chronic hydrocephalus, as well as by the size of the head, and the previous history of the child's health.

The spurious hydrocephalus, known as the hydrocephaloid affection, is really a species of cerebral anæmia incident to dentition and the weaning process. It scarcely deserves to be regarded as a distinct disease.

Prognosis.—It is sometimes very difficult to make correct prognosis in cholera infantum. Much depends upon the peculiarities and susceptibility of the subject, and the state of the weather. The children known as scrofulous suffer more frequently and severely than those of any other diathesis. If the weather continues hot, and the patient must remain under the baneful influence of bad air and food, the chances for recovery are very much lessened. A change of weather, from warm to cool, may induce a favorable change of symptoms. This is sometimes so marked that we may prophecy good results if within a given time, the weather shall become cooler and more propitious.

In forming a proper estimate of the gravity of an attack of cholera infantum, one should take into account the prevailing type of the disease; the original strength and vigor of the child's constitution; its predisposition to particular diseases; the more or less advanced stage of dentition; the hygienic influences to which hitherto it has been subjected; the possibility of so changing these circumstances as to contribute to its recovery; and exposure to the specific cause, and the concurrent existence of other affections.

If the child was weak and fragile from the first, and especially if it be predisposed to nervous affections, spasms, convulsions, obstinate vomiting, or constipation; if it is precocious, or hydro-encephalic; of fickle appetite, fretful, excitable, and late in cutting its teeth, the prognosis is very difficult, and in most cases unfavorable. Under these circumstances the symptoms vary so much from time to time, and there is such a liability to change, that it is sometimes quite impossible to predicate a correct opinion as to the final result.

Other things equal, there is less hope in case of children

that have been artificially fed than in those brought up on the breast of the mother or nurse. The worst attacks of this disease sometimes occur in consequence of weaning the child, and putting it upon an unsuitable diet. It not unfrequently happens, that owing to the long-continued use of an improper and innutritious aliment, a latent disease of the bowels has existed for a considerable time.

The mischief may have been limited to the intestine, or, by impairing nutrition, and thus impoverishing the blood, the brain has finally been implicated. It is important to qualify our prognosis in all these cases. Attacks of cholera infantum in this class of patients, are secondary or symptomatic. They are apt to be severe, brief, and to terminate fatally, by a sudden development of unlooked-for brain-symptoms. This fact has led indifferent pathologists and pseudo-practitioners to explain the result by the theory that a metastasis of the disease from the bowel to the brain has suddenly taken place!

I have already remarked that children of premature birth are extremely liable to this disease. Owing to the difficulty, in most cases, of adapting a suitable diet for them, a majority of them suffer from follicular irritation and inflammation, which, while it predisposes to attacks of cholera infantum, also subtracts much from their chances for recovery.

Where the child has been living in crowded and filthy apartments, and the symptoms exist without mitigation, however well-chosen the remedies, and where for domestic or financial reasons, it is impossible to send it into the fresh air of the country, the prognosis is in most cases unfavorable. The patient may linger for weeks, but will finally succumb to one or another of the sequelæ of the summer complaint.

Exposure to other diseases, as for example, to either of the exanthemata, or the whooping-cough, during an attack of cholera infantum, adds to the danger. Under these circumstances, the child sometimes dies suddenly in the premonitory stage of the superadded affection. A little patient of mine died a few days ago, just as the eruption of rubeola was making its appearance. She had been ill for a week with the summer complaint, and to all appearance was convalescent. The measles were in the family: her brother had had them

and recovered. In her case the eruption showed itself slightly and then disappeared. The watery eye and the catarrhal symptoms were quite marked. A sudden prostration and paralysis of the brain occurred, and in two hours she died in a comatose state, without suffering or sign of convulsion. A few hours after death the eruption made its appearance.

One of the most fatal complications of the disease under consideration is with the whooping-cough. In consequence of the violent paroxysms of coughing, dangerous brain-symptoms are very liable to result. The spasm of the bronchial tubes interferes with the free oxydization of blood in the lungs; the carbonized fluid is sent to the brain in undue amount; the respiratory ganglia are already diseased; and cerebral manifestations, if they have not previously existed, are almost certain to follow. This complication has been unusually prevalent during the present summer.

Hydrocephaloid symptoms increase the danger. The prognosis is unfavorable if the brain symptoms have preceded those indicative of alimentary derangement. The occurrence of convulsions at the commencement of the attack is not in general so grave a symptom as when they take place at a later period. When all the children in the family have heads that are preternaturally large, we should be chary of promises to cure the cholera infantum in one of their number.

It is difficult to describe a symptom which when it does occur, in so far as I am aware, is uniformly fatal. I allude to the peculiar appearance of the iris about the margin of the pupil. For a line or two in width, and entirely surrounding the pupil, the iris looks as if softened into a semi-solid consistence, or as if somewhat disintegrated, is paler than natural, and accompanied by total insensibility of the pupil to the light. In most cases, the pupil is dilated, the eye blind and expressionless. In my professional experience, I have remarked the occurrence of this symptom most frequently with light blue or gray eyes. It is always an evidence of profound lesions of the cerebro-spinal and sympathetic nervous systems. I am not aware that any author has mentioned this peculiar and significant symptom.

Serious impairment of the depurative function of the kidneys,

by implicating the nervous centres, renders the prognosis unfavorable. Where the urine is suppressed, the little patient is liable to die of uræmic poisoning, the course of which may be more or less rapid. Persistent hepatic complication is almost equally dangerous, by reason of damming up the outlet of certain post-organic matters, more especially of the cholestrine, which should be eliminated.

Dr. Dewees reports having noticed the existence of a number of minute vesicles scattered over the chest, in many cases of the cholera infantum. This symptom, which seems not to have been remarked by other observers, he regards as a very unfavorable one.

Hygienic Treatment.—Two things are essential to the recovery of the child ill with cholera infantum—pure air and a proper diet. The good effects of an abundance of fresh air have no better illustration than in the proper management of this affection. The little patient should be sent out of doors every day. If he cannot be taken out of town, or where the air is most pure, for an hour or two, early in the morning, and, again, before evening. He should be carried gently, and not harshly, and the mind be diverted as much as possible. Many cases of this kind have survived upon pure air alone. I frequently recommend mothers to keep their little ones out of doors half the time. The only exception to this rule is found in those cases which are complicated with dysentery, in which it may be necessary to keep the child as quiet as possible.

If possible, it should be sent to the country, where a change of atmosphere and surroundings is sometimes of wonderful efficacy. I have learned, however, from experience, that patients with cholera infantum, do not bear travel on the railway without risk of being made worse. Their nervous systems are especially liable to suffer from this cause, and I have known fatal consequences to result directly from such an experiment, even where it was more than possible that, apart from the fatigue and peculiar excitement of the journey by rail, the removal would have been of lasting service to the child. My decided preference is for a trip by water. The motion of the boat, the free, fresh, invigorating air of the lake, or river, the

absence of dust, smoke, din and confusion, the better opportunity for preparing its food, and for sleep, offer immense advantages over a journey by land. Two hours from port will make almost a new child of many of these little sufferers. In order, however, to avail us of this providential resource, the patient should be shipped before the third stage of the disease has supervened. After this period, the nervous-centres are poisoned and impaired beyond reaction, and the fatal event may even be hastened by the change.

It often happens that these little innocents are sacrificed to a lack of experience in this regard, for many of them die on our lake steamers during the summer season.

A proper change of air should not be considered a *dernier ressort*. Where well-selected remedies appear to do little or no good, and the child grows worse, despite our best efforts, the hint should be taken, that some local cause is at work, to thwart our design and destroy the patient.

Under such circumstances, a prompt removal is imperatively demanded, and the sooner it is decided the better for the child and the doctor's reputation.

As in asthma, so in cholera infantum, it sometimes happens that great advantage may be gained by changing the residence of the patient, even to the opposite side of the street, or to another part of the same town or city. It is impossible to explain this fact, but we may sometimes resort to such an expedient with good results.

The question of a proper diet for children, ill with this disease, is a very difficult and delicate one. A good rule is, not to change the diet to which it has been accustomed, providing it agreed with the child before the disease commenced. Nurses and mothers, and, I may add, many doctors, also, have a strong disposition to change the child's food, and to experiment therewith, immediately it is taken ill. This is bad practice.

Another good rule is, not to thrust upon the child's stomach such slops and semi-medicinal articles as are indigestible and non-nutritious. The most harmful and yet the most popular of these substances, is Gum-arabic.

It is extremely liable to cause griping, colicky pains in the

bowels, and greenish stools, which symptoms complicate the case, and increase the danger. The same is true of infusions of flax-seed, and of slippery-elm.

In a majority of cases in which an artificial diet must be resorted to, the arrow-root, tapioca and corn starch do not answer the purpose. Biscotine is liable to ferment, and thus to increase the pain and discomfort of the patient. The improved Castillon Powders, composed of powdered tragacanth salep and sago, put up by our pharmacist, Mr. Halsey, may sometimes be boiled with the milk, and given the child with great advantage. Now and then a case will thrive upon thin oatmeal gruel. Groats may occasion *diabetes insipidus*, and thus sap the strength, instead of sustaining it. Cow's milk, when it can be procured of the right age and quality, and from one cow only, is the best diet, but in cities it is not always available. When it becomes necessary to dilute it, the water used should be filtered—a precaution that is not always taken.

In cases of cholera infantum, complicated with hepatic torpor, good results may be obtained from adding the Sugar of Milk, instead of cane sugar, to the food of the little patient.

It is very important that this diet be of as uniform a temperature as possible, say, 60° for the summer, and 70° F. for the winter. The water that is added should be of a boiling temperature. This is sufficient slightly to coagulate the casein, and thus render it more digestible. It is a bad practice to boil the milk, as is sometimes done, for, by this means the casein, which is really a modified albumen, may become as difficult of digestion as a hard-boiled egg, or a beef-steak. The milk may sometimes be diluted with rice-water to advantage.

In case the stomach is extremely irritable, and rejects whatever food is swallowed, simple rice water will sometimes be tolerated. It may be given cold, and is very nourishing. The domestic expedient of parching corn, and pouring water upon it, and then feeding that water to the child, may serve to lessen the gastric irritability, and, also, to sustain the strength. The white of egg dissolved in water, with the ad-

dition of a little sugar or salt, is a very common prescription which is useful in proportion with the extent and severity of the intestinal lesion, but more especially in dysenteric complication. It is necessary to add the sugar or salt to this preparation for the simple reason that albumen is not soluble in water without one or the other, a fact familiar to the merest tyro in physiology.

So soon as the child loses in flesh and strength, there is a propensity to feed it upon animal broths and soups. This is often done without respect of its age, or of proper physiological considerations. As a rule, meat soups are not admissible prior to the commencement of dentition. Until some of the teeth, at least, have appeared, there is no good evidence that such food could be digested and properly disposed of, while it would almost certainly do mischief. It should be remembered that certain physiological changes in the intestinal glands, whereby the bowel is adapted to the digestion of an animal and mixed diet, do not take place until the eruption of the teeth. This is the criterion of their ability to dissolve, absorb and assimilate a stronger aliment. As this period varies in different children, so we should vary the food to suit either the premature or tardy development of the child in this particular.

Dr. Moss suggested, many years ago, that the juices of the meat of young animals that feed upon milk, are more likely to prove acceptable to the stomach of a child, than those of the animals, as chickens, &c., that do not; and that these juices, partially extracted by slight boiling, appear to be no other than milk somewhat elaborated, assimilated or animalized." He, therefore, recommended veal-tea as most preferable, but as this is liable to increase the diarrhœa, it is not commonly chosen.

Mutton broth is more frequently used. When rid of all fat and made still more nutritious, by the addition of a little pulpy, soft-boiled rice, it is the most nourishing and harmless broth at command.

Beef-tea is preferred at a more advanced age, and really constitutes the most available nutriment in adynamic, atrophic states. It should be made plain, without spice, and

contain only a modicum of salt. Lederer prefers to give it with sugar, and thinks it may be sometimes advantageously mixed with rice water. The beef-tea proper for infants with cholera infantum should be made in an open vessel, and not after the manner of Liebig. In some cases, the inspissated extract of beef, for sale in the shops, answers an excellent purpose. It should be borne in mind, that the use of animal broths in young children is very apt to give a fœtid, stinking character to the stools, resembling those of the carnivora, which is frequently attributed to the disease and not to the food that has been taken.

About twenty-five years ago, Dr. Weisse, of the Children's Hospital, of St. Petersburg, Russia, recommended the employment of scraped, raw beef, as a diet for children with diarrhœa, induced by weaning. This expedient has a number of prominent advocates in this country. The chief objection that has been urged against it is the fact that tœnia may result from this method of eating the meat uncooked.

Trousseau cites the case of a little girl who had tœnia twice, from this cause, and calls attention to the singular fact that these entozoa are frequently encountered in Abyssinia, where the inhabitants eat a great deal of raw meat. Drs. Weisse, Braun and Von Siebold have frequently noted verminose affections, and especially the tœnia solium, in persons accustomed to this exclusive aliment.

The following method of preparing this raw beef for use, is recommended by Trousseau, (*Clinique Medicale, Tome II, p. 450.*)

“Take the lean part of beef, mutton or poultry, (the beef and mutton are greatly to be preferred,) cut it in small pieces, make a sort of hash of it, put it in a mortar, and reduce it to a thick mass, with a pestle. This pulp is then pressed in an extremely fine sieve, when the juice of the meat, its fibrin, its blood, pass through, alone, leaving in the apparatus the vessels and the cellular tissue.

“We thus obtain from the meat a veritable *purie*, which may be obtained by scraping the outer surface of the sieve.”

The same authority recommends to begin the use of this beef-juice in small doses, for the reasons that too much may

augment the alimentary disorder, or create an insuperable disgust for it on the part of the patient.

Where there is an aversion to this aliment, that cannot be overcome, Trousseau recommends small pellets to be made of the hashed meat, with a little salt, sugar, or conserve of roses.

In case the disease occurs during dentition, no food can so well substitute the mother's milk as that offered by a good healthy wet-nurse.

Where there is an insatiable craving for water, we compromise by the use of ice. A bit of ice, wrapped in a linen cloth, may be allowed to dissolve in the child's mouth. This will allay the thirst as readily as free draughts of cold water, and has the additional merit of serving to allay the gastric irritability and vomiting.

A hygienic expedient, too frequently neglected, is the proper clothing and protection of the little patient's abdomen. This should always be enveloped in flannel. It probably does good service, by protecting the surface from vicissitudes of weather, temperature, and moisture as well as by equalizing the circulation in the abdominal parietes, and their contents.

Trousseau has great faith in the mustard bath. The Germans sometimes use a bath containing malt. Milk baths and injections are sometimes resorted to with advantage.

My friend, Prof. F. W. Hunt, of New-York, commends coffee as an article of diet, in the following language:*

“Coffee, as an article of diet, as well as a medicine, is highly useful in the summer complaint of children. I have often used it for the following symptoms: extreme emaciation; distended abdomen; pulse small and frequent; great restlessness; imperfect sleep, with eyes half open, and convulsive motion of the eyes when awake. A teaspoonful every hour of an ordinary infusion of coffee, has arrested the vomiting, caused tranquil sleep, changed the character of the evacuation from the bowels, and improved the digestion and general strength.”

* American Homœopathic Review, Vol. I., p. 510.

I also, have used this agent, more especially in cases having a tendency towards marasmus, and in *bona fide* marasmus, with most gratifying results. On the principle suggested by Moleschott, it seems to be a species of physiological "savings-bank to the tissues," rather than to exert any curative influence whatever.

Medical Treatment.—Concerning the therapeutical management of cholera infantum, a few general remarks only, are appropriate and necessary.

Your committee is of opinion that the lack of confidence expressed by many physicians in the efficacy of our remedies is to be explained by the fact that they have, perhaps unwittingly, been trying to settle upon a specific treatment for this disease, which should invariably prove successful. One or more remedies has seemed excellently adapted to the type of the disease, in certain seasons and neighborhoods, while they have failed in others. The fact, where it has not produced a positive skepticism as to the value of any and all medication, has led to the most irregular, unscientific and empirical practice. The varying character of the epidemic, its modified local causes, the temperament and age of the patient, all the numerous types and phases of morbid complication are so many causes for variety in the pathological and therapeutical history of the disease. To recognize them, and to appreciate their significance, is the duty of the physician. Whether this duty is likely to be performed in any reasonable manner by mere domestic or half-educated practitioners, the members must determine for themselves. It is not enough to know that vomiting and purging are prominent symptoms of the cholera infantum. We must understand the cause and significance of these symptoms, else we cannot succeed in the proper choice of a remedy for them.

Much has been said and written of the *color* of the stools, as presenting specific indications for particular remedies. It is evident to your committee, that as this sign does not in general present a reliable criterion of the extent, location, or severity of the intestinal lesion, it cannot, therefore, be depended upon, as a sign to be used in the choice of a remedy.

Thus, suppose the patient has a yellow stool, by exposure

to the air and urine, it becomes green. If not seen by the nurse, or examined by the doctor prior to the change, who doubts it would be a source of fallacy? Mix the bile with an acid, as it must be commingled in the lower intestine, and the stronger the acid, the more intense is the green color; the weaker the acid, the lighter the tint.

Huxham noted this fact long ago. The same colored stools may, therefore, indicate, in the one case, a morbid condition of the liver, and in the other, of the colon and rectum—two pathological states, that may require very different remedies.

Much greater importance should be attached to other physical characters of the passages, than their hue or color. A hint dropped by Guersant, that the most slightly tinted, fluid stools, that filter through the napkin, come from the small intestine, is of great value as a diagnostic and therapeutical symptom.

The careful digest that we have made of the pathology of cholera infantum, renders it necessary merely to indicate the remedies appropriate to certain phases and complications of the disease.

The most valuable indications for the employment of remedies in this disease are derived from the careful recognition of the particular lesion, its seat, extent and physiological significance, as well as the causes and complications already noticed.

1. For the *alimentary* symptoms. In our efforts to relieve the more prominent symptoms of cholera infantum, we must distinguish between such as owe their origin to lesions of the different tissues, and the associate glandular apparatus of the digestive tube. It is necessary to analyze the special therapeutics of this affection, in the manner of Dr. Holcombe's recent analysis of enterocolitis.* The *muscular* coat of the stomach and bowels, which in general, is more liable to be involved in cases occurring late in the season, or during the epidemic prevalence of dysentery, is sometimes very painfully and seriously affected. The proper peristaltic action may be increased or inverted.

* U. S. Med. and Sur. *Journal*, Chicago, Vol. I., p. 1.

Ipecacuanha is indicated where vomiting is an early and prominent symptom, more especially, if unattended with manifest cerebral derangement. Increased peristaltic action, as evinced in more or less tenesmus occurring in the later period of the complaint, with greenish, fermented or bloody stools, requires the same remedy.

Trousseau extols the efficacy of Ipecac. in minute doses, and explains its *modus operandi*, by the theory of substitution! It may sometimes be given to good advantage in alternation with Veratrum-alb., or Mercurius-sol.

For the relief of symptoms due to an implication of the muscular coat of the stomach and bowels, other remedies may be needed. Among the best of these are Tartar-emetic, Veratrum-alb., Nux-vomica, Aloes, Camphor and Tabacum.

Derangements of the alimentary *mucous* membrane, including, of course, the mucous follicles, and intestinal glands proper, require a different class of remedies. Of these, none is so prominently and frequently indicated as Arsenicum. Its well known relation to the glandular epithelium renders it one of the most valuable remedies in cholera infantum. Few cases run their course without presenting the most marked indications for its employment. These indications are too familiar to demand repetition in this report.

Next in importance in this connection, are the Phosphoric, Nitric, and Sulphuric-acids, of which your committee has found the former the more valuable. They should be given in the third attenuation. Or the Argentum-nitricum, as suggested by Dr. Hempel, may be of service. As a rule, and independently of hepatic complications, lesions of the mucous membrane lining the large intestine, seem more frequently to call for the different preparations of Mercurius, than in case of those of the stomach and duodenum. We may, however, sometimes allay the most obstinate gastric irritability and vomiting in cholera infantum, by means of small, dry powders of Mercurius-vivus.

Where the associate chylopoietic viscera—as the liver, the pancreas, and the mesenteric glands are implicated, yet other therapeutical resources will suggest themselves. Hepatic complications may cause the symptoms indicating Mercurius,

Podophylline, Chamomilla, Croton-tiglium, Nitric or Muriatic-acid to predominate.

Co-incident disease of the mesenteric glands, to which scrofulous children are especially liable, may require Calcarea-carb., Calcarea-phos., Rhus-tox., Arsenicum-iod., Mercurius-iod., Sulphur, Phos., Silicea, or Hepar-sulphur. As a rule, the more tardy and difficult the process of dentition, the greater the tendency to organic disease of the mesenteric glands, and the greater the consequent liability to marasmus.

2. *Cerebral* complications are of varying therapeutical significance. Where the brain symptoms are manifest in the onset of the attack, or previous to it, it may be necessary to employ Aconite, Bell., Hyos., Apis-mel., Helleborus-nig., Zincum-met., Cuprum-met., Gels., or Stramonium.

If the cerebral symptoms supervene the acute stage of cholera infantum, and are manifestly due to cerebral anæmia, we should turn to the class of remedies which includes China, Bryonia-alb., Calcarea-carb., Coffea or Caffeine, Arsenicum-alb., Ignatia, Apis-mel., and Opium. This form of anæmia is especially liable to be accompanied by aphthous affections of the buccal and alimentary mucous membranes, in which case either the Sulphuric, Nitric, or Citric-acids, will also prove beneficial.

3. *Renal* derangements frequently complicate the worst examples of cholera infantum. For their relief, the more prominent and promising remedies are Aconite, Apis-mel., Cantharis, Colchicum, Bell., Hyos., Cuprum-met., and Zincum-met.

Where, despite the dogma that two diseases cannot exist in one person at the same time, concurrent affections run their course along with the cholera infantum, it may become necessary to modify our prescription somewhat. If the child has pertussis, an indication is presented for inter-current remedies which are related to that disease. This is true of rubeola, and all other specific and peculiar disorders. Fortunately, it is no unfrequent occurrence to find that the same remedies are as appropriate in complicated, as in simple cases of cholera infantum.

ARTICLE XXXVI.—*The Different Constitutions, according to*
DR. GRAUVOGL. Translated from his “Lehrbuch der Homœopathie,” by S. Lilienthal, M.D., of New-York.

DR. GRAUVOGL accepts a hydrogenoid, an oxygenoid, and a carbon-nitrogenoid constitution of the body.

1. *Hydrogenoid Constitution of the Body.*—Our examinations prove that there is a constitution, which is sometimes the product of the gonorrhœal contagion; but, although one of the causes, it is not the only one to produce that condition of the body, distinguished, *by a larger amount of water, or by hygroscopic blood.*

This condition of the body I always recognize by the accompanying circumstances of any disease in my inquiries in the state of my patients.

When the patient confesses that he feels worse in cold, in damp weather and rain, then I know that I have selected among the remedies to cure him, such as have a rich union of O. with C. and H, producing therefore more heat and decreasing the influence of the water. In this constitution, everything aggravates the disease, which increases the atoms of water in the organism; as the bath, let it be a mineral or a mere water bath; or whatever increases the attraction of the organic molecule to the water; yea, even the use of animals who live in water, as fishes, &c. In such constitutions all diseases are also aggravated by cold, by cold or cooling aliments, as by sour milk, hard-boiled eggs, cucumbers and mushrooms; but especially by a residence near water, especially standing water.

I found this experience very valuable; as from that cause alone I cured many complaints, where the patients had been sent for years to watering places, without ever being the least benefitted by it.

Another symptom, that a disease has appeared in such a constitution, is *the periodicity of its symptoms*; its course is not steady, but in paroxysms; as the nervous system, which with the brain contains in proportion to the other parts of the body the greatest amount of water, reacts on a plus of it as energetically; as it carries decidedly its reflex over to the

blood and the other organic formations. This corresponds with the experience of Hahnemann and Rademacher. But here I do not mean only those exacerbations and remissions, appearing as quotidian, in two, three, four, or eight days, but also those periods, where there was apparently no disease, and this interval may be through months. I wish also to point attention to the effects of the earth-electricity for those nervous diseases which get *aggravated by electric disturbances*, belong to this class; but diseases which improve under electric equalizations, are found under the conditions of an oxygenoid constitution.

Chronic diseases in hydrogenoid constitutions take the form of an increased process of reduction.

2. *Oxygenoid Constitution*.—The organism changes our food at first in other chemical combinations, before it introduces its combustion. What cannot be oxydized any more, is taken out; so the least oxydizable matter of our body, the milk and these men. They stand at so low a rate of oxydation, that they are used not only for the nourishment of other organisms, but also for their production.

On the contrary, the organism always gives off more C. and H. in form of CO. 2, HO., and other combinations, so that there always remain products richer in N. . The carbohydrates are also quickly transferred into glycogen, grape-sugar, inosit, &c. The atmospheric neutral oxygen finds only then satisfactory points of attack, after our food and those parts of our body similar to our food, have passed through further changes. Therefore blood, saturated over and over with oxygen, cannot increase the destruction of the body, yet this is done instantaneously as soon as voluntary or involuntary processes are introduced, by which the transformation of food is performed in these combinations, more accessible to combustion.

The constitutional conditions to diseases in consequence of an increased influence of oxygen cannot proceed from an absolute superfluity of oxygen, but rather from a *diminished resistance of the organs against the influence of oxygen*, so that even with defective admission of oxygen, especially by weakened organs of respiration, consumption happens quicker than in the normal state of life.

As the nitrogen in the organs has more power of the resistance than the carbon against the effects of oxygen, so it is therefore the want of nitrogen and carbon which admits the destroying mastery of the oxygen, and we may therefore call this state, as long as no disease has developed itself, the oxygenoid constitution of the body.

This constitution distinguishes itself, 1. by want of albuminous matters and fat, and generally by the energetic consumption of all oxydizable matter, in which we have also, 2. to consider the diminished state of the solid constituents of the body, which serve essentially to the preservation of a strong life. The development of such a constitution ought to be always thwarted, as it is nothing else than the degeneracy of a hydrogenoid constitution protracted over the time of an awakened sexual life; as for example, from scrofulosis is developed a form of tuberculosis as easy as from chlorosis, because the disease was neither taken hold of in time nor destroyed before irreparable injury was done. What professors diagnose as anæmia, leucæmia, oligocythæmia in the sick child, but could not remove it, what they call atrophia infantum, rachitis, all belong in this category; and from those beginnings we see in later years appear the conditions to hyperæsthesies and consumption.

Those, who under such conditions enjoy apparent health, find themselves well or better in an atmosphere saturated with nitrogen, even with carbon, with burned resins and fats, with empyreumatic substances, &c. In a superficial examination it is also remarkable, that such individuals frequently refuse all animal food, proving that their organs are not able any more to work up that in a concentrated form, what they need so essentially, and that they feel more benefited by carbo-hydrates, which give them so many slowly oxydable substances. A striking symptom of this constitution is also, that the patients feel uncomfortable for hours, and even for days, and that accidental indispositions are even aggravated as soon as the weather changes from dry to wet, or before an impending thunderstorm, what others do not feel at all; and their pains only cease after it has really begun to rain or to snow; whereas they feel most comfortable in foggy

weather, or in fog arising from forests, especially when the air is not too cold; and air in which people with carbo-nitrogenoid constitutions fare the worst, being even attacked with the direst melancholy and tendency to suicide, as is the case in England.

This bodily constitution may, according to Lichtenstern, be proved through ozonometry by paper-strips worn on the chest. This ozonometry proves that the *proportion of ozone in our bodies is perfectly independent of the quantity of ozone in the atmosphere in the fresh air*, and alone subject to the individual conditions.

In Buchman's work, "die Hydrometeore," we find valuable observations on this theme. Peculiar, in consideration of this constitution, are also the facts, that the loss on positive-electrical tension in clouds and mists announces the transmission to rain or snow; that the electricity of fogs is always positive; that the electrometer in the beginning of rain or snow always indicates negative electricity; that not only water from thunderstorms, but common rain-water contains nitric-acid; that therefore the state of electrical tension in the atmosphere affects most uncomfortably those constitutions, and that they feel relieved by the development of salt-petre vapors; that the electricity of the air acts only here on the point of equation. Those constitutions are therefore also disagreeably and even painfully affected before or during tempestuous wind, as during powerful atmospheric currents electricity tries to equalize itself.

There is also a rainy weather, during which the patients with hydrogenoid constitutions feel better, and those with oxygenoid, worse, but this contradiction passes off in the observation, that there is a rainy weather with large quantities of ozone in the atmosphere, and in such rains the highest points of the forests and mountains do not smoke, *i. e.*, no fogs rise from mountains and trees.

3. *Carbo-nitrogenoid Constitutions.*—The justice of the Hahnemann Psora Theory is doubted, and even frequently denied. Some say that, as the acarus is the cause of the itch, therefore the psora theory, which could not be derivated from the acarus, must be an illusion. But the Psora theory is a defi-

nition of facts, resulting from the conditions of the human organism, and originating from other causes outside of the acarus, as sedentary occupation, musty air, &c. Under such a condition arises the acarus as well as other vermin, although pathological anatomy has surmised that scabies could only originate by transporting an acarus from one infected person to another, according to which supposition the acarus must have had an Adam and Eve.

Any one who has made clinical studies on the itch at a time when the itch reigned supreme, and was killed only by external means could observe also even while that external treatment was going on, the sudden origin of fatal inflammation of the brain and lungs; extensive gout and dropsy, for which no other cause could be found, than the sudden alteration of all the functions of the skin by the itch and the usual treatment. But although the itch has most sensibly decreased in the last thirty or forty years, the same diseases which Hahnemann counted as sequels of the itch are yet present, and are cured by Hahnemann's antipsorics, whose representative is Sulphur. Its sphere of action teaches us, that under its use all *excretive organs are in increased action, and remove carbon and nitrogen from the body.* Those excretions are either things which could not be oxydized any more or products of oxydation, and prove evidently the influence of the oxygen, caused by the action of the Sulphur.

We also know that there are many chronic diseases accompanied by decreased secretion of C. and N., as catarrh of lungs, exanthema, &c., and finally we know that such diseases may be hereditary, or appear as sequels of former diseases, or may arise directly by external causes, which depress the oxydation of the blood, and thus necessitate an accumulation of carbon and nitrogen.

As Sulphur cures now-a-days as well those psoric diseases of Hahnemann, as formerly, by increasing the process of oxydation in the organism, therefore the constant recurrence of all these events is accompanied by causes and conditions, resting on a certain material proportion between the carbon and hydrogen in the body to the power of oxydation in the oxygen. All this may be reduced to the following law :

All those material causes and conditions produce such diseases, which are curable by Sulphur or such remedies, as are similar in their chief action to Sulphur.

I find the first constitutional consequences of all causes which retard the influence of oxygen in our bodies, not only in this, that the patients feel best in fresh air, that cold and wet does not produce aggravations, as in the hydrogenoid constitution, but *chiefly in the frequency of their respiration, caused by the poverty of oxygen in the blood*, and frequently accompanied by a reduced capacity of their lungs, and reduced raising of the thorax. The frequency of the pulse is also increased with the more frequent beats of the heart, as this symptom frequently chains before all the attention of the physician.

We all know that a certain quantity of oxygen is necessary in the blood to keep up the excitability of the medulla oblongata, without which we could not breathe, that, therefore, causes, which hinder the admission of oxygen, reach in their alternate effects, the medulla oblongata; and also that a reduction of the excitability of the medulla oblongata from other causes, produces the same results, centrifugal.

We may submit therefore the following practical deductions:

a. Such patients hardly ever have any knowledge of their quickened breathing and increased pulsation, and complain generally of catarrh or cough, of difficulty in ascending stairs, or of congestion and vertigo, are unusually irritable and fidgetty, are easily tired, feel weak, suffer from obstruction or diarrhœa, complain of gouty pains in the head, face, neck, or different portions of the spine, ribs, arms, legs, fingers, and toes.

All these symptoms are commonly neglected or wrongly treated, and we begin to treat relations, which have already taken a deeper hold, as the legion of hæmorrhoidal troubles with cirrhosis and other hepatic diseases; as consequences of a mode of life, which continually lowered nutrition, or of the frequent use of coffee or alcoholic beverages; or gout, also originating in checked influence of oxygen, whereby the nitrogenous formation fails to be oxydized to urea, but passes

off as uric-acid; or torpid scrofulosis in consequence of bad nutrition and living in spoiled air; exanthemata with suppressed excretion of l. and n. from the skin; asthma siccum, emphysem, other diseases of the lungs and hypertrophy cordis with dilatation of the cavities of the heart, whereby the exchange of gases is not sufficient in the alveoli of the lungs, and the blood remains poor in oxygen, but surcharged with carbon. Such structural changes of the heart produce a diminished tension in the venous system, with diseases of the urinary organs and dropsy, combining with it also a proportional diminished tension of the aortal system. All those affections and diseases act reciprocally on the brain, spinal marrow and nervous system, producing hypochondria, anæsthesia, paralysis, &c.

b. Centrifugally appear those changes in the functions of respiration and of the heart, when through former onanism or other excesses in the genital sphere, through suppressed intermittents or other deeply affecting diseases, as cholera, typhus, &c., or through depression of the mind—the brain, the medulla oblongata, the sympatheticus or the vagus have undergone continuous irritations, leading the way to the different forms of nervous diseases. It is well known, that all those diseases from their very beginning influence the breathing, the beats of the heart and its impulse, obstructing thereby the excretion of l. and n. We find the urine here pale and poor, or chlorides and phosphates.

I would like to draw your attention to a form of catarrh of the lungs with puriform expectoration and loss of flesh, which is easily mistaken for tuberculosis; but, being only caused by weakened innervation of those organs, Sulphur and its congeners produce great remedial influences.

I would also point your attention to pains and other complaints in the extreme periphery of the different nervous centres. Those pains, sometimes joined to swellings, are frequently taken for local rheumatism or gout of the fingers or toes; yet they belong to the symptoms of spinal diseases, which may be cured by constitutional treatment.

Finally, we refer to the diseases which arise from a diminished influence of oxygen, all those zymotic forms, caused

by external specific influences, which withdraw in a specific manner the oxygen from certain parts of the organism; for many ferments possess in a very high degree the power to reduce the oxygen in the organism; such are yellow fever, cholera, typhus, scarlatina, measles, dysentery, gangrene, and catarrh.

We recognize most easily this carbo-nitrogen constitution by the aid of the microscope. Very early we perceive many dull looking, so-called melanose blood-cells. The blood is richer of them, on account of the suppressed progressive metamorphosis, which is only possible in consequence of the insufficient influence of the oxygen on the organic fluid and tissues.

The chronic diseases, rendered possible by this constitution, consist in processes of retention.

The three distinguishing characteristics are therefore:

1. *Hydrogenoid*—*a surplus of water in the blood.*
2. *Oxygenoid*—*increased power of oxydation in the body.*
3. *Carbano-nitrogenoid*—*hindered reception of ozone and increased formation or retention of carbo-nitrogenic substances in the organism.*

It has been proved, that these three constitutions may be generated by atmospheric-telluric influences, by retention or or by infection, but there is no doubt of their hereditary influence. Experience has also shown that the first and second may take their origin from sycotic or syphilitic poison; but whether the third could originate to-day from the acarus, we cannot say, because the scabies of our days no more appears in that intensity and extent as in former times.

Any one who wishes to study the most general symptoms of the three different constitutions, should carefully read the pathogenesis of copper, iron, and Natrum-sulph., and the principal others, which are below indicated. We need not wonder any more, that the water-cure can be neither applied in the hydrogenoid nor oxygenoid constitution. Galvanism and electricity can only be used successfully in consideration of these natural laws.

Remedies for the Constitutional Diseases.—If it is true, that there is a hydrogenoid constitution, then those matters must

be remedial which keep back the influence of water on the blood, and here *Natrum-Sulph.* stands pre-eminent. For in this constitution, where hydrogen seems frequently to take the place of nitrogen, we have not only to diminish the influence of hydrogen, but to preserve the nitrogenous tissues, and Dr. Seegen has proved that *Natr.-sulph.* circumscribes the exchange of nitrogenous elements in the tissues, and enriches the body in nitrogen atoms, albumen, and glue.

Natrum-nit., *Natrum-carb.*, *Natrum-acet.*, *Sal.-ammoniac* take the next rank.

As remedies of nutrition, we count here: *Calc.-carb.*, *Magn.-carb.*, *Phos.* and *Silicea*; then also *Iod.*, *Brom.*, *Chlor.*, *Acid-nitr.*, *Natr.-muriat.*, *Borax*, *Antimon.*, *Alumen*, *Thuja*, *Carbo*, *Arnica*, *Aran.-diad.*, *Pulsat.*, *Nux-vom.* in alternation with *Ipecac.* or *Arsen.*, *Conium*, *Apis*, *Spigel.*, and animal food.

2. *The carbo-nitrogen Constitution*, which by a relative want of ozone, is rich in nitrogen and carbon, has its best remedy in *ozone* or *ozone-water*. Further, all remedies which excrete nitrogen or carbon, and admit ozone or carry it over to others and produce oxygen, as: *Cuprum*, *Phos.*, *Sulph.*, *Camph.*, *Hep.-sulph.*, *Acid-sulph.*, *Merc.*, *Aurum.*, *Arg.*, *Plumb.*, *Plat.*, *Olea-ætherea*, *Ol.-turpent.*, *Rhus*, *Dulcam.*, *Cham.*, *Lycopod.*, *Bovista*, *Belladonna*, *Nux-vomica*, but alone; *Digitalis*, *Hyosciamus*, *Opium*, *Lobelia-inflata*.

3. *The oxygenoid Constitution* find its remedies in those articles which hinder the oxydation of the tissues. *Rademacher* puts *Iron* here in the first place, but I prefer the *Iodide of Potasium*, as it absorbs all the ozone. Directly acting are also the *Carb.*, and the alkaloids, rich in *Carb.*, *Graph.*, *Petroleum*, *Kreasot*, *Benzoe*, *Citric-acid*, *Cyan-hydrogen*, *Laurocerasus*, and from inductive reason also *Antozon-water*, probably equal to *Iodosmonwater*, *Acid-nitr.*, a great many narcotics, especially *Arsenic*, *China*, *Chin.-sulph.*, *Arsenicum*, but alone; and all metals able to stop the process of destruction, therefore also *Chrom.* and *Kali-bichromicum*.

The Law of Similia always *Decides the Special Indication*.—Some may find it curious why we did not put among the remedies for the oxygenoid constitution the carbon-

hydrogenoid combinations of the etherial oils, or the Amon-muriat. in the hydrogenoid and oxygenoid constitution, or iron solutions, absorbing large quantities of nitrogen, among the hydrogenoid and oxygenoid constitution, and so on.

But the dose always and alone decides this question.

Thus, *Nux-vomica*, in a hydrogenoid constitution can only be used usefully in the lower dilutions, 3-6; but in the carbo-nitrogen in the higher potencies, at least the 30th.

Dr. Gross, of Bremen, says in the "Allg. H. Zeitung," that those constitutional chief characters render it possible to generalize to a certain degree and remain faithful to homœopathy. As epidemic constitutions, they are of great value for the discernment and treatment of climatic diseases in all parts of the world. They make it possible to cure a complicated constitutional disease by a single remedy.

In acute diseases let us look for the genus epidemicus. Here the carbo-nitrogen, and oxygenoid constitution are easier distinguished one from another, as it will be the case with the hydrogenoid. In chronic diseases we have to take hold more on the individual constitutional character of the disease (dyscrasia) with the aid of the law of similia, and it is more than probable that every quick and perfectly healing simile corresponds to the constitutional character of the relative case.

ARTICLE XXXVII.—*Practical Examples for the Carbo-nitrogen Constitution.*—From GRAUVOGL'S Homœopathy. Translated by S. Lilienthal.

J. L. an officer of police, fifty-four years old complains, that for a year he cannot follow the chase, as *he gets out of breath* in ascending hills or in a quick walk. Suffers with piles, for the relief of which he has taken a great many remedies, which made him a dyspeptic. Formerly corpulent, *now thin*, he complains of an *anxious sensation in the region of the heart, of periodic pains in the abdomen, tenesmus*, burning hæmorrhoidal knots and *pains in urinating*. But he feels most troubled about *vertigo* and a *weakness on his whole left side*. He had an old appearance, *pale color, tongue is coated*

white, taste depraved, hepatic region sensitive to the touch without any visible enlargement, mucus or pus never passed per anum. Respiration 26, pulse 108: *palpitatio cordis*; no cough; respiratory murmurs on different places hardly audible, but on the upper part of both lungs dry, vesicular and clearly sharper. Requested to take a deep inspiration, he could do it without pain, but with such a small raising of the thorax, with so little admittance of air, and with so little endurance, as to prove a greatly decreased capacity of the lungs. *The hands trembled*; sleep is short, and he is frequently awakened by *paroxysms of suffocation*. Passage of flatulency upwards and downwards relieve. Lived always regularly and moderate, and took daily exercise in the fresh air. Drinks coffee, but never used tobacco.

Coffee interdicted. ℞. Nux-vom. 2, for eight days one dose daily, then for eight days set aside.

Feels better, although all his difficulties are there yet, but in a diminished degree.

Four weeks later, about 2, A. M. a severe attack of asthma followed, more severe, than he had ever before; apparently from cold, although it was the middle of summer. Arsenic 10, every two hours, 2-3 drops. After three hours rest again, but strong palpitation and short respiration. Once daily Ars. 10. After six days in his office again, as the respiration is more free. ℞. Sulph. 30, one dose.

Better sleep followed, with increased appetite, and he felt stronger. Yet after four weeks more he did not yet feel the *right ambition for work*, was troubled with a sort of *anxiety*, with *obtuseness in the head*, although not amounting to vertigo; all *aggravated by constipation*.

For six weeks every thing remained the same, but he now begs for relief, on account of the obstruction; for if a few days pass without a passage, more *weariness* and *trembling of the hands* appears; then also more *sleepiness* and *disgust for all work*; *heaviness and obtuseness of the head*, especially in occiput; *eructations* and an *anxious feeling in abdomen, as if it were tightened by a band*, which symptom especially has appeared since the last asthmatic attack. The *pressure to urinate* also increases with the constipation; the *palpitation* and

the *difficulty of breathing* increase also, the *left side of the body is weaker*, and the *left arm is heavy as lead*.

Sulphur was therefore not indicated, as the result is too trifling.

The provings of the waters of Carlsbad, considered, I advised him to take every morning half a teaspoonful of Carlsbad salts to a pint of water.

For two weeks the salts was taken daily, when suddenly a hæmorrhoidal bleeding appeared with alleviation of all the sufferings. But it did not continue. With the spontaneous ceasing of the flow all the old troubles reappeared; and thus a whole year had passed, without having affected anything, although the patient was satisfied.

That in this case the blood-life was primarily affected, is certain, also that the deficient nourishment of the nervous system, produced by it, caused all those symptoms, originating in the changed functions of the brain and spinal marrow. The whole process of nutrition suffered through *insufficient oxydation*, and among all the remedies, which increase the influence of oxygen on the organism, *Argentum-nitricum* stands pre-eminent.

I might also remark, that our patients, by diluting their drops or pellets with common or spring water, never take Arg-nitr., but always Arg-chloric, for all spring water contains more or less Chlor-natrium. By putting a few drops of the 2d or 3d dilution of Arg-nitr. in a spoonful of water, the white cloud of Chloride of Silver is quickly formed. Now, I prefer to stick to the Nitrate of Silver, as by so doing, as often as the patient takes medicine, a fresh preparation of Chloride of Silver is made. ℞. Arg-nitr. 2, 4 to 5 drops morning and evening in a spoonful of fresh water.

Examining him again after eight days I was astonished at the change. His face again showed the incarnate color, and the patient confessed, that he felt better, than he had for the last 25 years. It was clear, that the oxydation of the blood had been increased. Pulse 90, respiration only 22. Proof enough that the capacity of the lungs to take a long breath had improved. But also in the reaction on the nervous system amelioration had taken place. He slept better and longer;

and the feeling of that tightness, a proof of an affection of the nervous phrenicus s. diaphragmaticus was entirely gone. Nothing was taken now for a week; but improvement steadily progressed and without any further medication three years have passed without any serious complaint.

2. A blooming maiden, nineteen years old, regularly menstruated; complains for the last five years of *pressing pains over the whole head, sometimes only on vertex, sometimes on the left side of the forehead, ameliorated by strong pressure on affected part*; said to be caused by too much dancing during an evening, but unrelieved so far by any medication. She complains of *vertigo* and of *getting easily tired with some loss of memory*. In ascending steps, *difficulty of breathing with palpitations*. *Tongue coated white*, appetite and sleep normal, sometimes *pains in the stomach*, often for weeks, with *nausea and vomiting*. In feeling her pulse I observed *tremor of hands*; pulse 98; *burning feeling in regio cordis*. She can take a deep inspiration without pain, but *cannot hold out long*; in respiring vesicular murmurs are heard, but there is no cough. Urine pale, but poor in solids.

Arg.-nitr. 2 cured the whole case in five days.

3. A lady, thirty-seven years old, lively temperament, florid complexion, suffers since three years, without known cause, from nephritic colic; returning periodically, say every three months. These severe pains used always to be relieved by leeching on both sides and physicking, and the pains only left her by degrees, after she was weakened to the utmost by such treatment.

Thus I found her in one of her periodical paroxysms, *with most severe pains on both renal regions, pains stretching down through the ureters to the bladder*. She lay motionless on her back, as every motion intensified the pains; and the touch on the renal region was unbearable. Profuse perspiration, pulse 130, short and superficial breathing. *Urine bloody, scanty, passing it frequently, but only a little at a time, guttatim*, contains visible sediments of crystalized uric-acid and pus, with amorphous sandy concretions of the size of half a lentil; and the sour fluid above the sediment, when heated with nitric-acid, leaves a sediment. This was therefore a pyelitis calen-

dosa. *R. Argent-nitr.* 2 every hour 4–5 drops in tablespoonful of water.

Only a quarter of an hour after taking the first dose, she already felt relief, and could urinate freely and in good quantity. The next morning pulse down to 80, and respiration natural. After eight days no uric-acid crystals passed any more, but still some small concretions. The last, which passed her without pain was of the size of a lentil, and since then several years have passed in good health.

4. A lady of twenty-nine years, passed, when fifteen years old, through an attack of pneumonia; she was considered tuberculous on account of her resplendent eyes, white teeth, white translucent skin, and because the resorption of the exudation had not taken place, but left her with a cough and puriform expectoration, though cough and expectoration left her about a year afterwards.

Married at twenty-one years, she had a miscarriage. Hence she suffered from different complaints, as anomalies of menstruation, ovarian pains, spasmodic cough, palpitation and symptoms of anæmia.

Four years after the miscarriage she asked my advice for hoarseness and fluor albus. *Natr.-sulph.* 3, cured her entirely in two weeks.

Six months later she was attacked with dry asthma. On the left side, where the stitching pain was during the pneumonia, percussion dull and no vesicular murmur. Deep breathing pains here. Cause of the asthma, mental excitement. This lady had very little color in her face, pale lips, her build unusually thin, but graceful and regular, no phthisical habit, good appetite and sleep, menses regular, rather too copious, followed for a few days by a mild fluor albus. Parents living and healthy. Pulse 90. Respiration 21. Phosphor 6, one dose daily for a week.

One year afterwards another asthmatic attack. Complains of want of air and fear to suffocate. Phosphor relieved again, but a *weakness, especially on the whole left side*, remained.

Anæsthesia nowhere to be found. Acknowledges, to be *irritable*, always followed by *stitching pains on the affected part of the chest*. Advised her to take a few doses of Aconite after mental excitement.

A few weeks later again *hoarseness*. Laryngoscope reveals nothing. Aconite hourly for three days produced strong diaphoresis with relief to the hoarseness.

Living near the water, she acquired six months later a quotidian with increase of the stitches and cough during the paroxysm; both went off during the sweating stage. Nux-vom. and Ipecac. stopped the fever in three days; but the following summer a relapse with *clearly puriform expectoration and mixed with pure blood*. Chin.-sulph. removed all in about ten days. It was remarkable, that the stitching pain, cough and expectoration remained only during the paroxysm, where auscultation also showed large vesicular murmurs up to the large bronchial tubes in the originally affected place. After every angry excitement she had chilliness, stitches with cough and blood-mixed expectoration, sometimes also *vomiting*, for all which she usually took Tart.-emet. ʒ, with relief.

Six months later, after sewing a great deal, *Conjunctivitis with photophobia*. *The left upper eyelid covers the bulbus more than the right one*, the left pupil contracted with diminished reaction against light. Confesses to have often remarked that *weakness of sight* after long continued exertion on left eye, also that in twilight or cloudy weather she has the sensation, as if *a nebula hung before the left eye*. *Her strength seems greatly reduced; her feeling worse at rest, than when walking in the air, with want of breath when ascending stairs*, all prove, that the process of oxydation is faulty and must be remedied.

Chiefly on account of her eye-symptoms I gave her Argent-nitr. ʒ, morning and evening a dose. After taking it two days *such a general weakness* came over her, that she was obliged to lie down, with a *somniferous condition and yawning, cold chills over the whole body and loss of appetite*. But the left eye had regained its normal strength, pupils were alike on both sides and the stitching pains on left chest had vanished as if by magic. All medicine was stopped now, but the improvement continues, and as three years have passed without pains, she may consider herself well, but it could not be vouched for; but so much is certain, that her former medicinal treatment changed a hydrogenoid constitution into a carbo-nitrogen one, which is now improving.

5. Judge M., forty-five years old, asks advice on account of a *cough with dyspnœa*. Looks pale, coated tongue, pulse 116, *palpitatio cordis*, and *increasing loss of flesh*.

In auscultating I observed that at every inspiration the upper part of the abdominal covering contracted, instead of expanding, and in expiration rose instead of falling. Respiration 21. The short inspiration showed a diminished capacity of the lungs, although the respiratory murmur was everywhere present, and only the large bronchi showed small vesicular mucous rattle. A trial to respire fully takes his breath away. All this indicated a *paralysis of the diaphragm* with diminished innervation of the organs of the chest. Requesting him to walk with his eyes closed, *giddiness* seized him; he already tottered considerably at the third step, at the fourth he had to open his eyes quickly to catch something in order not to fall down.

The cause of all his troubles lies therefore in the central organ of co-ordination, in the medulla oblongata. Duchenne's motorataxy. *R. Arg. nitr.*, 2 5 drops morning and evening.—This one prescription sufficed to eradicate all his troubles.

6. A married divine, learned and of good standing, got melancholic five years ago. He was fifty-one years old, suffered from hæmorrhoids since his thirty-eighth year, bleeding regularly every four weeks. Was corpulent and never sick before, except one attack of intermittent fever years ago, for the removal of which he took Quinine. Cause of his melancholy an unmerited neglect put upon him by his superiors. This dejection of the mind increased to the fixed idea, of being abandoned and despised by his family. He got *indifferent to his calling*; and so corpulent before, he now *lost flesh from year to year, adverse to all society, and lost all pleasure in work*. Finally he worked himself perfectly up in the idea, that everything in his hands must fail.

Two years ago he came to me and complained also of *sleepiness in the day and perfect sleeplessness during the night*; *loss of memory*, so that he could not find the right word; *obtuseness in the head, loss of appetite, and a tremor of extremities*, was also visible. Constipation alternated with diarrhœa; his periodical bleedings had ceased, but his

hæmorrhoidal knobs plagued him; he had *weakness and weariness* of the forearms and lower parts of the thighs, and *frequent congestions to the head, with constant chilliness*, gave him the most anxiety. Respiration 20. Pulse 80-84. R. Nux 6, one dose a day.

I heard nothing of him for a year. He was sent to a water-cure, but returned worse than before. He could not perform his duties any more, refused all nourishment, for food is the equivalent for work; but was secretly seen to provide for himself; he lies constantly in bed, and is crying to everybody; but his weariness and melancholy have steadily increased.

This case is certainly the consequence of primary carbonization of the blood, which, steadily increasing, reacted with such intensity on the brain and special marrow, that we could not hope anything from Sulphur any more. According to provings Arg-nitr., or rather Chloricum was indicated, which he received in the usual doses. No effect the first few days. The sixth night he slept better and during the day he showed more interest in the family, so that in the evening he conversed freely with several gentlemen. All medicine stopped, but improvement progressed, and he is now strong and able to perform all the duties of his sacred calling.

7. Judge —, whose father died from tuberculosis, suffers from childhood up from cough with puriform expectoration. Relieved by an issue, which he wears since that time, yet he coughs in lying down or getting up and in ascending to upper stories he has to rest in order to regain his breath. In his thirty-sixth year his wife observed, that he avoided to pass through certain streets, on account that the sight of high houses made him dizzy and liable to totter. It appeared to him, as if all the houses from both sides approach one another in order to crush him. He felt the vertigo in no other place and it left him instantly, as soon as he saw no high houses any more.

Two years after he passed through a pneumonia; treated by a great many venesections, hence more *vertigo*; and after steady work a *pain over the whole head, which made the letters run one into another when reading*. In his fifty-sixth year he came under my treatment for his cough. He is very thin,

pale and looks aged. Aconite did him a great deal of good, but I found a stenosis and insufficiency of the bicuspidal valves, and advised Sulphur 6, a dose once a week for some time.

Thus passed another year, when *the insecurity of gait* returned again; continuous vertigo, so that he had to walk close to the houses, to have something to hold on, small and ring-finger of his left hand have lost all sensation; in fact an *unspeakable weakness has attacked his whole left side*.

Arg.-nitr. 2, a dose every two hours for five days produced marked improvement, which continued steadily.

8. A youth of eighteen years, born of healthy parents, suffered from childhood up from *incontinentia urinæ nocturna*. While yet a child he had enlarged glands; now he is strong and hearty, and I could detect nothing irregular but large pupils and an *increased, but not strong beat of the heart*. Arg.-nitr. 2, a dose morning and evening freed him from this annoyance.

9. A stout merchant, forty-eight years old, had two years ago an intermittent driven away by large doses of Quinine; a year ago he passed through a gastric typhoid with excruciating pains in occiput, which robbed him of his sleep, and he had fever every evening. Finally those headaches passed to the eyes and lower maxilla. *Itching pustules formed on the left shinbone, of which one ulcerated*. Six weeks allopathic treatment, brought on such an irritability, that he ran away from home; brought back perfectly exhausted, he slept the whole night for the first time; he had more appetite, which awakened in him the idea, he might have been wrongly treated.

Called in to see him, I found him perfectly emaciated, with pale sunken features, and complaining of a steady *boring headache*, with *photophobia* and *weakness of sight*, and *tremor of hands*, *vertigo*; and *at night or with closed eyes impossible to walk*. To fix his ideas or to transact any business is impossible, as it increases the headache and every thing turns black before his eyes. He could not open his mouth farther than to let in a quill.

This hinders him in speaking, and he can only take fluid nourishment. But what troubled him most was *the disgusting smell from the ulcers in his nose*, fearing it might affect the

bystanders, which was not the case. Bowels regular, *voice hoarse*; no change in the chest by auscultation or percussion; *impulse of heart strong* and audible over whole thorax; pulse 98. The background of both eyes is muddy, and blood-vessels are not to be discerned. Hardly any evening fever, but he thinks he has fever during sleep. *Dyspnœa in ascending steps.*

Another clear case of *motorataxy*; and Arg-nitr. relieved him in two months. He took it for a week morning and evening, then set it aside for a week; without that a medicinal symptom appeared. After the visual power returned; the nose, tremor of hands being cured, pulse reduced to 70 or 80, and dyspnœa diminished, he had only to complain of the unsatisfactory motion of the maxilla, and I hoped that the medicine in its after-effects would remove this also. But six months passed, and this and the insecurity in walking with closed eyes remained. We repeated now the Nitrate or rather Chloride of silver again; after eight days great improvement, and perfect cure in two months more.

This case belongs undoubtedly to the *motorataxy*, or rather to the *malaria ataxy*, for malaria was the first and only cause of all his subsequent ailments.

The remedy was selected according to the *Mat. Med. p.* But I believe Profs. Eisenmann and Cahn did not effect cures with $\frac{1}{4}$ of grain Nitr.-arg., or other allopathic doses, even when really indicated. In Nitrate of Silver, Arsenic and Iod. we have good problematical homœopathic remedies against the *motorataxy*; but proved remedies are: Nitrate of Silver, (Chloride of Silver,) Aurum-muriat, Sulphur, Arsenic-Belladonna, Bryonia, Cyclamen, Mangan.-acet., Gratiola, Phosphor and Acid-phos.

2. *Practical Examples to the Oxygenoid Constitution.*—This constitution is either inherited from the parents or acquired by accidental severe diseases.

The blood is a product of the organism, and its mode of preparation, as is known, passes from parents to children and other generations.

The affinities of parental forms and conditions received not only the blood, but also the skeleton, the muscles, the digestive

and respiratory apparatus, the nervous and sexual organs already with the first germs; and this forms the hereditary constitution. Of great importance is the hereditary immunity against contagious diseases and miasma.

A want of resistance against the influence of oxygen is also acquired by severe epidemic diseases, as scarlatina, dysentery, measles, diphtheria, typhus, intermittent, variola, cholera, &c., and also syphilis; all diseases, whose material causes are *productive*. Every such disease begins with a premonitory, or rather *formative stage* of the poison which produces them, and many may be inoculated, which vaccination shields for a certain period. After certain days, the disease appears, which was inoculated. The only difference is, that in epidemic influences the material qualities are unknown, in vaccination they are known.

Several of these diseases are not contagious by the touch, but where the dejections of typhus, dysentery, or cholera come, there a new centre of infection appears, in which the poison needs a few days to reproduce itself. Also the miasma needs a new development in summer, whereas in winter the intermittent fevers are found in the background.

This time of incubation is therefore nothing else but the *period*, necessary for the increase of the poison to a certain quantity to be effective.

Another peculiarity of these poisons is that they act *specifically*, and their effects are always accompanied by the same symptoms in every patient.

Causing most severe processes of reduction, they leave, if not well treated, such a change in the constitution, that the blood cannot any more resist the excessive influence of oxygen, and cause fatal consumptions. They are living, *i. e.*, organic ferments, as the microscope will certainly yet prove.

Affections, leading to consumption from such causes, in the beginning form most different chronic local diseases, especially in the osseous and glandular system; but also in all other organs, and even in the nervous and muscular system.

3. *Practical Examples for the Hydrogenoid Constitution.*—A lady, twenty-nine years old, whose parents are very healthy, has since childhood suffered from palpitations at the least mental

or bodily effort. Physical examination revealed neither valvular disease, nor any other nutritive changes of the heart, only an increased and hurried function even during perfect rest. Pulse 80. Of all diseases of children she only had whooping cough. The color of her skin resplendent white; skin clear, hair dark-brown, eyes blue, body regularly formed. Had three children, but suffers since her last child-bed, six years ago, from a continual headache, spreading from forehead over vertex to occiput, sometimes most severe on vertex; aggravated by speaking or hearing other people talk even to vomiting, and obliging her to keep the bed, motionless on her back, for three or four days, to make the pains even only bearable. Sometimes also gastralgia with sour pyrosis and eructation of scentless gases, most frequently produced by the use of fruit or vegetable acids. Appetite good, but no desire for food; refuses to take animal food, as its very smell sickens her. Menses irregular, scanty and pale, commonly six to eight days too early. In the interim more or less weakening leucorrhœa, and severe abdominal pains indicate always the beginning of menstruation.

Respiration free, but on the apex of the right lung a small spot with weak respiratory murmur, but percussion sound not altered. No cough. Since the last lying-in, also every morning when awakening from a perfectly sound but not refreshing sleep, *cataleptic fits*. If her husband neglects, so that she shuts her eyes again in the morning after awakening with a deep sigh, to shake her roughly on both shoulders, calling her loudly by her name, nothing can get her out any more from that cataleptic state, lasting from one to two hours. Those attacks come and go without any known cause, but have no bad after effects,

Those headaches are always worse in *wet weather*, and are also always aggravated by *baths*. The time for aggravation is especially in the *afternoon* or *evening*, showing therefore some *periodicity*, indicating an affection of the nerves; is always *chilly*, and has even in summer *cold hands and feet*.

Everything proves the hydrogenoid state, which must be first removed, before the specific remedies could be benefi-

cially applied. Among all remedies, homœopathically indicated, there are especially two which produce a more active change, and thus more heat in the body, restoring in this way the lost power of resistance against the influence of cold and wet, and vivifying the nervous system, namely, *Nux-vom.* and *Ipecacuanha*.

R. *Nux-vom.* 3, one dose in the morning at 7, and in the evening at 6, and during the day every two hours *Ipecac.* 3. Interdicted coffee, bathing for a longer time than five minutes, the habitual cold washing, residence near the water, vinegar, fruit, and fishes.

This was on the first of May. I visited the patient once a week, ordering her to take her medicines for one week, and then stop for a week, &c.

June 4th. Thinks she does not feel so cold any more, as she can sit in the shade in the garden, which formerly was impossible. The cataleptic attack had decreased in intensity, so that they leave only a presentiment. But headache and palpitation render her still unable to perform any duties.

Towards the end of July the children were attacked with the measles, and the mother felt happy to be able to nurse them herself. Took a few doses of Aconite on account of the mental excitement. After the recovery of the children, the whole family went to the mountains, but it disagreed with her, as she rode on a lake, and from that time her chilliness returned again. As according to my experience, *Aranea-diadema* 2, reduces the influence of hydrogen on the organism better even than *Nux* and *Ipec.*, I requested her to take four to five drops of this medicine every two hours.

The heat of the body soon returned, and for the first time the interval between menstruation amounted to four weeks, but it flowed more profusely and of a red color. Pity that *Aranea* produces such hæmorrhages, especially hæmoptisis, which circumstance renders circumspection very necessary in its application.

After two weeks, less headache, sometimes none for a whole day. Cataleptic attacks were gone since fourteen days, but only about the 15th Sept, my patient felt as if relieved from a bad habit, her usual headache, and six years have now passed without any return.

The family now removed from the country to the city again, and the excitement increased the palpitations. *Pulsat.* 3, succeeded in six days in regulating this function, and it remained so.

We finished off with *Magn.-sulph.* 6, to eradicate the fluor-albus, and the end of November saw that lady perfectly cured and enjoying her life again.

2. An artist, twenty-three years old, feels continually such an oppression in his chest, that even crossing his room takes his breath away. He ascribes his troubles to an *intermittent fever*, stopped by very large doses of Quinine. His *spleen is swollen* to such a degree that it reaches up to the third or fourth rib; the heart is pushed over to the right side, beats weakly and 95 times in the minute. Respiration very short, lifting only the right side of the thorax, 30 to the minute, and only audible on the uttermost point on the right side.

He resides in a house close to the water, in which every wall felt damp. He acknowledges to *feeling chilly* night and day, although it was middle of summer, and *as often as it rains*, he feels worst.

R. *Aranea-diadema* 2, four to five drops every two hours in a spoonful of water.

After three weeks the spleen had sunk down to the seventh rib, the heart was more in its place in the lungs, freed from compression, the respiratory murmur is better heard. Patient feels well, yet I advised him to continue the remedy. But after a few days he complains of severe pains in the upper and lower teeth, coming on as soon as he goes to bed and lasting an hour. This I know from my own provings to be only a homœopathic aggravation.

3. A young, robust man, of good health, complains: "It happened to me for the third time during four years, the last time three days ago, that I was attacked suddenly *during walking with such a severe stitch in the left hip*, as to be unable to go any further or to rest on that foot on account of its weakness. This stitching pain is so severe that I think, *I would lose my senses and fall down*, if it would only last one minute, but then *just as suddenly it disappears again*, and I can walk as good as ever." His health is good before and after, and only the fear of a return makes him seek for help.

Several professors laughed at it, as he is the picture of health. I knew this symptom as a forerunner of a high degree of syphilis, and found also as a proof the characteristic exanthema in his chest, which he did not mind, as it goes and comes during the spring, and is entirely off during summer and winter. Three years ago he had *white-bluish spots on his lips*, which a physician touched with Lapis-infernalis, and drove them away. He is so disgusted with his life, that he has to use his whole moral force to keep from suicide.

I knew also, that in the beginning of sycotic cases *the standard of water in the blood is increased*, and that *Glauber-salt (Natrum-sulphuricum)* keeps the surplus water off from the red corpuscles. I had furthermore good authorities who treat syphilis with this remedy. But certainty I only found in the *materia medica pura*, I prescribed it therefore with full confidence for a radical cure. He took it, off and on for a whole year, not a vestige of the exanthema can be seen, and five years have passed without any return of the pain.

4. A married lady suffers since eight years from cough, degenerating every year in hæmoptysis. Four years ago she had for a half a year prosopalgia on the right side, resisting all means of the physiological school, but leaving her as soon as she changed her residence; but now the *cough, which remained in the background during the continuance of the facial pain, came back in its full force*, so that she had to drink the water of Ems at home, being too weak to go there. Next year *visited the bath in Ems, but returned after four weeks rather worse*. The puriform abundant expectoration is now always mixed with blood, and her physician considered her incurable.

Called in at this late stage, I found a woman greatly reduced, always in a crying mood, with mucous rattle on the right side near apex, puriform expectoration, continual irritation to cough under sternum, *but the menses were not yet disturbed, appetite and sleep good; pulse 72; face pale, thin, but had not yet the tuberculous expression*, and on questioning her, she assured me to have observed long ago, that she *always had two better days and one worse one, only in wet weather all days show equal suffering, and her hands and feet are always cold*

All these symptoms made it clear that she suffered from an *intermittens larvata*, and she therefore received *Chin-sulph*, 2, a dose every two hours, and after a few days her cough already began to decrease.

Four years have now passed and the woman still enjoys the most perfect health.

5. A tavern-keeper, twenty-five years old, suffered, according to the declaration of his physician, from such a severe pneumonia that he could not recover. Being called in, I found hepatization of the whole right lung, only near the clavicle the percussion sound was a little duller, and some respiratory sound could still be heard. Left lung free; great dyspnoea; enormous weakness; hoarse speech; he could not lie on the left side without a feeling of suffocation; pulse 130; expectoration purulent but trifling; tongue heavily coated; no appetite; great loss of flesh; features decomposed. On questioning him, he says: *to feel one day better, the other so much worse, and then in the evening at 8 o'clock the worst of all*, so that he thought the evening before he would die; *chilliness* in spite of continual sweating, and in spite of hot applications over the stomach. R. *Nux-vom.*, and *Ipecac.* in alternation.

Next day, remission of all pains. After eight days, *he felt chilly still in the upper part of his body*, therefore *Aranea-diadema* 3, in hourly alternation with *Nux*, although the hepatization was steadily diminishing. Four weeks later he could leave his bed, suffering only from weakness.

A young married couple had two years ago lost a child by acute hydrocephalus; the second, then eight months old, I saw, when it was already in the convulsive state, it died in a few days.

My task was now to prevent the acute hydrocephalus in the next child, therefore to set aside the conditions through which the development of this disease was probable.

Both parents were perfectly healthy, and never sick. Both had blond hair, fair skin, and blue eyes. The man was lean, the woman fat. She had nursed both her children, but could never satisfy them, as they had to be fed with sugar-water and milk, and both children got sick during *the period of dentition*.

In hydrocephalus the nourishment of the bones is always defective, and during dentition must be brought about at the cost of the other tissues; but the conditions to this deficient nourishment of the osseous tissue are given long before the period of dentition.

I forbade the lady therefore to nurse her next child, and ordered her to take alternately Sulphur 6, and Calcar.-phos 6, a dose alternately every day. I wanted Sulphur as a tissue-former, and Calcareo as a bone-forming nutritive remedy.

She followed my advice during pregnancy, was confined at the right time, and the child, now five years old, remains healthy, also another one, now three years old, was brought into the world under the same prophylactic conditions.

Since six years, I use successfully this prophylactic method in all families wherever there was a hydrocephalic case. But if I have to treat a case of hydrocephalus, I give a dose of Calc.-phosph. 2, morning and evening; and only such children as are already in the last stage, receive morning and evening a few drops of Arg.-nitr. 6, and every two hours these powders of Calc.-phos. Repeatedly I was convinced that only this alternation was successful, but that each remedy alone left me in the lurch.

ARTICLE XXXVIII.—*Populus Tremuloides.*—*A Theoretical Drug-Study. From Scanty Pathogenetic and Empirical Data.* By E. M. HALE, M.D., Professor of Materia Medica, Therapeutics, and Medical Botany, in Hahnemann Medical College, Chicago.

[In a former number of this Journal the writer gave a theoretical drug-study, when he had only the slightest *toxicol* data, upon which to rest his deductions. Whether that paper will lead to any valuable results the future only can decide. In this paper I propose to present as a study one of our noblest indigenous trees, from which a medicine of considerable power is obtained. We have no pathogenous, nor any fragmentary provings of the medicine, made by a member of the homeopathic school. A few toxic effects, noticed by a progressive eclectic, is all we know of its pathogenetic effects.

Of its therapeutic effects we have no knowledge except a few facts gleaned from allopathic and eclectic sources.

We present these materials to our colleagues in the hope that provings and clinical experiences will be made, to substantiate the belief that the law of *similia* is universal in its application.]

POPULUS TREMULOIDES. (*American Poplar.*)

Botanical Description.—This indigenous forest tree, known by the name of White Poplar, and Aspen, attains the height of from twenty to fifty feet, with a diameter of eight to twelve inches. It is covered with a smooth, greenish-white bark, except on the trunks of very old trees. “The *leaves* are orbicular cordate, abruptly acuminate, dentate-serrate, smooth on both sides, pubescent at the margins, dark green, three nerved, from two to two and a half inches long, and one and a fourth as wide, and are on long, slender and laterally compressed petioles, which accounts for the continual agitation of the leaves by the slightest breeze. *Aments* plumed with silver hairs, about two inches long, pendulous, appearing in April, long before the leaves. *Scales* cut into three or four deep linear incisors, and fringed with long hairs.” (Gray.)

This tree is common in lower Canada, and in the northern and middle states. The *bark* is the officinal part, and should be collected in the spring just as the sap begins to rise. Its virtues are imparted to alcohol, water or acetic-acid. There are several varieties of this tree—said to possess similar properties, but we cannot, like the old school, substitute one for another without doing violence to the scientific precision which characterizes our system. King says, these trees owe their virtues to two alkaloids, *Populin* and *Salicin*. *Populin* exists in the bark, but to a greater extent in the leaves. The so-called ‘tonic’ effects of this *Poplar* are due partly to the *Salicin* and partly to the *Populin*, but in order to get the characteristic medicinal effects residing in the tree, both the bark and leaves should be used.

Homœopathic Officinal Preparations.—1. *Tincture of the Bark and Leaves*—separate or combined: the latter is probably the best preparation.

2. *Triturations of the bark*: 3. *Populin*, its triturations.

Toxicol Effects.—Dr. Paine (eclectic) says of his experiments with *Populin*:* “In doses of five to ten grains, in a

* “Concentrated Medicine,” page 85.

healthy person, it produces a *warm, pungent sensation in the stomach, followed by a glow of heat on the entire surface, and copious discharges of urine, and if the dose is repeated every two hours, until forty or fifty grains are taken, it causes nausea, vomiting, and slight purging of bilious matter, with fierce, burning sensation in the stomach, very copious discharges of urine, irritation of the bladder and urethra, with slight fulness about the head, and general nervous excitement.*"

Medicinal effects.—"It has been decreed to be "tonic and febrifuge and has been used in intermittent fever with advantage. An infusion has been reputed to be a valuable remedy in emaciation and debility, lumbricoid worms, impaired digestion, chronic diarrhœa, &c. As a diuretic it has been beneficially used in urinary affections, gonorrhœa, gleet, &c. Dose of the powdered bark, one drachm, two or three times a day." (*King.*)

"It is a mild and not and unpleasant bitter, very well adapted to cases of general debility, dyspepsia attended with torpor of the liver, or an unhealthy biliary secretion. * * Notwithstanding this agent has received no especial attention from the profession as a medical article, and none at all as an alterant, yet we regard it as a very useful remedy in those shattered and broken-down states of the constitution arising from the use of Mercury, from syphilis, chronic, hepatic and dyspeptic affections, scrofula, &c. It has been used with advantage, it is said, in jaundice, renal obstructions, chronic diarrhœa and dysentery." (*Scudder.*)

Prof. Hollenbach, recommends it for gonorrhœa and gleet. Dr. Coe in his "Conc. Org. Remedies" recommends *Populin*, for the following: "Indigestion, flatulence, worms, hysteria, jaundice, fever, cutaneous diseases, scalding and suppression of urine, night sweats, &c." He writes—"As a remedy for *indigestion* accompanied with *flatulence* and *acidity*, we know of no single agent more to be relied on.

"In hysteria it is mainly useful as a tonic after the urgent symptoms are quelled. It will be tolerated by the stomach when other tonics are rejected, and tranquillize the sympathetic disturbance arising from uterine excitement. It is for this reason an excellent remedy for the dyspeptic symptoms accompanying pregnancy."

"It is one of the most reliable remedies for the relief of night sweats, that it has ever been our good fortune to become acquainted with. We refer its curative action in this instance to its power of restoring and giving vigor to the secreting vessels of the skin."

"Suppression and retention of urine are readily relieved with the Populin. * * Paramount to all the rest is its property of relieving painful micturition, heat and scalding of the urine. Did it possess no other curative value we should esteem it an indispensable constituent of our *materia medica*. Its value in this respect is most apparent when the symptoms above-named occur during pregnancy." If Dr. Coe had used the Populin *uncombined*, his statement would be more valuable. It was mixed, however, with *Gum Myrrh*. Such a practice is to be regretted, as it renders doubtful any clinical deduction. It is probable, from the knowledge we have from other sources, that the *Populus* was the principal agent in the curative process. In the recommendations given for its use in jaundice, constipation and dyspepsia, Dr. Coe, combines it with Leptandrin, Podophyllin, &c., which robs his recommendations of much of their reliability. Notwithstanding Dr. Paine (eclectic) found it to cause great irritation of the bladder, and urethra (see toxic effects) he remarks:

"In diseases of the bladder, urethra, and prostate I have found the greatest benefit from this article. In several most inveterate cases of *catarrh of the bladder* I have found that two or three grains, administered four or five times day, produced a most favorable impression. In the case of an old gentleman who had been troubled with this affection together with *ardor urinæ* and chronic enlargement of the prostate for many years, and who was not able to obtain benefit from any of the ordinary remedies, relief was promptly given by the use of two grains of *Populin* three times a day." (The medicine was continued four or five months.)

The same writer says—"I have used the *Populin* with great success in *chronic gleet*. In several cases when all other remedies had failed, I have succeeded in entirely removing the disease by the use of this drug for several consecutive weeks."

Dr. Paine tries to avoid the evident deduction favorable to homœopathy, by explaining that the *Populin* "acts as a tonic to the bladder, urethra, &c."

According to Dr. Paine (eclectic) the *Populus* has been "highly recommended and extensively used in many chronic diseases of the uterus and vagina, especially in *prurigo*, and aphthous condition of the mucous membrane of the vagina, and an irritable condition of the lining membrane of the uterus."

Its irritant action on the urinary organs would render it very probable that the *Populus* would cause the above-mentioned conditions in the generative organs of women.

The *Populus* has not been used by practitioners of the homœopathic school, at least such experience has not come to my knowledge.

I have observed many apparent cures of debility, from prostrating fever, dyspepsia, hysteria, &c., in domestic practice; and am confident that it is a medicine capable of becoming a *polychrest* of wide range. Its analogues are theoretically given above, and I believe its pathogeners, when obtained will sustain my idea of its sphere of action, which seems to include the digestive organs, the urinary and genital apparatus, and indirectly the sympathetic nervous system.

I have prescribed it in a few instances, for symptoms similar to those mentioned by Paine in his record of its physiological effects. In one instance of dysuria, due, probably to debility, its curative action was quite satisfactory.

Many physicians complain that our materia medica is already overloaded with remedies, and some are hasty enough to declare that they could throw them all away and practice successfully with a dozen. I cannot comprehend the cynicism or conceit which prompts such a remark. One's knowledge of the myriad forms of disease must be very limited, if he will entertain such absurd opinions.

ARTICLE XXXIX.—*Nitrous-Oxyde as an Anæsthetic Agent,—its Effects and proper Method of Administering it.* By H. RANDOLPH WHITE, 893 Broadway, New-York.

HAVING been solicited to furnish an article upon the above subject for your MEDICAL JOURNAL, I have condensed as much as possible the facts relating to Nitrous-oxyde, and give them to your readers without farther comment. Hoping that more interest may be taken in this valuable agent, when it is seen that a proper method of administering it has been adopted, and prejudices removed.

Protoxyde of Nitrogen; Nitrous-oxyde, Laughing-gas, or vitalized air, is a gaseous body composed of Nitrogen and Oxygen. It does not exist in nature *per se*, but is always formed from the decomposition of the higher oxydes.

For practical purposes it is made by the action of heat on Nitrate of Ammonia, which salt is represented chemically by the formula $N-O_5$, Nitric-acid + N-H-O Ammonia, or $2 N-O + 4, H-O$ at 300° F. the salt melts, at 350° rapid ebullition takes place and the fluid is resolved entirely into Nitrous-oxyde and water, resulting in two equivalents of Nitrous-oxyde and four of water.

We find this gas then composed of two parts of nitrogen and one of oxygen; it forms a chemical composition;—while atmospheric air, to which it bears a strong analogy, is composed of $\frac{4}{5}$ nitrogen and $\frac{1}{5}$ oxygen, and is a mechanical mixture.

It is also a heavier body than air. Its excitable properties have long been known,* but in 1799 Sir Humphrey Davy again proclaimed its anæsthetic properties. In 1844 Dr. Wells demonstrated its utility as such an agent on himself; again it slept until 1863 when its successful use as an anæsthetic agent was revived, and since that time its use has spread far and wide with wonderful success, especially considering the improper manner of its administration.

This gas is a supporter of combustion. It also supports

* Anæsthetic. Its properties were first discovered by Drs. Priestley and Sheele, in 1774, and independently of each other.

respiration, "this is not to say, it aërates the blood or replaces perfectly the air, it means simply that it is respirable."

It is absorbed by cold water freely, but if it be warmed to blood heat, it is liberated again.

For anæsthetic purposes great attention should be given to its purity, first, in the salt used, secondly, in the amount of heat employed, and thirdly, by the gas being chemically washed, to remove all impurities, when it may be instantly used. A great majority of the gas made is simply passed through water, and I fear not allowed to stand long enough to absorb any Nitrous-acid accidentally driven over by overheating the salt or other impurities there may be in it, and also used after it has been too long made; it being impure in either case, and producing a variety of unpleasant and often dangerous symptoms.

The purest gas is made by passing the Nitrous-oxyde first through a saturated solution of Sulphate of Iron, then through a saturated solution of Caustic Potash. Then through water when it may be instantly used.

From the strong analogy it bears to atmospheric air, we might reasonably infer that it would be equally as useful and harmless as air. But we know from experience that it will not aërate the blood, and hence will not support life: There being a medical difference between a chemical and a mechanical mixture.

There are a large number of anæsthetic agents now in use; the most prominent are Nitrous-oxyde, composed of $N_2 + O_1$ —Alcohol, composed of $C_4 + H_6 + O_2$ —Ether $C_4 + H_5 + O_1$ —Chloroform $C_2 + H_1 + Chl._3$ —there being no oxygen in chloroform. By which it is seen that hydrogen, oxygen and carbon may be largely replaced by chlorine, and yet the anæsthetic power be preserved.

Sir H. Davy, says that even hydrogen so far as it is respirable, will produce similar effects, and as Dr. Chamberlain says, "this looks towards the conclusion, that anæsthesia is not the property of any single element, or any combination of elements, but is the result of some modification of vital processes, when many substances, perhaps any other than common air are respired."

Of all the agents mentioned, Nitrous-oxyde is the most volatile, and the effects are transient precisely in proportion as the agents are volatile.

We also find that alcohol is the most soluble in the blood, ether next, chloroform still less, and it is probable that Nitrous-oxyde is very slightly soluble in the blood at 98°, the usual heat.

Let us now compare the effects of these different substances on the blood as a means of determining their action and safety.

Sir H. Davy in his experiments of agitating venous blood with Nitrous-oxyde, finds about .35 absorbed, and the color of the blood changed from dark-red to a red purple, and making the corpuscle convex. That during the absorption of Nitrous-oxyde, a small quantity of nitrogen and carbonic-acid are evolved.

That when blood is separated into serum and coagulum, the absorption of Nitrous-oxyde is chiefly by the serum; when blood, which has been saturated with Nitrous-oxyde, is agitated with air, it results in a change from red purple to a vermillion tint, and restores the concavity of the corpuscle.

According to Dr. Sampson, alcohol agitated with blood causes it to assume a brick red color and no amount of agitation with air will arterialize it; it makes the corpuscle convex, and air fails to restore the concavity.

Ether mingled with the blood gives it a dark purple color, and air fails to arterialize it; it dissolves the blood corpuscle and sets free the hæmatine.

Chloroform mixed with the blood under the microscope, changes it to a brilliant scarlet, and this change appears to be produced by shrivelling the corpuscle and rupturing it, thereby setting the coloring matter free.

“Recent experiments seem to point to the conclusion that the differences in color of arterial and venous blood, and in blood under the influence of agents absorbed into the system, are due to change in form of the corpuscle. The blood is darkened by whatever tends to disturb the corpuscles, making them more and more convex—brightened by whatever tends to supply them and make them more concave. Hence we

find that alcohol, chloroform and ether suspend the vitality of the blood and destroy the corpuscle, and thus suspend the normal capillary change, leaving the carbon to go unoxycized round through the brain and tissues."

We have therefore seen that the corpuscle of the blood has the power of detaching the oxygen from the air, which is a mechanical mixture of $\frac{1}{2}$ oxygen and $\frac{1}{2}$ nitrogen, and which is carried to the ultimate capillaries in the tissues and furnishes the elements of the molecular changes of nutrition.

But in all anæsthetic agents, either gases or vaporizable fluids, we have to deal with chemical compounds, and we have no proof that the corpuscle has the power to disturb such an affinity; and as Dr. Chamberlain remarks, and which is sustained by Dr. Richardson and others, "It remains to be shown, therefore, whether the essential properties of anæsthetics, the list of which is already extended, does not consist in the negative fact that they are not air,"—and whether any substance capable of supporting mechanical respiration, for a longer or shorter period, will not prove an anæsthetic agent.

Let us now see what are the physical effects of Nitrous-oxyde.

Nitrous-oxyde exerts a very energetic and decidedly stimulant action upon the animal economy. The effects vary in proportion to the quantity used—the susceptibilities of different organisms; producing in moderate quantities a high state of exhilaration, amounting in the extreme to an intensely pleasurable delirium or ecstasy, an increased circulation, and finally in larger quantities, loss of consciousness itself, it being impossible to tell when the loss of consciousness occurs—during this time there is usually complete repose with entire insensibility; the mind being temporarily oblivious to all impressions even of a painful nature, and in which state they may be kept for an as yet undecided length of time by alternating the gas with air. Patients have been kept for sixteen minutes under very adverse circumstances, such as breathing carbonic-acid, eliminated from their own lungs, mixed with the gas, instead a fresh portion of pure gas at each inhalation. After the removal of the gas this stage of

unconsciousness is of brief duration, terminating rather suddenly, but leaving a sense of permanent invigoration behind—not being followed with any reactive languor or depression so common to anæsthesia or other agents.

From what has been presented, the following conclusions would seem to be in some measure established. Nitrous-oxyde recommends itself comparatively with chloroform and ether:

1st. As a medium to be respired, it is homogeneous with the air, while chloroform and ether are vaporizable fluids, and not strictly aëriform bodies.

2d. It is the most volatile fluid, and as such is the most rapidly and completely eliminated when its work is done.

3d. It is homogeneous with the air, it consisting of the same elements N. and O. in quantities not dissimilar; while ether is largely composed of carbon, and chloroform of chlorine, which chlorine in its pure state is foreign to the economy, and both disagreeable and dangerous.

Hence then we have in Nitrous-oxyde a substance allied to atmospheric air, a supporter of combustion, slightly absorbable by the blood, easily respired, producing entire and continued unconsciousness, and completely and rapidly eliminated when its work is done, and when properly administered, so that nothing but pure gas is respired, leaving a sense of permanent invigoration behind.

I have now but to speak of the manner of administering this gas, and hope to awaken the medical profession to the only proper and safe manner. As commonly administered, a quantity, usually five gallons, is placed in a rubber bag, the patient is directed to expel all the air possible from the lungs, when the mouth-piece is instantly placed in the mouth, and the gas inhaled from the bag, and then exhaled,—*where?* back into the bag, mixed with carbonic-acid from the lungs. This mixture is thus inhaled from, and expired into the bag again and again, until a state of unconsciousness, called anæsthesia, is produced, occupying from half a minute to one and a half, when we find this condition: The eyes completely dilated and congested, the face of a deathly livid purple color, frothing often at the mouth, stertorous breathing, stiffening and

rigidity of the muscular system, and the patient in an asphyxiated condition, the same as produced by inhaling carbonic-acid; and while the elimination and return to consciousness is rapid, the effect does not pass off as instantaneously as when only pure gas is breathed; the patient complaining of a dull heavy feeling about the head, and of headache, which with some continues for days, producing symptoms of congestion of lungs and brain—it is often accompanied with nausea and even vomiting more or less severe and continued; so that when we take into consideration the reckless manner in which this gas has been used by ignorant and irresponsible persons, it is rather a matter of surprise that serious if not fatal results have not occurred more often.

Some operators are in the habit of adding a proportion of vapor of chloroform to the gas, for the purpose alleged of producing a more comotose and lasting condition, and even this mixture is administered in the same dangerous method, and becomes mixed with the carbonic-acid thrown off at each expiration. The results of such practice are apparent at once, and call for condemnation.

The inhaling of gas thus contaminated with carbonic-acid, cannot be condemned in too strong terms; and although thousands have inhaled this gas with no apparent bad effects, the bare fact that any one has suffered from this unhealthy manner of administering it, should awaken professional medical men who have the responsible care of the health of their families to watch over to discourage its use, or to find a method by which such results can be avoided, and the use of so valuable an anæsthetic agent saved for the great mass of suffering mankind.

This unpleasant and indeed dangerous condition is easily avoided by the simple use of an inhaler arranged with two valves, and of the most simple construction. Indeed a number of such apparatuses have been invented, and as complete anæsthesia produced as by the old method, so that the absurd idea that the anæsthetic power could not be produced in any other way is exploded.

The safety and pleasantness of this method of administering gas must be apparent to any thinking mind. A patient

fully under the effects presents no congestion of the eye, no lividness or purple color of the skin, no stertorous breathing, and no rigidity of the muscles, but lies like one asleep. The elimination and return to consciousness is more rapid and entire, with no complaints of headache or nausea or vomiting, but with a sense of invigoration. This result is produced with about the same amount of gas as the old method, say from five to seven gallons, thus repudiating the idea of more expense, not requiring more time to produce a full anæsthetic effect,—usually requiring two minutes to two and a half.

When long continued anæsthesia is required in surgical operations, this method especially recommends itself, as affording a continuous supply of pure gas; and when alternated with atmospheric air in proper proportions, I see no reason why a patient cannot be kept in that condition as long as with chloroform or ether. Experience must demonstrate this point.

Dr. Carnochan, of N.-Y., reports successful cases of amputation of breasts and limbs, where the time has been extended to sixteen minutes. And the gas being given in the old and improper manner, and suggests a better method to avoid the re-inhaling the breath.

Dr. Barker, of Philadelphia, reports an operation of excising a breast, of twenty minutes, as perfectly successful.

I have myself given it with the valve-inhaler and through the nose, for operations of twelve and fifteen minutes, and have no doubt but that when thus administered any length of time required for operations may be safely obtained; one case of a little girl, only seven year of age, I may speak of, of twelve minutes duration, as especially successful, operation by Dr. Bunsted, of N.-Y., upon the ear.

In prolonged operations the anæsthesia is maintained by alternating the gas with air, about every thirty seconds.

The best effects have been produced by me, by administering the gas through the nose, and then in quantities sufficient not to overcrowd the patient. For the extraction of teeth the nose-inhaler is especially adapted, as the patient may be kept inhaling the gas during the entire operation.

Having used the gas in this method for a long time and

with the happiest effects, having so far never met with any such unpleasant results as have been seen resulting from the old method. I feel that I can confidently recommend Nitrous-oxyde when properly made, chemically washed, and administered with a valve inhaler, as a safe and sure anæsthetic agent, and also as a fine excitant and tonic to the system; hardly a person inhaling it, but what expresses himself as feeling better for it.

The hygienic uses of Nitrous-oxyde are varied and important—and have yet to be demonstrated.

This gas has a wonderful effect in speedily relieving and curing nervous sick-headaches, and even headaches produced by inordinate use of liquor.

The medical profession generally are respectfully and cordially invited to call at my office, examine the apparatus and witness the effect of the gas.

ARTICLE XL.—*Acute Hydrocephalus.*—By B. F. JOSLIN, M.D.,
of New-York.

CASE I.—Arthur W. Visited this patient at Morrisania, Feb. 4th, 1859. On the 31st ultimo he was attacked about 10, A.M., with convulsions, clonic spasms; continued several hours completely unconscious, since then has been only partially conscious at any time. Present state: pupils dilated, strabismus, eyes rolling and turned upwards, moaning. Head hot, pulse 112; an allopathic physician had been called in at first, and has been in attendance since; he has applied a bladder of ice to head, blister to nape of neck, &c. &c, and given *Veratrum-viride* internally. I met him, and on one point we agreed, viz., that the case was one of extreme danger, and the recovery exceedingly doubtful under any treatment. He considered it a case of sub-acute meningitis, with most likely effusion. I prescribed Bell. 12, a dose every two hours.

Feb. 5, 12½ noon. Pulse 120. Was more restless than usual during the night. This morning he has seemed more rational than he has done since this sickness. Pupils dilated, when awake somewhat sensitive to light, at first contracting

slightly when exposed to light, but then dilating under the full glare. Pupils contracted when asleep. Gave Bell. 30.

Feb. 6. Pulse 120, noon; was quite restless during the night; cried out as from acute pain; has not spoken since I saw him yesterday; passed urine three or four times; pupils dilated; eyes quite red; twitching of eyelids; can swallow without much difficulty. Gave Stram. 30, every two hours.

Feb. 7. Respiration 38; pulse 120; but when he became perfectly quiet it fell to 102; was restless during the latter part of the night; previously quiet. This morning skin cool; pupils not so much dilated, seem to contract and dilate more naturally. Stram. 30.

Feb. 8. Respiration 30, when apparently asleep. Pulse 120 when restless, afterwards fell to 110, then to 104, when quiet. During night had several black slimy and offensive stools; not so much redness of eyes and cheeks. Has passed urine; small ulcerated point on each eye; pupils dilate and contract more naturally, although they sometimes seem to move without reference to stimulus of light or absence of it. Gave Merc. 12.

Feb. 9. Pulse 120 when quiet, 130 when restless; tongue dry and thickly coated brown; pupils dilated, and are much less sensitive to light than yesterday. Has had one evacuation this morning of a dark color, but not black. Gave Lach. 30, every three hours.

Feb. 11. Visited by Dr. Joslin, Sen., 3¼ p. m. Pulse 105, rather feeble; tongue, white coat or aphthæ; lips dry, and cough and cracked; fever; afternoon or evening, consciousness partly lost. Some little consciousness to-day; grates teeth; pupils rather dilated, and somewhat sensitive to light. Deglutition difficult; fixed looks at times; jerking of eyelids yesterday. Respiration 25, rather slow; blue under eyes; aphthæ. Prescribed Sulph.-ac. 12, and Hell. 3, every three hours alternately.

Feb. 14. Pulse 112; seems restless, tossing about from one side to the other, has been so much of the time since day before yesterday; trembling of feet when he holds them up; does not cry nor moan as much as he did; ulceration of left cornea increased; right eye remained as before. Continued Hell. 3, and Sulph.-ac. 12.

Feb. 15. Office.—His father thinks he is somewhat worse than he was yesterday; seems quite restless, constantly moving about when awake; catches hold of feet, &c. Pupils more dilated than at any time yet; has had one normal evacuation from bowels; passed urine several times. Gave Nux. 30, every three hours.

Feb. 16. His father says his pulse has varied from 80 upwards. I found it at 118, after he had been up and drinking and eating. When he lay down his pulse was 84; is much more conscious than he has been since the first day I saw him; drinks readily, holding the glass in his hand. His father put some caraway seeds in his hand, and the boy picked them out and put them in his mouth. On being asked to give one to his mother, he reached his hand with one to her, was asked to give one to his father, which he did. His pupils appear more natural, contracting promptly when he looks out of the window, notices chickens out of window. Took my pencil and held it; was evidently disturbed by the noise of his father raking the fire; evidently distinguishes water, beef-tea, &c.; seems to desire water; skin quite cool; he passed urine three or four times in twenty-four hours. Continued Nux 30.

Feb. 19. Received letter. He continues to improve; speaks more, is very particular in regard to his eating, does not want the same thing twice. Continued Nux 30.

Feb. 24. Office.—Improving; sits up in chair all day; intellect seems to be unimpaired; talks and notices as when in health; very particular about eating; eats meat mainly; slight cough and coryza; last night slept better than usual, has been somewhat restless. Continued Nux 30, three times a day.

Feb. 26. Father says he remains about in the same condition as before. Pulse during sleep last night was 120; skin is warm; complained of pain in the ear, now in right ear, formerly complained of pain in left ear; mind as clear as it was before sickness; Notices everything as was usual for him. Gave Bell. 30, four times a day.

March 1. Visited another patient, saw him up and dressed; appears bright.

March 2. Office.—Swelling behind the right ear, which he has complained of much pain in of late. Hep. 30, three times a day.

March 5. Has had a lump behind the right ear for some time past, sensitive to the touch. They think his left side bulges out when he sits; has a lump on abdomen just to the right of the umbilicus; bowels regular; the lump on the abdomen is very sensitive to the touch; does not sleep well; has grinding of teeth. Sil. 30.

March 9. Office.—Rather better, the lump on the abdomen is of bluish color. Sil. 30.

March 14. Office.—Abscess behind the ear broke yesterday; the other on the abdomen has not changed. To-day he has not so good an appetite as before; tongue coated. Hep. 30.

March 16. Office.—Tongue coated; respiration rattling, weak apparently. Nux 30.

March 17. Pulse 140. The lump on the abdomen is now evidently an abscess; it is uniformly red. Has fever at night; coughs. Examination of the chest—anteriorly could not discover anything abnormal. Under the scapulæ heard various sounds accompanying expiration and inspiration, a dry creaking and moist rattling sound. The hand applied to the back distinguishes a vibratory motion; grinding of the teeth. Phos. 12, three times a day.

March 21. Office.—The abscess on the abdomen broke this morning at 5 A. M. He was quite restless last night and previous night. Sach.-lact.

March 24. Office.—On the night of the 21st his father gave him some “cough medicine,” which relieved cough for the time being. On 22d, and yesterday he was quite irritable, pushing at persons if they would not get what he wanted immediately; this is his usual temper when well. This morning cough is rather hoarse and has coryza; yesterday was taken out. Hep. 30, three times a day.

A short time after, this patient was taken to Massachusetts, under the care of his grandmother; he there improved rapidly and became quite hearty.

I have thought this case worthy of record, and probably of publication, as being a complete recovery from one of the most

fatal diseases of childhood. The case was considered, when I first saw the patient, both by myself and the intelligent old school physician, who had charge of it during its earlier stages, as exceedingly unpromising, if not inevitably fatal. It was with this understanding that I undertook the charge of it. For several days there was no improvement, but on the contrary, the symptoms appeared to indicate with even more probability, a fatal termination. Ulceration of the cornea took place; deglutition became very difficult.

CASE II. Edward F. I was called, Dec. 28th, 1860, to Mr. J. Hyde's, in 20th-st. to see a child about three years old, named Ed. Everitt Fowler; the child had been attacked several hours before with a convulsion, which continued until they gave Bell. 12, which I sent from the office (as I could not call immediately); the convulsion ceased before my arrival, but the patient was in a semi-conscious condition. For several days the bowels had been loose, and the night previous (to present attack) he was supposed to have croup, and Cox's Hive Syrup was given; had high fever during the night. I left Sulph. 30 a dose every three hours, and Bell. 12, if required.

Dec. 29. Found him still in a condition of stupor, had no convulsion, pulse 128; asked for a drink. Restless during the night; crying out frequently as if from sharp pain. Cough loose; general rattling respiration over the chest and in the throat; no evacuation. Acon. 12, and Bell. 12, alternately every two hours.

Dec. 30. Pulse 130, respiration short, with fine rattling; cough loose; sleeps with eyes open; takes more notice to-day, his friends think. For several weeks the child has asked why they did not "*bring a light*," showing partial blindness; now the finger can be brought near to the eye without the child winking. Pupils rather dilated. Gave Acon. 12, and Nux 12 alternately.

Dec. 31. Pulse 116; said to be, when awake, more conscious than yesterday; does not worry so much; urine scanty, high colored; less cough. Acon. 12, and Nux 12.

Jan. 1, 1861. Sleeping quietly, slept much better last night. Acon. 12, and Nux 12, alternately.

Jan. 2. Pulse 108 during sleep; said to be partially con-

scious when awake; throws head back; coughs frequently and cries with cough; gums sore along borders of the teeth. Hyos. 30, every three hours.

Jan. 3. Sleeps a fair amount; throws head back; fretful when awake; distinguishes one person from another. Continued Hyos. 30, every three hours.

Jan. 4. Pulse 100 during sleep; certainly sees better than he did when I first saw him; sleeps pretty well at night; takes chicken broth. No evacuation during illness, urine more abundant to-day. Hyos. 30, every four hours.

Jan. 5. Slept three hours last night without crying. Can see pretty well. Sac.-lact.

Jan. 6. About the same; some swelling of feet to-day. Three doses Hyos. 30, every four hours.

Jan. 8. No evacuation, urine more abundant. He says "no" only, his friends think he sees better to-day; sleeps two hours at a time; cheeks flushed to-day. Sac.-lact. every four hours.

Jan. 10. Pulse 108, good, sitting up, appears more rational than I have seen him, cannot speak any word but "no," but he seems to understand perfectly what is said to him. Puts out his tongue; laughs heartily; uses his hands well, could not yesterday; has not had an evacuation in two weeks; tongue clean; fell from a chair two months ago, and struck the back of his head upon another chair, was drowsy afterwards; urine clear and abundant; slept all night; is not so fretful as usual to-day; appetite good. Sac.-lact.

Jan. 13. Bowels regular since the 11th; general health seems good, but he cannot say anything but "no" distinctly, but he attempts to speak other words. Sac.-lact.

Jan. 18. Is rapidly improving in power of talking, can now say almost anything. Is gaining flesh; bowels regular; yesterday complained of slight pain in the ear. 1 Hyos. 200.

Jan. 25. Pulse 112; sitting up by the fire in his own chair; well with the exception of not walking as readily as before the sickness; the lower extremities are weak; appetite good; bowels regular; talks almost as well as ever he did. Sac.-lact.

Discontinued my attendance as he required no further attention. The patient has remained well, and is a remarkably bright intelligent boy.

ARTICLE XLI.—*Strangulated Umbilical Hernia.* An Extract from a Clinical Lecture, by J. BEAKLEY, M.D., Prof. of Surgery in the N.-Y. Hom. Med. College.

It would be interesting as well as profitable to ascertain from statistics carefully prepared, in what proportion of cases, and at how long a period after an operation strangulated hernia again occurs. Are subjects of strangulated hernia less, more, or just as liable after as before an operation for constriction?

To attempt an answer to this question, it would be necessary to inquire whether the tendinous structures, which are the seat of the stricture, and are divided by the knife, cicatrize completely; whether some contraction takes place, and whether adhesions occur between the different parts which must necessarily be wounded during the operation.

If many adhesions and contractions do not take place naturally, could they not be artificially increased when the necessity for an operation has become unavoidable? and could not something be done to produce adhesion between the sac and the ring, so as to render less likely, if not impossible, the renewed escape of the intestine or omentum? Of course such endeavors could not be thought of except there were full security that the cord would not suffer.

Trials have at various times been made to obtain the radical cure of hernia, when not strangulated, by causing the adhesion of a portion of integument, pushed up the canal by the finger or an instrument formed for the purpose, with the connective tissue around, in which latter inflammation was then artificially excited. This method does not seem to have had much success, for it has gained little favor among surgeons of the present day; but a medical cure could perhaps be effected in such cases as require an operation.

We saw some years since in Guy's Hospital, London, a case of strangulated femoral hernia under Bransby Cooper's care, in which after the operation, a portion of omentum left in the wound, the sac, and the upper layer of soft tissues sloughed completely, and laid bare the large vessels of the parts beneath. Cicatrization and granulation of the extensive ulcerated parts took place, and the condensed and contracted textures will doubtless prevent a recurrence of the hernia.

We are led to indulge in these remarks from reflecting on the facts of a case of umbilical hernia, in which the operation for strangulation was performed for the second time. The case is interesting, and the main facts are as follows:

Matilda A., very stout, age forty years, a widow, and of rather a desponding mind, in consequence of reverse of fortune, first observed a swelling in the region of the umbilicus about twenty years ago, which swelling was attributed to a long-continued cough. She married, and in consequence of pregnancy, the tumor became much larger, for want of a suitable bandage; and in 1860 the hernia became strangulated. Her usual medical attendant was unable to reduce it, a consultation was held, an operation decided upon, and successfully performed.

After an illness of some duration, the invalid resumed her duties; but from altered circumstances she was unable to wear her truss, and some three months after the operation, the tumor reappeared, became much larger than before; quite painful, and producing considerable derangement of the digestive organs. My brother, Dr. Henry Beakley, was called to the lady, and at once saw that strangulation was threatening, and telegraphed for me to see her.

We saw her about four hours after the telegram was received. Aconite and Nux had been administered before my arrival, and moderate inhalation of Chloroform, but without decided effect. We found her with a face expressive of great apprehension; restless; pulse rapid and tremulous; severe pain over the region of the umbilicus, where a tumor was observed about the size of a large orange, and vomiting every few minutes. Ice had also been applied. Finding the invalid in this critical condition, we at once decided to operate without delay, and she was put under the full influence of chloroform. An incision was made nearly five inches in length over the tumor, through a considerable depth of adipose tissue, and the sac appeared, when its contents were found, to be composed of colon, small intestine, and omentum adherent to the sac. The protruded parts were returned after a careful examination to ascertain whether gangrene had been induced. The margins of the wound were brought together by sutures

and straps of adhesive plaster, a compress and bandage applied, and the patient put to bed. She bore the operation exceedingly well, and there was very little hæmorrhage during the operation. The invalid was put upon a milk diet and beef-tea, with occasional doses of Ammonia-carbonicum. On the fourth day the wound looked very well, and the patient was allowed a more stimulating diet. Some flatulency occurred on the sixth day, which was relieved by Antimonium-crudum. A small abscess occurred on the eighth day in the neighborhood of the wound, was opened on the fourteenth day, and on the twenty-seventh day after the operation, the wound was completely healed. It was now necessary to guard the patient against a recurrence of protrusion of intestine at the umbilicus, and one of Bourjeaud's belts with the air pad attached, was applied, and the patient was enabled to walk with great comfort. M. Bourjeaud's belt and air pad is not generally introduced in this country, and therefore few surgeons know its peculiar mechanism and value. The belt encompasses and supports the whole abdomen, and is composed of circular strips of elastic tissue; the strength of which varies according to the degree of compression which the surgeon desires to apply. On the inner surface of this belt, a pad of India rubber, filled with air, is fastened so as to press directly on the umbilicus, and the quantity of air being, by means of a stop-cock, either increased or diminished, renders the pressure more or less powerful, but never disagreeable. Two unyielding straps, running transversely over the belt and pad, may also be used for increasing or lessening the compression. The air-pad generally moulds itself so nicely into the cavity left after the return of the intestine into the abdomen, that no protrusion can take place, whilst the pressure is hardly felt by the patient.

Operations of this kind would hardly ever become necessary, if children were always made to wear them whenever a slight protrusion is discoverable. The umbilical region will thus receive the needed support until maturing years strengthen the parts and remove the danger of a hernial protrusion.

ARTICLE XLII.—*Clinical Reports.* By J. GREGG BURCHARD, M.D., one of the Physicians of the New-York Homœopathic Dispensary.

MR. A. W——, aged fifty-two, German. Sympathetic temperament. Had been ailing about three years; complained of languor; easily fatigued; frequently troubled with dyspnoea, and severe paroxysms of coughing, accompanied by stitches in left side of the chest; sudden flushes of heat; general malaise, &c.

All his symptoms were aggravated during damp weather, by lifting, over-exertion, and eating solid food.

During the winter of '65 and '66, he was confined to his bed from the effects of taking cold, as he supposed, and was sick ten weeks. During this time he was under allopathic treatment.

He was also sick a short time in May last, which left him much prostrated and scarcely able to do any work all summer.

On the first day of October I was called to see him. He applied at the New-York Hom. Dispensary for treatment; not being able to get to the dispensary, his case came under my charge, as I am the visiting physician of that institution. This patient's disease had been pronounced consumption, and this opportunity offered to verify it; but alas: many are always ready to pronounce latent diseases with cough, expectoration, &c., consumption?

When I was called to see the patient, his wife said, "he was very sick, coughing and raising all the time, and he could not last much longer, the doctors told her he has consumption," &c.

When I entered the room, I found him sitting in a large chair, looking anxious and weak; coughing fearfully; expectorating blood at the close of the paroxysm; considerable oppression in the chest; wheezing during respiration, &c. Upon inquiry I found this had been his condition for several days. I gave him Ipecac. 200, and deferred an examination until next visit as I did not wish to fatigue him.

Oct. 2d, called again and found him in same position as

yesterday and suggested he should go to bed. His wife said, "he could not lie down, he most always sleeps in a chair, or they have to bolster him up in bed." I then examined his chest, observed it well formed, no emaciation, could not detect any cavities in the lungs, and there was also an absence of the elongation and curved appearance of the finger nails, which is peculiar to phthisis patients. Percussion gave dullness over the heart only. I found slight enlargement of the heart, otherwise it seemed free; no abnormal pulsation at the time of examination, but afterwards I observed it during the paroxysms; pulse feeble, 80 beats per minute; no intermission. The cough had almost ceased and his condition was much better than at the time I first called. I continued the Ipecac.

This is a fair description of the case. I could not call his disease phthisis, although he had long been treated for it, and used many patent medicines, cough drops, &c. There was nothing that would give him permanent relief. I thought the heart was the seat of disease, and my treatment was directed to that. At this time I had not observed any symptom which seemed to clear the mystery, and the only symptom then seen which might indicate the true condition, was an anxious look perceptible only at times.

Oct. 3d, called later in the day, and found him in one of his paroxysms, the first one I had seen. He would cough three quarters of an hour, and then would raise a tenacious transparent ropy mucus, which seemed difficult to detach without using a handkerchief to remove it from the mouth. The expectoration having changed in character since my last visit, I discontinued the Ipecac., and gave him Kali-bich. 30.

Oct. 4th, found the patient very comfortable, having coughed but very little after I left yesterday. Slept well all night, and looked better in every respect. He remarked he felt better than he had for weeks, and had been out of doors, and felt no inconvenience whatever. I continued Kali-bich., giving it at the 200th potency, and only every four hours until I called again.

Oct. 5th, dropped in when making my calls, found him very comfortable, did not change the last prescription, and told him I would see him in a day or so.

Oct. 7th, called in the evening, found the patient in a chair; he complained of not feeling very well, he did not sleep as well as the past three nights. Cough more troublesome since dusk, than it had been, respiration impeded somewhat; and I gave him Stram.

Oct. 9th, found the patient in bed. He having passed a hard night as he expressed it. Suffered all night with dyspnoea; coughing incessantly, and near morning began to expectorate small quantities of blood; violent pulsations of the heart; lips becoming blue; hands cold, and finger nails blue; limbs cold and swollen; perspiration on the forehead; pulse intermittent and feeble. This visit gave me more cardiac disease symptoms than any of the previous ones. I gave him *Cactus-grandiflora* tincture every fifteen minutes, and called in the evening, finding him no better, gave *Sanguinaria-can.*, in alternation with *Cactus* every hour.

Oct. 10th, found him somewhat easier, the cough became less, expectoration less, and I continued the remedies. I called again in the evening and found him growing worse, suffering terribly. Extremities cold; violent dyspnoea; pulse growing very feeble; unable to swallow. He continued growing worse, until towards morning, when death relieved him of his suffering.

At 3, P. M., Drs. A. P. Throop, house physician of the dispensary, and C. Otto Ficht, one of our attending physicians, were present with me and held a *post-mortem*. We found the lungs in a healthy condition, no tuberculous deposits or cavities to be found in any part of the lungs. The heart was considerably enlarged, particularly the right auricle and ventricle. In severing the right pulmonary artery we found it completely closed with polypus.

The right ventricle on being laid open, presented the polypus adherent to its walls, of a roundish form, a half inch in diameter and extending up for two inches or more, into the pulmonary artery. At the point where it was embraced by the semilunar valves, however it, was much swollen, being merely a slender cord, immediately swelling out again on gaining the artery, and completely filling up its calibre.

There was a similar polypus, but somewhat smaller, floating from the wall of the right auricle.

ARTICLE XLIII.—*Gelsemium, Nitidum s. Sempervirens.*

Provings and Observations by B. FINCKE, M.D., of Brooklyn, New-York.

THE following provings were made with high potencies upon persons healthy at the time. The symptoms pointing to previous diseases are particularly noticed. The states of the thermometer, hygrometer, and barometer (hung up in the shade towards N. E.), are given in parentheses.

I.

GELSEMINUM-NITIDUM, 1 M.

Mrs. S., native of upper Austria, thirty-eight years old, widow, short, thick, vigorous, finely organized, and very susceptible to medicine, dark-blond hair and grayish-blue eyes, healthy. Has had no fever except a kind of typhus fever in the eighteenth year of her age. She had recently her courses, which after the usual flow for eight consecutive days, ceased yesterday, without molestation.

June 28, 1862, 11 $\frac{1}{4}$, A. M., took *Gelsemium-nitidum* 1m (cent.), one drop upon a little sugar, at once.

(12 $\frac{1}{4}$ P. M., therm. 86°, hydr. 78°, barom. 29 79“.)

As soon as the sugar melted, the prover observed: burning upon the tongue, which, after a few minutes, went over the whole mouth and throat, feeling hot like an oven, and thence through the œsophagus into the stomach and abdomen, when the same burning pain passed round in all the intestines. Simultaneously with the descent of the burning pain into the œsophagus, burning in the chest came on, followed soon by a stitch in the anterior left lower side of the chest, going through the chest into the left shoulder-blade, and accompanied by weakness and a fluttering, and beating of the heart irregular, as to quantity and quality. These symptoms lasted about three hours. She then, about 3, P. M., felt a heaviness in all her limbs; got a tremor and a chill, which all of a sudden and urgently, forced out a general cold sweat, so that the drops were seen standing on the arms quite densely. About 4, P. M., all these symptoms subsided, and she felt well.

In the night, dreams of working and of many people.

June 29. (8, A. M., th. 89°, h. 81°, b. 29. 79", the whole day was hot and sultry).

She felt very well in the forenoon.

Towards 12 o'clock, weakness in the limbs, burning in the abdomen, the pain going round in the intestines. Then, at 1½, P. M., trembling in the limbs, with chill, followed by violent stinging in the left mamma, from inside outwards, along the lactiferous ducts, especially in one spot, in the sternal half of the breast, where, when seventeen years of age, she had a sore breast, with ulceration, pain on touch; nothing could be seen at the breast.

This sore breast was the result of a cancerous tumor from a contusion by a cow's horn, and drawn out by an application of a black paste of a veterinary surgeon, Dr. Lang. The specimen is preserved in a pathological collection in Salzburg. The breast got well, though it became smaller in size than the right one. This happened before she was married. She afterwards nursed her six children, and never had any trouble in this breast. Yet there was not so much milk in it, and the children did not like it as well as the right one. Twice, during pregnancy, she had stinging in the place mentioned, after taking cold, but without further consequence. Also, from homœopathic remedies, she has never observed any pain there. Still, in feeling with the finger, she can detect a kind of cavity which always is somewhat sensitive on pressure, probably from rough handling at the first confinement, when she had milk-fever, and the nurse squeezed the breast too hard.

During this stinging in the left breast, and after the chilly tremor, a profuse cold sweat broke out, more profuse than yesterday.

Stinging throughout the left lower side of the chest into the left shoulder-blade, also more severe than yesterday; at the same time the irregular beating of the heart, with dyspnoea, worse than yesterday.

These chest-symptoms came on before the mammary symptom, and lasted during the whole attack.

Countenance miserable, sunk, grayish-yellow, with dull, dusky eyes.

About 4, P. M., all the symptoms had subsided, and a discharge of blood, per vaginum, came on, lasting one hour.

Dreams of work and many people.

June 30th, (12 m., th. 73°, h. 70°, b. 29.50").

At noon, trembling with chill in the whole body. At the same time running in all "nerves," especially in the fingers, and a sensation of jumping, as after ant-bites, in the finger-ends. On looking at them, she found the nails blue, half-way up from the root.

Stinging in the left lower anterior side of the chest through to the left shoulder-blade, and irregular beating of the heart on sitting quiet, and worse than yesterday.

Violent stinging pain in the whole forehead, and pressing of the eyes, as if they were too large, with external coldness of the forehead.

Then, suddenly, a profuse cold sweat broke out, so that she was wet all over, still worse than the day before, and lasting till 6, P. M.

Then a discharge of blood, per vaginam, lasting one hour.

Dreams of work and many people.

July 1st. She was working hard in the forenoon, and felt quite well.

No attack in the afternoon; she looks well, and thinks she has worked off the attack.

No change was observed as to appetite, which had been normal, and as to thirst, which had been moderate, as usual, in the beginning of the proving. All the secretory functions are normal.

July 2d. (7, A. M., th. 62°, h. 60°, b. 29.75".)

At 8, A. M., she felt burning like fire at the very spot where she lately had the stitch in the left lower anterior side of the chest, as large as a dollar, and painful to the touch like an ulcer, and from the pressure of even the loose dress, with fullness, lasting five minutes, and repeated four times.

At 12, M., burning in the chest with fullness, sighing and anxiousness, going into the pit of the stomach, and radiating all over the whole abdomen, like a tree, the stem of which is in the pit of the stomach, and the branches of which burn asunder towards the abdomen. This burning is different in kind from the one observed on the first day. It is, to her feel, not in the intestines, but in the parts covering them; then,

at 12½, P. M., weakness; Pulse 53, small and weak. Warmth over the whole body, as if sweat would break out, then chilly down the back; shaking, trembling in the whole body, and whimpering (tingling) in the legs, as if asleep. At the same time irregular beating of the heart, less violent than before. This lasted till 3, P. M. (th. 64°, h. 62°, b. 29. 80").

At 3, P. M., a little cold sweat, chill, with hot running in the legs and burning of the soles of the feet like fire—without any thirst. Burning in the eyes with weakness of sight and heaviness in the forehead. Burning at the left zygoma and in both eyes, more in the left one. Unfortunately, here the prover got an indigestion from taking, in the evening, a little piece of pine-apple,—a fruit which always makes her ill—and some sugar-water, containing pine-apple and wine. Nausea, and in the night, dry heat and sleeplessness followed. This indigestion, however, was promptly removed by Ars.-a., ʒm, administered the same evening.

The proving was not interrupted, but proceeded as follows: July 3. (12 M., th., 67°, h. 62°, b. 30").

A little before 2, P. M., burning in the left zygoma with red swelling, and in both eyes, more in the left.

(3, P. M., th. 70°, h. 64°, b. 30, 0.4").

Between 2 and 4, P. M., little chilliness, then some heat, then cold sweat, but less than before, all without thirst, lasting till 4, P. M. Pressing in the forehead, as if too narrow, with pressing upon the eyes, as if too large, and sleeplessness the whole night.

July 4. (11½, A. M., th. 80°, h. 74°, b. 30, 23").

In the forenoon, free from all complaints.

At 1, P. M., burning in the left zygoma with swelling, and in both eyes, more in the left, later also in the right zygoma. Now and then a violent stitch in the middle of the forehead, entering as far as half the brain; trembling, weakness, want of appetite; heaviness upon the chest; heavy breath; chill, then cold sweat, more than yesterday, but not as much as before, lasting till 5, P. M.

After 2, P. M., a sleepiness came on, like a lethargy, lasting all the afternoon and evening. Whenever she was roused, she felt burning in the zygomatic region and eyes; pressure

in the whole sinciput, as if it were too narrow, better by pressure with the hand; compelled to close the eyes.

Many dreams of hard work.

July 5. (7, A. M., th. 74°, h. 70°, b. 30, 17").

On awaking in the morning, pressure in the whole sinciput, as if too narrow, better by pressing with the hand. Compelled to close the eyes. Violent stitches in the middle of the forehead as far as the half of the brain, on turning the eyes, on stooping, and on turning the head. Heavy breathing.

(10½ A. M., th. 80°, h. 73°, b. 30. 15").

At 12, M., pulse 60, hardish, intermittent after about ten beats. During the intermission of the pulse, two quicker double-strokes of the heart are observed by auscultation, changing in rhythm, but not in time.

Assuming $\frac{1}{2}$ time, and denoting the first stroke of the pulse, which is synchronous with the first sound of the heart (systole), by a minim, the symptom observed may be described in this manner:



where the first and third bar represents the regular pulse and heart's action, and the middle bar indicates the pulse-pause (intermission) and the doubled heart's-action. (Before this remedy was known, I observed the same symptom in a case of endocarditis rheumatica, when Nitri-acidum was of good service. See *Hahnemann Ch. Krankh.*, 2d Ed., Vol. IV., symptom 1408.)

Pale-yellow color of the face and of the whole body. Head cool to the touch. While usually in sickness she has cold feet, they are now constantly warm. Palpitation of the heart. Burning under the lower part of the sternum with heaviness of the chest, drawing towards the place of the stitch in the left lower anterior side of the chest, which also now is repeated; and pain like ulceration, tender to touch. As soon as the burning went over to the left side, the chest felt easier.

Burning in the left zygoma, then in the right one, drawing

down to a gland at the anterior right side of the neck, where it swells and pains as if an ulcer were forming.

(At this very spot, she had twenty-two years ago a glandular abscess, which opened interiorly).

Then running through all the limbs, with burning in the first joint of the left index finger, as if the blood would come out. (This joint is stiff and ankylosed from a wound, incised, when she was three years old.) Trembling in all limbs.

(5, P. M., th. 84°, h. 79°, b. 30, 05'').

Much sweat, with external coldness of the whole body. Irregular beating of the heart from 12, M., till 5, P. M. Sound sleep.

July 6th. (10, A. M., th. 91°, h. 81°, b. 29.95'').

(12, M., th. 88°, h. 79°, b. 29. 90'').

Forenoon well. At 12, M., pulse 58, weak, wiry, unequal; when the first stroke is stronger than the preceding one, the second one is scarcely perceptible or vanishing altogether. Irregular double action of the heart, as described above, with

intermittent pulse (| ) shaking of the heart, so that she feels it as far as the neck.

July 7. (12, M., th. 92°, h. 83°, b. 29. 82'').

12, M. Stitch in the middle of the forehead passing inwards. Shocks at the heart with heavy breathing.

After 2, P. M., chill, then weakness like fainting, then profuse cold sweat. Irregular pulse. Stitch in the anterior lower left side of the chest. Stitch in the middle of the forehead, passing inwards. Heaviness of the head.

July 8, forenoon. She feels as if she had risen from a severe sick bed. At every exertion, shocks at the heart, throbbing of the pulse through the whole body, tremulousness, weakness, and sweat. pulse 65. Feverish, yellowness of the skin; pale lips; dull eyes. Burning of the eyes, as if they were too dry.

(12, M., th. 82°, h. 76°, b. 29. 65'').

4, P. M. Sudden stinging in the skin over the whole body, as if an eruption should break out, with greenish-yellow color of the skin, then burning, then itching with profuse sweat.

At fourteen years old she had a similar sensation, when she

had a dangerous "*Rösselausschlag*," as they call it in Upper-Austria, with sore throat, the body being densely covered with red granules, except the anterior part of the chest:

Rossalia Squamosa?—Cf. Schmalz' Diagnost. Tabellen 2014; or *Scarlatina miliaris?*)

Very weak, as after severe sickness.

July 9. (4, P. M., th. 88°, h. 78°, b. 29. 57").

At 6, P. M., while sewing, lively action, as of a worm or of a fish, in the region of the root of the nose.

July 10. Pulse and heart's action regular.

At 6, P. M., stinging and burning in the left lower hollow back-tooth (otherwise her teeth are good, of the ivory variety) through the lower jaw, as far as the left ear and left zygoma, relieved by Chamom.-vulg. $\frac{1}{2}$ in watery solution.]

After that she was well.

II.

GELSEMINUM-NITIDUM, 36 M.

B. F., myself.

Oct. 7, 1864. Eyes inflamed, and awakened from over-exertion, especially the right one. Took Gelseminum-nit. $\frac{3}{4}$ m (centes.), at bed-time.

Could not get asleep for a long time.

On falling asleep, a sort of nightmare awoke me again, so that no sleep came. At last it was like falling asleep, when a second time a kind of nightmare came on, never experienced before.

It was as if the whole left side from the neck along the chest, trunk, and thigh, as far as the knee, were a kind of soft muscle, spasmodically jerking up and down, somewhat with the elasticity of a mass of jelly. The motion extended deep into the interior of the chest and the centre of this motion seemed to be in the region of the heart. It was, indeed *one* great motion which concerned the whole left side as a mass, with exception of the head and foot. This whole half of the body seemed to me to be going up and down, while the right side of the back, on which I lay, was quiet. I wondered in my mind at this turmoil going on in my body, but was unable to stir. When I woke up from this condition,

I was well aware of what had happened, and found myself quietly lying on the same spot where I had fallen asleep, and the pulse with everything else was quiet. I certainly had not moved, and all, then, was imagination. I only felt a drawing pain in the lower third of my left thigh, which was repeated the next day. I also noticed the next day a great weakness in the chest on speaking.

But the eyes, on waking up, were found to be much improved.

OBSERVATIONS.—1. Since the prover of proving No I., never had any intermittent fever before, the symptoms, answering that nosological group, must be taken as the positive action of the *Gelsemium*.

2. The intermittent fever brought out by this proving, is a quotidian, coming on about noon, or a few hours after, with a chill, followed by cold sweat, without thirst, with stitch in the left side, irregular, or double action of the heart, and intermittent pulse.

3. The peculiar action at noon, and few hours after, is found to be characteristic by Dr. Wm. P. Wesselhoeft of Boston, who writes me: "with *Gelsemium-nit.* 1 m., I have made some remarkable cures in acute cases; the main indication of this remedy was to me always the aggravation about noon from 11 to 3."

4. The peculiar action of the heart with intermission of the pulse furnishes a physiological explanation of the intermission itself. The innervation of the heart appears to be interfered with, so as to render the heart unable to contract upon the mass of blood contained in it, with the required momentum; the heart, then tries to make up the one contraction by two shorter and lesser ones, in the time of one normal contraction; but because they are of lesser momentum, the impulse is not communicated throughout the radial artery, and thus the pulse intermits.

5. The same remarkable action of *Gelsemium* was also observed by our friend, Dr. P. P. Wells (*American Homœopathic Review*, Vol. IV., p. 86), and it shows the necessity of examining the heart very closely, whenever intermittent pulse occurs.

6. The proving-case No. I., shows a considerable depression of the nervous system, which points to a lurking typhoid disposition, as I have noticed in a clinical case of endocarditis from rheumatic gout.

7. This double contraction of the heart with intermittent pulse is the direct counterpart of the similar action in severe congestions and inflammations with *pulsus dicrotus*, and which might be termed *palpitatio dicrota*. Whilst for the former condition, Gelseminum is indicated, the latter points to Aconite, as observed by Hering, see Dr. H. Gross' Comparative Materia Medica, edited by Constantine Hering, Philadelphia, 1866. F. E. Boericke, publisher.

8. The thousandth potency, used in the proving No. I., above reported, is the same by which Dr. Allen made the remarkable cure, reported in the *American Homœopathic Review*, Vol. V., p. 392. The indication was given, I think, by Dr. Dunham, and, if recollection serves me right, it was: "sore throat, with shooting pain up into the Eustachian tube, on swallowing, with impaired hearing."

9. Finally, it may be stated that one year after the proving No. I., July 6th, 1863, 5½, P. M., the prover got violent pains around the left ear, at the malar bone, across the zygomatic process, into the left parietal bone, stinging as with a needle, with burning, worst by external warmth, and when lying on the right side, better when lying on the painful side, chill with goose-skin, then heat, darting from the right side of the stomach across the epigastrium, and likewise through the body to the right shoulder-blade.

Whether that neuralgia is to be attributed to the previous proving, may be questioned; but of its curative value we are assured by the fact, that it was promptly cured by the higher potency, 3 m, of the same Gelseminum.

ARTICLE XLIV.—*Physiological and Pathological Relations of the Trunkal Muscles, with the Therapeutic Indications Involved.* By E. P. BANNING, M.D., 11 St. Mark's Place, New-York.

UNDER the impression that there is a class of maladies which are being treated with but a partial success, mainly because the

mechanical elements of their pathology are not clearly discerned. I submit a few suggestions upon the subject, in the hope that more luminous pens may thereby be provoked to fully elaborate, what I shall here, but rudely sketch, and so supply the desideratum which the domains of medicine and surgery have as yet failed to fully develop; and as a key-note to the subject, I submit the subjoined suggestive propositions.

I. That inasmuch as the human body is purely mechanical in the formation and arrangement of all its corporeal parts, from the grossest organs to the finest atoms, it follows, that any variation from the primitive arrangement of any one of these, must involve corresponding morbid manifestations, (both mechanical and vital,) not only in the parts immediately concerned, but also in those which are associated with them, either by juxtaposition, continuity, or function.

II. That the *viscera* are as much under the law of a specific orbit of being and bearing as the bones are, and that any departure from which, will constitute a practical *dislocation*,

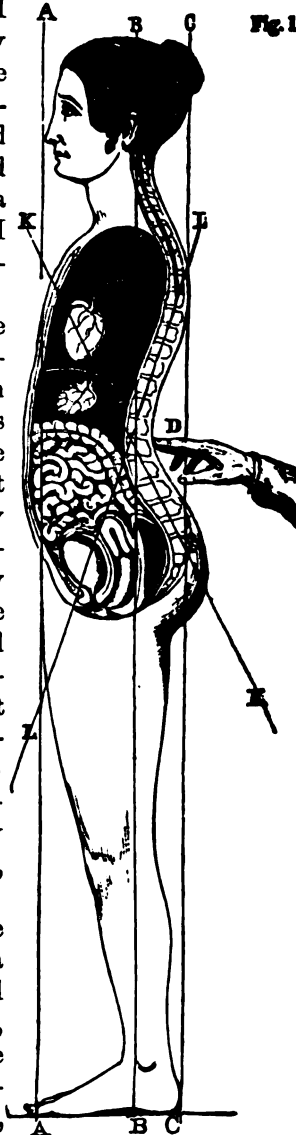
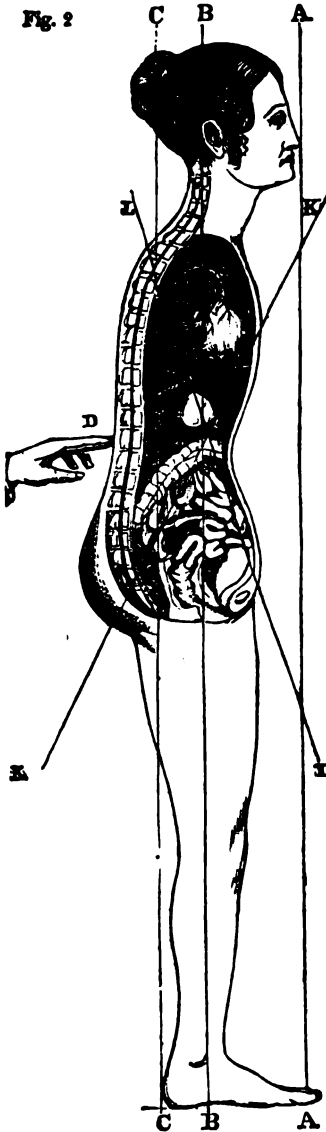


Fig. 1
A. A. Perpendicular front line, showing that the end of the big toe, pubes, and tip of the nose, are always about in a line when the body is erect.
B. B. Middle line, passing through the spinal marrow at the nape of the neck and at D, and continuing its course through the hip, knee, and ankle-joints; showing that all these points are in line when the body is erect, that the head is exactly over the ankle, and that D is the body's centre of gravity.
C. C. Posterior line, showing that the back of the head, shoulders, hip, and heel, are about in line, and that when the body is balanced, as it always should be, upon its centre of gravity, the hollow of the back at D is much in advance of this line.
K. K. and L. L. Lines running in the exact direction of the advancing and retreating direction of the spine, crossing each other and B. B. at D, and proving mathematically that D, in the hollow of the back, is the body's centre of gravity.

which may involve corresponding functional derangements by *cancelling the primary policy between these organs and their vital forces.*

This figure shows that the end of the big toe and the tip of the nose are always in line; even when the hollow of the back has receded from the axial or middle line, quite beyond the posterior line and behind the shoulders; that drooping and round shoulders are produced by an antecedent retreating motion at the small of the back, (for, if such were not the fact, the perpendicular lines in both the erect and drooping figures, would not touch the head and feet at precisely the same points,) and, that therefore, no style of artificial support, designed for straightening the human form, can ever accomplish its object, unless it be so constructed as to push forward the receded point, in the hollow of the back at D, and bring it again in contact with the axial line, under the centre of the head.

Fig. 2



III. That this normal status of these weighty, lengthy, mobile, fragile, and irritable viscera consists mainly in their being maintained in the *ascendant*, by their surrounding elastic abdominal walls, in opposition to a state of consecutive dependency, from their ligamentous attachments.

IV. That in proportion as the body is erect, and the abdominal and dorsal tissues are energetic, will this primary ascendant position be steadily maintained. The support, in the premises, commencing at the lowest intestine, and carried up by each successive superior viscus, to the apex of the pile; each lower supported organ becoming the successive and aggressive support of its next superior neighbor.

V. That in proportion as, from *any cause*, these supporting tissues relax, there must ensue a corresponding change in

the visceral status; they must lose their altitude, compactness, and support, and assume a looser, dangling, elongated, and mobile condition. In other words, a lineal *dislocation* is induced, involving a train of both *physical* and *functional* derangements, such as a solid common sense might clearly foretell. To the enlightened mind, a mere glance at the annexed Figs. 1 and 2, will render a further elaboration of these propositions superfluous.

Of the Effects of Visceral Dislocation upon the Inferior Extremities.—Our premises being admitted, a careful examination of the annexed Fig. 2 (which represents the abnormal state) will drive us to the truth on this subject. For it shows that each undue descent of the viscera must crowd correspondingly upon the pelvic organs, and that they, in their turn, may be coerced to compress more or less all the circulating channels in the pelvis.

First, the pelvic nerves are liable to become either dragged or actually compressed. This may result in various degrees of physical pain and loss of nerve function, from that of simple fidgetings, prickling pains, cramps and numbness in the limbs, down to total paralysis and insensibility; thereby indicating why it is, that these symptoms so frequently resist the most heroic treatment for an affection of the spinal cord, by strychnia, moxa, and the cauteries. Next, the arteries, veins, and lymphatics are also liable to impingement from the same cause, involving an impeded vigor and freedom of all the corresponding circulations through the pelvis. This would rationally account for the frequent cases of feebleness, shriveled appearance of the skin, coldness of the feet at midsummer, varicose veins, and a habitual œdematous condition of the limbs, all of which are so usually aggravated on standing, and relieved by recumbency.

Therapeutic Indications in the Premises.—On this point scarcely can there be room for question. We have seen that the muscular and ligamentous tissues have failed to maintain the ascendant juxtaposition of the viscera, in opposition to the gravity of the same. That they are actually *dislocated*, and, as in other dislocations, are injuriously *pressing* upon *some* parts, and *tracting* others; and also, that *physical force* is as

requisite in restoring the normal situ of the *viscera*, as in restoring that of dislocated bones. But to the facts:

CASE 1. Consulted me for the following symptoms, as described by herself, viz.: "Sense of goneness at the pit of the stomach, with a feeling of *hanging* and separation between the midriff and the bowels;" "dead weight and bearing down at the bottom of the abdomen, with a jolting sensation on making a slight misstep;" "one foot and leg weak and cold, and couldn't keep up with the other, and was always tripping, even on the carpet."

Finding the region of the epigastrium and hypochondria to be much retracted and narrow, and the iliac regions to be very tumid and pendulous, causing an indenture at the linea alba, giving the lower abdomen the appearance of two hemispheres, and being unable to discover any primary functional derangement at any point, I diagnosed the case to be one of visceral pressure upon the entire pelvic circulations, and accordingly, prescribed an abdominal support. This advice was declined with something of kin to *scorn*, and the lady was treated elsewhere with the most orthodox vigor, for the space of two years, for a primary affection of the medulla spinalis, by means of blisters, rubefacients, caustic issues, the moxa, &c.

At the expiration of this treatment, (two years) I was again consulted in the case, under the following circumstances, viz.: The former unnatural appearance of the abdominal proportions, as to size and shape, still continued. The affected leg and foot were now most enormously swollen, and totally paralytic and insensible. Its coldness was like that of marble. In addition to this, her eyes had recently become strabismic, and her neck could not sustain the head erect.

The patient now gave her reasons for thinking that my first view of her case was correct, and desired me to do what I could on that basis. Accordingly, as a "forlorn hope," I improvised a *support*, which, to some extent, elevated the depressed viscera, with most remarkable results, viz.: Within a few minutes from its application, sensibility returned to the foot; in a few minutes more, she raised the dead limb from the floor by its own proper power; and in about a fortnight, she traversed her room, and was able to erect her head.

CASE II., was the sequela of a most deplorable case of milk-leg, of about ten years' standing.

Her abdomen was extremely pendulous; veins in right leg were varicose; on the inside, above the ankle, was a large, deep ulcer, of a fiery red appearance, with thick and hard edges; the skin surrounding, for some inches, was of a very dark color (black even.) On account of the irritation from this ulcer amputation had been insisted upon. At this time, the patient locomoted with the greatest labor and pain.

This case, I diagnosed to be one of mechanical obstruction of the venous and lymphatic circulation, through a depressed state of the abdominal viscera, and consequently ordered an efficient abdominal support, with the following results, viz.: The *general* relief was immediate; the power of locomotion soon began to improve, and, to the amazement of the family and friends, the fiery redness of the ulcer commenced to subside, and the dark color of the surrounding skin to disappear. In about three weeks, the ulcer had entirely healed, and in three months from that time, she was perfectly well, and able to make a laborious daily visit to the market.

CASE III. aged about sixty. After writing pretty constantly for many years, in the sitting posture, began to lose the freedom of his limbs. He became timid in stepping, "never feeling sure that his foot was securely placed." His feet swelled much, and suffered intolerably with cold, whilst at his desk, both in summer and winter, for which, he was compelled to wear fur boots constantly.

The case had been diagnosed to be approaching paralysis and dropsy.

On taking a view of his whole contour, I noticed an undue fullness and heaviness at the hypogastrium, together with a drooped condition of his trunk generally. As this gentleman had failed of relief from several treatments, and not knowing what else I could rationally do, I ordered an efficient abdominal supporter, under the hypothesis, there might be operating, an obstructing visceral compression upon the pelvic circulation, and the result sustained the hypothesis.

On the day of the application, the subject reported his feet to have been warmer, and that he walked home with a free-

dom from fear of stumbling, which was strange to him. In a few days more, he spoke of relief in every respect, in most extravagant terms, and stated that he "had laid aside his heavy fur shoes" which he had been compelled to wear during both winter and summer, for years past.

CASE IV. A very corpulent, lady, aged about sixty, of one of the wealthy families of this city, consulted me for a perpetual and unmitigated pain in one knee. This pain had tortured her for a long time, and never had shown any signs of succumbing under the most vigorous treatment from the first physicians of the city. She was in the enjoyment of the best of health in all other respects, and no real organic or functional derangement at any other point was discoverable. I was forced to hope the pain resulted from pressure upon some of the femoral nerves, in their passage through the pelvis; and in that hope applied a strong abdominal support as a dernier resort. In a few weeks, I had the satisfaction of learning, that from the day of the application, relief commenced, and that in a few days it became complete. Some two years afterwards she informed me, that the cure was perfect, except when she omitted the protective support.

From all this we conclude, that whatever may have been the complications in these cases, requiring corresponding medicinal remedies, certain it is, that with them, there also was a *mechanical element* in their pathology, which imperiously demanded corresponding *mechanical* therapeutics.

In a former paper, under the above caption, I endeavored to establish, 1st, that the viscera, like the bones, had but one proper position and mutual bearing, and that any violation of the same, would be followed by corresponding morbid physical and functional results, in the one case as well as in the other.

2d. That the viscera do not occupy, in a *depending* condition, from their ligamentous moorings, but in a supported and elevated state, by and through the elastic and energetic abdominal and dorsal walls, the aggregate action of which, is *upward*, from the lowest inch of the abdominal contents, to the pectoral apex.

3d. That an atrophied or relaxed condition of these trunkal

walls, will liberate visceral gravity, and allow of a lineal visceral descent; first, upon the pelvic organs; and second, through them, upon the pelvic nerves, arteries, veins and lymphatics.

4th. That this condition will constitute an actual and practical *dislocation*, which, in proportion to its extent, may induce œdema, weakness, coldness, numbness, neuralgia, and even paralysis of the inferior extremities, which will succumb only to such physical force as will remove the morbid physical status, and so, raise the *blockade* of the helpless commercial channels involved.

I propose now, by the light of general anatomy, common sense, and experience, to examine into the tendency of abdominal and dorsal relaxation upon the pelvic organs and their functions.

And first, let us deliberately examine the respective considerations of the annexed figures. Figure 1, may be said to represent a model body, as to its outer form, and internal relations. It shows, that by and through the advancing curve of the dorso-lumbar vertebræ, and a consequent tension of the abdominal muscles, the following results are produced, viz.:

First, the entire abdominal mass, is compacted, as it were, elevated from the pelvic organs, and coerced against the diaphragm, thereby causing largeness and rotundity at the hypochondria and epigastrium, and a firm state and trim form to the lower abdomen. And also, that by this, the oblique, the lower belly of the rectus abdominalis, and the pyramidalis muscles, are compelled to act as a *spring-board*, upon which the viscera strike at each sudden descent in jumping, coughing, laughing, &c.; and also, like a spring-board, to instantly *react* upon the descending mass, arrest its descent, break its force, retard the visceral status, and so protect the pelvic organs from much permanent or casual abdominal pressure. Second, it has caused the pelvis so to swing upon the femur heads, as to advance the upper sacrum, depress and retreat the pubes, as to render the medial plane of the pelvic cavity comparatively vertical, and the inferior strait, correspondingly horizontal, thereby causing the pelvic organs to be very considerably sheltered from superincumbent weight, below and behind the sacral promontory.

But in the condition represented by figure 2, a very different appearance and state of things obtains, both as to the outward form, and internal relations, involving most important pathological and therapeutic considerations; for, by and through the fact that in this case, the dorso-lumbar vertebræ have retreated altogether behind the line, between the ankle and ears, the distance between the sternum and pubes, has been greatly diminished, the abdominal muscles of necessity flabbed, and the viscera, consequently left to become unpacked to sink from the diaphragm and seek the pelvis, thereby causing the hypochondria and epigastrium, to be narrow and retracted, and the lower abdomen to become unnaturally enlarged and in all respects, the very converse of that of fig. 1.

Again, this has also philosophically compelled the pelvis to so swing upon the femur heads as to cause the upper sacrum to retreat, and the pubes to elevate and advance, and thereby, so reverse the natural order of the pelvic planes and straits, as to render the inferior strait comparatively, and most unnaturally, vertical, and in the direct line of the descending abdominal viscera, and exposing its contents to all the crushing consequences of undue visceral descent.

The bladder, under an ordinary mechanical position of the viscera, has an ample privilege of expansion, to the extent of its capacity, without more than a nominal comprehensive force in opposition. But in the premises, it is not so; for in proportion as the abdominal organs settle, they occupy, with weighty persistency, space which is the prerogative of the bladder, and must correspondingly embargo freedom in the expansion of that organ; and in the ratio of this fact, must the bladder insist upon its frequent evacuation, and if the visceral descent be extreme, the result may amount to an almost total non-retention; and, not only may this morbid condition affect the powers of retention, but, by dragging the bladder out of its axis, the urethra may be so seriously crowded, compressed, or irritated, as to obstruct free egress through it, and also produce a constant and distressing ischuria or strangury, with an unsatisfied feeling, as if the patient had not succeeded in evacuating the bladder, even after the evacuation has been complete.

I have often seen the distressing influence of visceral compression of the bladder go so far, as to prevent the subject (who was otherwise in perfect health) from attending church, or even from seeing her friends in her own room for years, so constant and mortifying was the urinal stilicidium. This view, may also shed light upon the urinary incontinence of children, a malady which all the profession admit, has generally mocked the wisest efforts of medicine. I believe I may plainly state that the general results of all regular prescriptions has been very unsatisfactory. Indeed, as a general rule, the patient in usual health calls for no treatment.

This, also enables us to understand the not unfrequent phenomena of cramping, stinging, or spasmodic pains (not usually steady) in the exact direction of one or both ureters; the cramping pains in the ureters being often taken for cramp, colic, peritoneal inflammation, stone in the ureter, &c. The same also sheds light upon isolated or concomitant pains, with weakness in the region of the kidneys, which are always aggravated by much standing, and which steadily resist treatment for renal inflammation, irritation, stone in the kidneys, &c. The simple explanation being literally this, that a depressed condition of the bladder, may more or less tense the irritable ureters, and they in their turn, tract the kidneys, and institute just such a set of functional and sensational derangements, as reason might predict would follow, either by themselves alone, or in connection with any concomitant disturbances of the urinary system. And lastly, under this head; an enlarged irritable, or schirrus prostate gland, under the above circumstances, is liable to the most serious consequences, from undue pressure upon it, at a time when anything of the kind must not only tend to increase the organic disease, but also give rise to more or less constant pains, which are usually distressing to witness.

This view is also strengthened by the known fact, that the sufferings of such patients are always immensely enhanced in point of severity and constancy, by the vertical posture. On these several points, I close my deductions a priori, by affirming, that I might illustrate the *actuality* and verity of each

of them, by a lengthened list of citations under my own observation, but content myself by only one or two on each point, from my case book.

CASE 1, was a very large lady, who had been perseveringly treated for years, by a distinguished physician of Brooklyn, for chronic inflammation of the bladder, which was much of the time accompanied by complete urinal incontinence. She was totally confined to her room, and invariably experienced an aggravation of her symptoms when in the vertical posture. This case had also sought counsel in Europe, with no considerable advantage. On seeing the lady, in consideration of the symptoms in connection with the largeness of the abdomen, and also of the fact that all ordinary treatments had failed, I felt driven to diagnose the case to be in part at least, one of irritation from visceral pressure, and accordingly prepared a mechanical support, which acted not as a *compress*, but as an elevator of the bowels from the bladder. The result was, that an appreciable relief was immediate, and in a few weeks complete, whilst the support was intact, the symptoms always recurring on its removal. In the course of a year, she totally laid it aside without any occurrence of her old trouble.

CASE 2, was brought to me by the late lamented Prof. Isaacs, with precisely the same symptoms which made up case 1, with this difference, viz., that there was an excessive absence of fullness at the hypogastrium, with a great prominence of the pubes, and the incontinence, with tenderness over the bladder, was more extreme. This lady had also made the tour of Europe for help, without any appreciable success. As I had no hope in any ordinary treatment, as a dernier resort, I applied a support. The application was at first attended with an aggravation of the symptoms, owing to the thinness of the abdominal parietes and consequent pressure on the fundus of the bladder. But on arranging the instrument so as to press only on the inguinal region, and not at all over the bladder, the lady was at first barely able to tolerate the *presence* of the instrument; but in the space of a fortnight, so great was the success, that "she felt it to be her duty to report in person, that the success exceeded anything which she had dared to hope."

CASE 3. A very corpulent gentleman, aged about sixty, was the subject of an almost constant urinal propension, with so much pain and irritation, as to cause several physicians to diagnose his case to be one of *gravel* or *stone*. He averred, that his case had been exhaustive of medical talent. Thinking it useless to re-traverse the ground which had been occupied by other gentlemen; and perceiving an evident abdominal weight upon the affected organ, I ordered a support, which exerted a purely upward and backward action. The result was most satisfactory, giving considerable relief from the first. Some years after, he reported, that with the support the relief was nearly complete, but every attempt to dispense with it, was followed by a recurrence of the old symptoms.

CASE 4, was a confirmed case of schirrus of the prostate gland, of several years' duration. As to symptoms, it is sufficient to say, that the case was well marked, by constant pain in the organ, in all positions, but more particularly in the sitting and vertical posture; also on micturating and defecating.

Being wealthy, he had spent much in travel and treatment, with nothing more than such relief as anodynes could afford; except, that the Saratoga water made his urine less irritating to the diseased gland. His form was quite drooped, and he unconsciously carried his hand in a supporting position at that point.

Deeming that there was no prospect from a repetition of any ordinary treatment, I applied a strong support, which elevated the abdomen and braced the lumbar region, which had begun to suffer sympathetically. The result was good. His appearance improved, and he stated his permanent relief to be very great. Years after, I had the pleasure of meeting him again at the Springs, when he informed me that his support, when tightly worn, continued to be of great relief.

CASE 5, was a cultivated young woman of sixteen, who from infancy had been the subject of a weakness of the sphincter urinæ, which invariably caused a nocturnal flow of urine. She had never slept away from home, and inasmuch as she was an only child, almost frantic efforts for relief had been made.

In this case, although there were no external signs of vis-

eral descent, I applied an abdominal support, in the slight hope of success, but more to divert the anxiety of the mother and daughter; but soon after, I was informed that relief was total.

CASE 6. A young man of seventeen, was the counterpart of case 5, and was successfully treated by the same means, with this difference—that I was forced to attach to the abdominal support, a smart curved spring, armed with a flat compress, which exerted a comfortable pressure upon the bulb of the urethra, with a view to awake him in time to rise from his bed; the result of the perineal compress was so complete as to soon remove the necessity for any remedy whatever, and I cannot doubt that in most similar cases, where there is no organic or other primary morbid condition, this perineal compress, added to the abdominal support, will seldom fail to supply the desideratum.

Finally, I take my leave of this department of my subject, by the single remark, that it has not been my object, to show that mechanical auxiliaries are certainly indicated in all cases, apparently like those given above, nor to press my peculiar form of surgico-mechanical supports upon the notice of the profession, but to elicit a more extended investigation of the views embraced in the premises.

ARTICLE XLV.—*Homœopathy and the Metropolitan Board of Health.*

IN the course of the correspondence between the Cholera Committee of the New-York Homœopathic Society, and the Board of Health, the committee thus closed their review of the allopathic misrepresentations on the subject of Trials of Homœopathy in Europe:

This is an old story, but one which the Sanitary Committee seem to have forgotten. But now we stand on different ground; we claim our share of the public hospitals, not as a favor or as a test of the merits of our system, but as a right. Our success is an established fact, our practitioners in New-York City and suburbs are numbered by hundreds, and are

rapidly increasing, and our clientage comprises nearly one-half of the entire wealth and intelligence of this metropolis. We maintain that the Sanitary Committee of the Board of Health can in no way be justified in allowing their professional prejudices to shut us out of all participation in the public hospitals. We demand, as a right, that so large a proportion of our tax-payers should be fairly represented in our medical institutions. We have passed through an ordeal lasting nearly half a century, and in spite of all prejudices and every form of ridicule and opposition, have steadily increased in popular estimation, have founded and supported, by individual enterprise, colleges, hospitals, and dispensaries; and have even materially modified and improved the old-school practice itself. In no disease has the value of our treatment been more satisfactorily shown than in epidemic cholera, the statistics of which have been frequently published. We court a fair trial of our treatment, and are willing to stand or fall by the practical result; but we cannot, in all proper self-respect, take position under a Committee who arrogate to their school all the science and honesty of the profession and leave us none. They deny our powers of diagnosis in cholera, and yet this very last spring a dispute arose between some of their most eminent men, members of this very Sanitary Commission included, as to whether certain deaths on Ward's Island last fall were produced by cholera or Bright's disease! (See the conflicting newspaper articles by Drs. Post, Crane, Parker, Guleke, and Sayre.) Which of these two parties, then, shall watch us to correct our diagnosis?

Again: this Sanitary Committee insist upon having us under strict surveillance, lest we should cure our patients with medicines non-homœopathic, or, perchance, even with their own drugs. Certainly they could not fear that we would attempt to beat them at their own weapons, to cure more by their own method than they could themselves. Who made them judges more than we of what is homœopathic, and what is not? As long as we could show them a better and more certain way, why should they hesitate to try it, even if it were not, in their estimation, purely homœo-

pathic? As to education, we yield not one whit. We claim to have superadded a practical knowledge of homœopathic therapeutics to the ordinary course of medical study. For the great bulk of our practitioners are graduates of allopathic colleges, and therefore not altogether uninformed in diagnosis and the science of medicine. At any rate, they themselves have indorsed our credentials, and recommended us to the public as competent and trustworthy physicians.

In a word, we claim for ourselves equal intelligence, education, honesty of purpose, and sincerity of conviction. All we ask is a fair field for the exhibition of our method of cure, and no favor. We can only repeat our offer, already thrice made, to take charge of a hospital in any epidemic that may occur; said hospital to be under our own administration and management, subject only to the supreme control of the Board of Health, and to be open at all hours for inspection of its records, its prescriptions, or its patients, by any persons duly appointed for that purpose. From a fair competition we shrink not, but seek it in all sincerity, and by its results are content to abide.

A Letter written by an anonymous writer was presented to the Board of Health, August 2d:

“To the Sanitary Committee of the Board of Health:

We have heard a great deal lately from enthusiastic homœopathists about their wonderful success in the treatment of cholera. It is well to know what experienced and honest physicians of the same school think upon this subject.

“In *The British Journal of Homœopathy* (vol. 7, p. 177), we read: ‘We cannot help deprecating the boastful tone we so often hear assumed by the homœopathists on this subject. It argues a singular callousness of feeling in any who has had much experience in the disease, not to be penetrated with a profound sense of the comparative impotence of the homœopathic art in arresting or modifying this terrible disease.’

“In vol. 13, p. 329, we learn ‘that Dr. Gerstel reported to an Allopathic Austrian Medical Society that he had treated three hundred cases of cholera of a most inveterate character, with a loss of only thirty-two. A proposal was made to him to practice under the observation of the District Superin-

tendent, Dr. Nushard, in order to establish satisfactorily the success of homœopathic treatment. An offer which I declined,' says Dr. Gerstel. The reason for this may be found on page 331, where Dr. Gerstel continues: 'Although I had many cases of choleraic diseases under my treatment during the epidemic, I had not any of real cholera.'

"In vol. 12, p. 698, we read: 'We are sorry to learn that the cholera has, in Dr. Tessier's wards, shown so malignant a type.' These results are so bad that Dr. Tessier never published them. In order to prove that Dr. Tessier had every advantage, we quote from vol. 9, p. 693: 'We paid a visit to Dr. Tessier's ward, in the Hospital St. Marguerite. He has one hundred beds, and the hospital arrangements pleased us very much. The wards are airy and high, and the hospital well situated and well served. Dr. Tessier informed us that he had never met with anything but uniform kindness and respect from the Central Bureau of Hospitals in Paris, although at various periods there have been medical men among them, and such is the case at present. Not the slightest opposition has been offered to him in the change he has carried into effect in the treatment of patients.'

"Dr. Tessier subsequently published a treatise on cholera, reprinted by Ruddle (Radde) of New-York. On page 102 we read: 'Homœopathy seems comparatively powerless in the severe forms of cholera. The cures under this treatment are generally cases of diarrhœic and simple cholera; the number of deaths generally corresponds to the number of cases of algid and ataxic cholera. During the epidemic of 1849, I, (Dr. Tessier) only saw one case of either of these forms recover; hence I resorted to the regular treatment, after conviction that the homœopathic practice was inefficient, except in a very few cases. Dr. Fleischman's Homœopathic Hospital in Vienna is served by the Sisters of Charity, and is a model of cholera. * * * It has abundant means, and is under no control. * * * In the treatment of cholera, every medicine used by us homœopaths have been tried and tried again, but without success, by me, and I have little to say in reply to them.'

"In vol. 15, p. 130, we read: 'Dr. Stens makes the assertion, that the homœopathic mortality is only 8½ per-cent.

Now we (editors *British Journal of Homœopathy*) should rejoice very much were this the case; but, alas! we know from sad experience that it is at least three times as high as here stated; and this is a fact so easily ascertained, by reference to the statistics of homœopaths themselves, that we are surprised that Dr. Stens has allowed such a flagrant exaggeration to damage the credibility of his other statements. We know very well the data on which the percentage of mortality he gives is founded, and we are well convinced of their utter unworthiness. How, then, he could allow himself to put forth such an exaggeration we are at loss to imagine.’”

To this letter the Cholera Committee made the following answer:

The refusal of the Sanitary Committee of the Board of Health to grant a hospital to the homœopaths for the treatment of cholera, and the circumstances attending it, presents a case in which a proper regard for the truth involves the unpleasant duty of publicly exposing its opposite.

Apparently, as an answer to the statement of the Special Committees of the Homœopathic Medical Societies of New-York and Brooklyn, and as a justification of the course of the Sanitary Committee, at a public meeting of the Board, the above anonymous communication was read by the chairman of the Committee and published with the transactions of the Board. This paper demands a careful examination.

It commences: “We have heard a great deal lately from enthusiastic homœopaths about their wonderful success in the treatment of cholera. It is well to know what experienced and honest physicians of the same school think upon this subject.”

Bating the insinuation that “experienced and honest physicians of the same school” will be found to think quite differently from their enthusiastic brethren here, this is very well. In the presence of a disease which carries off more than fifty per-cent. of all the cases treated in the usual way, it is well that the public should know, and that the Sanitary Committee should heed, what honest and experienced physicians of the homœopathic school think upon this subject. Any

attempt to distort facts and pervert opinions in relation to it is inexcusable. Prejudice and ignorance should give place to candor and truth.

Let the public judge of the candor, intelligence, and honesty with which the claims of homœopathy are treated by men from whom we have a right to demand justice. It is proper to remark that it is especially the relative success of the homœopathic treatment, in comparison with other methods, that we claim. To prove that such a claim is not sustained by what experienced and honest physicians of the same school think upon this subject is the object of the paper read. It goes on with an appearance of great accuracy: "In the *British Journal of Homœopathy*, vol. 7, p. 177, we read: 'We cannot help deprecating the boastful tone we so often hear assumed by homœopaths on this subject. It argues a singular callousness of feeling in any one who has had much experience in this disease, not to be penetrated with a profound sense of the comparative impotence of the homœopathic art in arresting or greatly modifying this terrible plague.'" This quotation unmistakably condemns homœopathy. It purports to be given in the words of the author without omission or change. It touches the heart of the question *apparently*—the comparative impotency of the homœopathic art in cholera, that is, its impotence compared with allopathic treatment. Whereas, immediately after speaking of the boastful tone, &c., the author says: "That our success is greater, much greater than that of our allopathic colleagues, we have no doubt whatever; and this statement is confirmed by our statistical returns." Why was this explicit opinion, confirmed by statistical returns, of the greater, much greater success of homœopaths omitted?

The author continues: "Still that is saying very little, and it *would argue* a singular callousness of feeling in any one who has had much experience in the disease, at all events as it appeared among us, not to be penetrated with a profound sense of the impotence of *our art* in arresting or greatly modifying this terrible plague. Surely the presence-chamber of the King of Terrors is the last place for man to boast." The author says: "*The impotence of our art*"—the medical

art. Why was this changed to homœopathic art? If quotations may be thus garbled and the language changed, what author or what truth is safe?

The next quotation is garbled in the same way and with the same design. "In vol. 13, p. 329, we learn that Dr. Gerstel reported to an Allopathic Austrian Medical Society that he had treated three hundred cases of cholera of a most inveterate character, with a loss of only thirty-two. A proposal was made to him to practice under the *observation* of the District Superintendent, Dr. Nushard, in order to establish satisfactorily the success of homœopathic treatment. 'An offer which I declined,' says Dr. Gerstel. The reason for this may be found on p. 331, where Dr. Gerstel continues: 'Although I had many cases of choleraic diseases under my treatment during the epidemic, I had not any of real cholera.'" The meaning intended to be conveyed by this language is obvious. Dr. Gerstel reported great success in the treatment of cholera; in consequence of this, a proposal was made to him to practice under the observation of Dr. Nushard, to test the success of his treatment. This proposal Dr. Gerstel declined, because he had not treated any case of real cholera, and was afraid to meet the trial. The quotation is made from the following narrative:

In 1819, homœopathy was prohibited in Austria by a decree of the Chancellor's Court. In 1831, cholera was successfully treated by homœopaths in Austria; and Dr. Gerstel, in less than three months, treated near three hundred cases in different villages in which it had shown itself of a most inveterate character. The results, most of them officially certified, show only thirty-two deaths; and Dr. Gerstel's petition, that a portion of the hospital should be placed under homœopathic treatment, elicited considerable discussion in the faculty. Owing to a breach of etiquette, Dr. Gerstel says, neglecting to pay a visit at the night-time to a person of importance, his petition was unattended with any result. 'A proposal was made to me to practice *under the control* of a District Superintendent, Dr. Nushard, in order to establish proofs of the success of the homœopathic treatment, an offer which I declined.' In this account it is not said that Dr.

Gerstel reported his success to the Medical Society. But it is said that cholera was successfully treated by homœopathists. That Dr. Gerstel treated near three hundred cases, and that the results, most of them officially certified, showed only thirty-two deaths; that Dr. Gerstel's petition, that a portion of the hospital should be placed under homœopathic treatment, was unattended with any result; and that the proposal which he declined was not to practice *under the observation*, but *under the control*, of Dr. Nushard. Dr. Gerstel was desirous of practising under the observation of his allopathic brethren, and had asked permission to do so; but the proposal made to him to practice under the control of an allopathist, under the circumstances, was an insult, and he did not think it necessary to give any reason for declining it. It is just the difficulty between us and the Sanitary Committee now. We wish to practice under the *observation of allopathists*, that they may see and learn our treatment and its results. They require us to practice under the *control of allopathists*, that our success may be prevented. We respectfully decline to go in on such terms.

The narrative continues: "In 1830, Dr. Gerstel says, the cholera epidemic was of still greater benefit to homœopathy. It raged with violence in Vienna. The prohibition of 1819 still hung over us Austrians. The allopathic physicians were, as formerly, still groping in the dark. Dr. Fleischmann, who had met with such success in Gumpendorf, was commissioned to lay before the Court a report upon the cholera, and the best mode of treatment, in accordance with his experience. The immediate result obtained was the removal of the prohibition to practice homœopathy in Austria in 1837. About the year 1842, the College of Physicians of Vienna, held informal meetings for the discussion of any subject that might be brought before them. Dr. Gerstel determined to introduce the subject of Homœopathy, which he thought would be well received by the younger members of the profession, as it had been so successful in the treatment of cholera. And he says: 'Although I had many cases of choleraic disease under treatment during the epidemic, I had not had any of real cholera;

still I could not allow the opportunity to pass of fulfilling my intention,' &c.

This last remark of Dr. Gerstel made in relation to the epidemic of 1842, and showing that he carefully distinguished between choleraic disease and real cholera, is garbled to suit the purpose, and made to read: "*I had not any of real cholera,*" instead of "*during the epidemic I had not had any of real cholera*"—torn from the context and applied to the epidemic of 1831, to contradict the report of Dr. Gerstel's success, and given as the reason why he declined the proposal to practice under the control of Dr. Nushard, made eleven years before this occurred. All the dates necessary to the right understanding of the subject are carefully excluded, and the great success of homœopathy in the epidemic of 1836, the *Report* which Dr. Fleischman was commissioned to lay before the Court, and the consequent removal of the prohibition, in 1837, to practice homœopathy in Austria, are ignored.

The next quotation, where Dr. Sten is censured for putting the homœopathic mortality in cholera so low as eight and a half per-cent., is almost correctly quoted. The old design to give a false impression appears in the following: "In vol. 12, p. 698, we read: We are sorry to learn that the cholera has, in Dr. Tessier's ward, shown so malignant a type." These results were so bad that Dr. Tessier "has never published them." In a short paragraph speaking of Dr. Tessier's services in the Hospital Beaujon, it is said: "We are sorry to learn that the cholera has, in his wards, as well as in the other hospitals in Paris, shown so malignant a type. One great cause for the increased mortality in all the hospitals, as compared with the last epidemic, is the decidedly contagious character the disease has manifested. It thus spreads from bed to bed, and attacks patients already suffering from serious diseases." There was no especial malignancy in Dr. Tessier's wards as the writer would represent, and the great mortality is accounted for.

"In order to prove that Dr. Tessier has every advantage," says this paper, "we quote from page 698," and goes on to

quote the arrangements in the Hospital St. Marguerite, although the malignant cholera spoken of appeared in his ward in the Hospital Beaujon. This only shows how everything is perverted to the one purpose of maligning homœopathy.

The paper proceeds: "Dr. Tessier subsequently published a treatise on cholera, reprinted by Ruddle (Radde), of New-York. On page 102 we read: 'Homœopathy seems comparatively powerless in the severer forms of cholera. The cures under this treatment are generally cases of diarrhœa and simple cholera; the number of deaths generally corresponds to the number of cases of algid and ataxic cholera.' During the epidemic of 1849, I (Dr. Tessier) only saw one case of either of these forms recover; hence I resorted to the regular treatment, after conviction that the homœopathic practice was inefficient except in a very few cases." Whether this quotation gives the opinion of Dr. Tessier, or is garbled purposely to misrepresent it, may be learned by consulting the work, where Dr. Tessier says, page 102: "This method (the homœopathic) is brilliantly successful in choleric and simple cholera." Page 263: "In those forms of cholera where medical treatment seems to have at all any effect, the Hahnemannian is preferable to the ordinary methods, and is both more scientific and more efficacious." Page 106: "As regards the black or ataxic cholera, I am sorry to say that I cannot propose any effective mode of treatment." Page 107: "Hahnemann's method has seemed to me more efficacious than any of the other methods of treatment. Under the Hahnemannian method about one-tenth recovered more than under any other. Hahnemann's method enables us to establish the therapeutic indications and the modes of treatment in cholera upon a scientific basis." Tessier speaks of resorting to the regular treatment in cases of algid and ataxic cholera, but he says the most powerful allopathic treatment was equally inefficient. He thinks the remedy for these incurable cases of cholera should be looked for, and may yet be found in the homœopathic method.

Thus, we think, it is conclusively shown that there is a

deliberate attempt to conceal the opinions of the writers quoted, and, instead, to palm off opinions directly opposed to theirs. The Chairman of the Sanitary Committee described the paper "as being an epitome of various eminent homœopathists' opinion. The document he had read came from highly educated physicians." We do not object to the witnesses cited by the Committee; we only insist that their testimony shall be received as it was actually given, and not as it is garbled and forged for the occasion; and we hold that the Committee are bound to the conclusions fairly proved by their own witnesses. In justice to the "eminent homœopathists," and the "highly educated physicians," from whom it purports to come, we brand the document as a forgery. Coming before the public with a quasi endorsement by the Sanitary Committee, it becomes a duty to expose its true character.

It presents an example of the honesty and intelligence, shall we say, or of the ignorance and malice, with which Homœopathy is opposed. Persons whose prejudices are stronger than their judgment, are ready to believe what they wish to be true. It is not creditable to the Sanitary Committee, who officially boast of their knowledge of Homœopathy, and who are expected to be well informed on such subjects, that they were taken in by this paper, while the non-medical members of the Board rejected it.

Judge Bosworth protested against basing any action of the Board upon it, and spoke of it as attacking both the homœopathic practice as a system, and the homœopathic physicians as a class. President Schultz regarded the communication as a mere bundle of opinions, collated by an allopathist, to show that, in acute cholera, Homœopathy is impotent. He desired to kick the document out.

On another point, also, we are indebted to the good sense and correct judgment of the non-medical members of the Board. Judge Bosworth charged the Sanitary Committee that they had refused the homœopathists a separate hospital wherein they might treat cholera in their own way, and had offered them a chance to practice only on conditions which no homœopathist could accept. We leave the subject, com-

mending to whom it may concern the divine command: "Thou shalt not bear false witness against thy neighbor."

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General Record of Medical Science.

1. *Causes of Infantile Convulsions.* From a Lecture by GEO. T. ELLIOT, JR., M.D., Professor of Obstetrics and the Diseases of Women and Children, in Bellevue Med. College, N.-Y.*

WE may now consider the prominent causes of these convulsions, as these suggest the diagnosis and indicate the treatment in the great majority of cases.

1. The proximate cause of the frequency at this time of life is to be found in the greater relative size of the brain and spinal cord.

2. Hereditary influences are recognized by all observers. The history of the other children in the family, and of the infancy and development, nutrition, habits, and diseases of the parents, may suggest the probability of tubercular deposit, of epilepsy, of an unduly excitable nervous system, of the mysterious influences believed to be exerted on the offspring by the intoxication of the father at the time of procreation.

3. External influences.—If a few hours or a few days have elapsed since the birth, the character of the labor is to be inquired into; nor is it sufficient that the labor shall have been natural. The depressions of the skull, the fractures, the extravasations which I have already described and shown in the neonatus, are to be remembered; and it is to be borne in mind that they occur in cases sometimes where there has been, to all appearance, an easy labor. The extravasations may indeed have occurred before the labor commenced.

The influences from irritation of the sensitive skin are to be considered;

* Medical Record, N.-Y., Vol. I., p. 446.

pain from any cause; too tight a dress; the pricking of pins; foreign bodies in the nose, ears, or elsewhere. I know nothing more illustrative of the careful examination into these cases by the accomplished diagnostician than the case of the child seen by Trousseau and Blache, where, carefully searching for the cause of the convulsions, they saw a thread in the hair of the head, and, drawing upon it, found that it was attached to a needle which had penetrated the brain. When the needle had been withdrawn the convulsions ceased.

When the children are older, rachitic diseases and malformations of the cranial bones must receive attention, just as the shape of the new-born head may become the subject of careful consideration. The younger the child the greater the effect of too much noise, too bright light, too great heat, and foul air. The well known experience of the Dublin Hospital, which I have detailed to you, is most remarkable in this last relation. Infantile convulsions often cease when any one of these disturbing causes is withdrawn.

4. Diminished supply of blood to the brain, anæmia, syncope, hæmorrhage, fright, mental shock.—The progress and decline of any exhausting disease or visceral inflammation suggest themselves in this category.

5. In the place of a chill.—Paget has truly said that a well marked chill is a convulsion. In infancy the ordinary phenomena of a chill are liable to be replaced by a convulsion. Hence the periodic convulsion, in a malarious district, with intervals of health and absence of other phenomena, indicates an anti-periodic treatment. And thus the initial chill in pneumonia, in eruptive diseases, and so many other conditions, may be represented in infancy by a convulsion. The recollection of this fact teaches us caution in our diagnosis and prognosis; inclines our minds to an expectant rather than to "heroic" treatment; suggests the advisability of saving these little patients' strength for later developments. Nor, if contingent developments do not occur, can we claim that the disease has been "jugulated," because the chill which often occurs in adult life is not followed by sequelæ; that which may be defined by the popular term "nervous chill," is also represented in infantile convulsions which are not followed by fever, and leave the organization as undisturbed as the ripple leaves the water. Still, even in these cases, a predisposition has been shown; and the rules of hygiene must be even more sedulously obeyed than before.

6. In the place of delirium.—In the progress of visceral inflammation and in conditions not clearly traceable to recognised poisons in the blood where delirium might occur in the adult, the infant may be convulsed, as the result of too great mental strain.

7. Independently of this specially increased liability to convulsions just stated, the infant is more liable to convulsions from toxæmic influences which we can appreciate in our present state of knowledge, or from conditions assignable with probability to these influences, or in which we may suspect their existence. Thus the exanthemata, scarlet fever, measles, small-pox, in their invasion, progress, decline, and sequelæ, are prominently related to these seizures. It is claimed by some that convul-

sions in the invasion of small-pox are of comparatively favorable augury. Albuminuria, doubtless cholesteræmia, icterus, and pyæmia, rank in this category.

8. Faulty oxygenation.—In epilepsy and well marked epileptiform convulsions, the deepening color of the face and body, the purple lips, the congested eyes, betoken the approach of that period when the convulsion is about to cease, and the anxiously awaited inspiration to announce its close. But the persistence of conditions which interfere with oxygenation, and *thwart the respiratory need*, is capable of causing convulsions. The tremulous quiver, or the slight convulsion of the limbs in pelvic presentations, which may be witnessed in some cases of death from pressure on the cord, is due to this cause. They die as the strangled man dies—the imperfectly oxygenated blood is no longer a normal stimulus to the capillaries, the heart fails to force the current on, it becomes over-distended, its force diminishes, its contractions are recognized as slower by auscultation in some cases, by touching the cord in others; the convulsive movement may occur as in the man suspended from the gallows, and the life is lost. And so in croup, in capillary bronchitis, broncho-pneumonia, atelectasis in malformations which effect the respiration, and in the results of intra-uterine diseases and influences, as in pleuritic or peritoneal effusions which will not allow the lungs to be expanded; in endocarditis, which has spoiled the valves and forbids the weakened organ to stand the strain of extra-uterine life—in all these conditions which deprive the blood of its oxygen, convulsions may occur as a consequence. The convulsions which are met with in the prolonged “holding-breath spells” of infancy, and paroxysms of whooping-cough, may come in this category: but those which occur in the beginning of these seizures acknowledge other influences.

9. Abuse of medicinal agents. Over-dose or mistaken use of opium (a danger which the beginner must never lose sight of), Belladonna, Strychnia, or Stramonium. Children who run about are most liable to the latter at a time when they can pick the seeds in the garden. One such case occurred under my care in the Nursery and Child's Hospital, when it was situated in the Sixth avenue, between Fourteenth and Fifteenth-streets. Observation and inquiry into the child's behavior and whereabouts during the day detected the plant, and indicated the treatment, which was successful.

10. Irritations within the alimentary tract. From dentition. This is the cause to which so many of these convulsions are unhesitatingly assigned to the entire satisfaction of family and friends. My friend Dr. Jacobi, has forcibly alluded to this fact in his learned and suggestive book on “Dentition and its Derangements.” Undoubtedly, the eruption of the teeth is frequently the peripheral irritation which gives rise to the convulsion; undoubtedly, in very many children, the appearance of each tooth may be preceded and attended by febrile symptoms, by bronchial or gastro-intestinal catarrh, and even by convulsions. Undoubtedly the gums should be scarified if they are much congested, swelled, and stretched over the advancing tooth; and this is specially indicated in cases when the molar teeth are the source of the irritation. Nor can a moderate scarification do

harm, even when unnecessary, if there be no hæmorrhagic diathesis, or if the incision be not made with unnecessary depth over the tooth that is not yet prepared to peer above the gum. I believe that the great evil of this tendency to fasten the attention on the teeth, is to be found in the wide-spread conviction that our duty is performed if we have lanced the gums, given a bath, and a cathartic, with cold to the head, and sedatives, though the careful effort to search for the meaning of the convulsion by a process of thorough scientific diagnosis by exclusion has been omitted. Recognise dentition as one of the causes of convulsions, weigh the symptoms, examine the gums carefully; but do not allow popular prejudice to assign these conditions to higher rank and wider influence than they merit.

Retained excretions are to be inquired after. Constipation; retention of the meconium in the new-born. The evidences, or the grounds for belief, that indigestion exists, and that indigestible substances have been retained in the stomach or intestines, are to be considered. Little babies carry everything to their mouths; they pick up things from the lap, the floor, and from tables, which were never intended for them, carry them all to their lips, and may swallow them if they can. Foreign bodies may be given them with evil intent, or possibly by a hysterical nurse under the influence of those singular mental conditions that are but a step removed from lunacy.

My friend Dr. Foster Swift saw a baby, aged three months and a half, with successive attacks of colic and mild convulsions with opisthotonos. During the illness the nurse left. Two weeks after the first attack, during which the colic and convulsions had recurred at intervals, the child passed six ordinary pins, all of which were much corroded except one. The mother and a friend were present when four of them were found in the diaper, and two more were seen protruding head downwards in the anus.

Locock administered an emetic to a child, and brought away raisins eaten eight days before. Guersant and Blache, in a case where the convulsions had lasted for nine days, caused them to desist immediately when the patient had vomited a piece of omelette and some gooseberries.

Convulsions may occur in the progress of diarrhœa and dysentery, from the peripheral irritation, from pain, from debility. They may occur in hernia, and in the progress of the inflammatory and obstructive conditions which attend true intussusception. I have more than once known them to depend on ascarides alone; they may be due to lumbricoids. Innocent as these parasites generally are, they may travel beyond their appropriate limits. They may be vomited; and a recent number of the *Dublin Quarterly* gives an interesting account of a case in which a lumbricoid literally wormed its way into the trachea before death, with a plate of its appearance *in situ* at the autopsy. I recall an interesting autopsy of a fatal case of peritonitis with effusion in infancy, in the practice of a friend where a solitary lumbricoid was seen fitted into the appendix which was quite straightened and thoroughly vermiformis. I would not, however, say that the lumbricoid might not have extricated itself had life continued.

I do not know whether it provoked the peritonitis, nor do I know what did provoke the peritonitis in the case. Its whole advance had been so insidious that its existence had not been diagnosed, and it is not impossible but that it may have been due to the lumbricoid.

11. Epilepsy. The diagnosis of this will demand the exclusion of other conditions, and the recurrence of the manifestations beyond the period of infancy. Hereditary influences will here have their weight, and ophthalmoscopic examinations may be of service.

12. Chorea. If it be encountered, its phenomena are readily recognizable; but its extreme rarity in infancy entitles it only to an allusion.

13. In chronic hydrocephalus pressure applied to the skull, or sudden changes of position, may induce convulsion. If the case should be of doubtful diagnosis, the ophthalmoscope should be brought to bear upon it.

14. Inflammation of the brain or its membranes, with or without the existence of heterologous deposit, or of extravasations. In early infancy, as has been stated, tolerance for a time is sometimes exhibited of effused blood in one or more situations. In others, the child is born dead; in others, the advancing effusion may be seen in the advancing paralysis, and convulsions may or may not occur. In the sthenic varieties of acute meningitis the convulsions may be anticipated at an earlier date, and may be more frequent and better marked than in granular or tuberculous meningitis. When they coincide with loss of consciousness; paralysis; or the fixed bright stare; or with the tremulous pupil, or the oscillating globe; their significance is that of extremest danger. Undoubtedly the initial convulsion, with the shrill, piercing cry, the irregular or rapid pulse, the suspirious respiration, the slight flushes of color which chase each other over the face, may each and all denote and attend a beginning of meningitis, uncomplicated with deposit of tubercle or granulations, which may abort and resolve with safety to the child, even when the ophthalmoscope has pointed to the commencement of the intra-ocular symptoms of meningitis. But these are fortunate cases; and the terribly fatal character of these intra-cranial inflammations is justly responsible for much of the dread which convulsions inspire. In these cases hereditary predispositions, as shown in the history or fate of the parents or other members of the family and the evidences of tubercular deposit in the child, are to be sought for which redoubled care. The history of the preceding months is to receive every attention. Has the child shown unaccustomed irritability, restlessness, jactitation, and other evidences of irritation at night or by day? Was it feared for a time that some disease was germinating; have there been well or ill-defined evidences of some continued low febrile action? Has its expression been natural, or that of pain, or apparently causeless annoyance? Not only should these questions be prompted by the apprehension that such diseases may exist, but convulsions or other evidences of excitement of the nervous centres in patients with these predispositions demand the most intelligent prophylactic care. Every hygienic influence must surround them, in order that, even if successful, both parents and physician may truly feel that nothing has been omitted to avert the dread calamity.

Reviews and Bibliographical Notices.

1. *Text Book of Materia Medica.* By AD. LIPPE, M.D., Professor of Materia Medica at the Homœopathic College of Pennsylvania. Philadelphia, A. J. Tafel, Publisher, No. 43 N. Ninth-st. 1866. 8vo. pp. 716.

THE many attempts hitherto made to embody the most useful and important portions of the treasures now embraced in the Homœopathic Materia Medica in the form of a convenient Hand-Book, justify the belief that readers and practitioners are not perfectly satisfied with any of them. The labor of *enlarging* the Materia Medica is certainly going forward with great rapidity. But the great desideratum perpetually called for is a Manual which will enable the practitioner to select the proper, at least the *best* known remedy for a given case. The work is certainly one of very great difficulty. It is said that the old lady who ordered "the *smallest* sized Bible in the *largest* sized print," never found an agent who was able to fill her commission. The pocket edition of the Materia Medica which shall contain it all, and yet give the essential symptoms of *each remedy* in *few words* has not yet been written. Believing this *first* demand unlikely to be met by any effort that will soon be made, a lower, more reasonable requisition has been many times answered by *Abridgements*. These abridgements have all been works of considerable labor, and have probably answered some good purpose. They have aided many new converts to an imperfect knowledge of the Materia Medica, which they would not have sought for in the heavier works. They have awakened in the minds of beginners the desire to know more of the remedies which have so often displayed remarkable powers that the still doubting and wondering believer can easily suppose them capable of doing better things when better understood. The "*little strokes*" of the little books have always effected something towards demolishing those "great oaks" of scepticism which have long shut off the sunlight from all minds imprisoned within the walls of the old materialistic allopathic philosophy. We expect then to see some good work accomplished by every labored effort to abridge the Materia Medica, though the author of each of them shall be compelled to acknowledge that he has not pretended to exhaust his interminable theme. We must endeavor to treat every new compilation with candor, with a respectful examination; and try to find the true use and value of each. The claims of Professor Lippe's new "Text-Book of Materia Medica" are thus set forth:

"This work was originally prepared for the use of those attending the lectures on the Materia Medica, in the Homœopathic Medical College of Pennsylvania, and at their request.

"It contains the *characteristic* and *most prominent special symptoms* of the best proved and most used of our Medicines." It is admitted at once that "the distinction of symptoms as the result of provings on the healthy (pa-

thogenetic,) or as the result of clinical observations on the sick (curative,) or as belonging to both of these classes, has not been retained in this work." The reason for the omission of this distinction given is: that "Such distinctions belong exclusively to the complete *Materia Medica*, the study of which the present Text-book is intended to facilitate, not to supersede."

The reason for making an *attempt* at a selection of "characteristic and most prominent special symptoms" is that "our growing *Materia Medica* is "overladen" with such "a multiplicity of symptoms, the result of provings, clinical corroborations and observations," that it seems "little less than an impossibility to obtain a clear, discriminating view of each separate remedy."

There have indeed been many "efforts previously made to overcome this difficulty by *abridging* the *materia medica*;" and, perhaps the common opinion of Homœopathists is that they "*have* proved but failures." They probably all failed to carry out what their authors desired to do, because "they did not exhibit the essentially characteristic symptoms of the different medicines. They were attempts at mechanical sifting, weeding out, made without proper comprehension of the subject." These abridgements have no doubt "disappointed those who referred to them." The demand is for a differently prepared and more reliable guide." The "arduous nature" of the labor undertaken by the author who endeavors to "meet this demand" may well be acknowledged by many who have not yet tried *publicly* "to meet this demand." The author thinks that some characteristic symptoms may possibly be omitted and he will thankfully receive suggestions from any of his brethren who may be able to remind him of such symptoms here omitted; and he "relies as well upon the intelligence as upon the charity of those most conversant with the subject" for a fair appreciation of what he has done.

"The method and object of the work are different from those of any before published on the Homœopathic *Materia Medica*; but its arrangement is simple, varying but little from that originally adopted by Hahnemann."

"The first symptoms given are those of the mind, followed by those of the different parts of the body, beginning with the head,—which also includes giddiness,—and concluding with the feet. Then come the generalities, comprising the symptoms relating to the nervous system, and to the circulation; those belonging to sleep, fever and the skin; and finally, the most prominent conditions and amelioration, from time, place and circumstances."

In this volume of 714 pages, about two hundred and thirty remedies are treated of; and the relative space allotted to each one seems, at first sight, judiciously apportioned. The arrangement of the articles is, as usual alphabetical; and the index embraces only the names of the remedies treated of.

The place in medical literature which such a book may be calculated to fill, can only be decided by the test of practical utility. If the student can become so far familiar in this photographic album with the outline characteristic features of the most useful and best known remedies, that he can

use them successfully in practice, and can thus begin at an early stage of his course of study, to verify the correctness of the ordinary and best teachings of our school,—then the Book has a true mission in the world. Its size and handsome appearance impress the student favorably. In comparing the symptoms given of individual remedies with our ideal picture of them as gathered elsewhere, we soon observe that all those treated of at greatest length are well presented. The symptoms are at once recognized as old friends, otherwise as old enemies, for we have had some trouble with them in times past. When we come to notice the remedies to which smaller space has been allotted we can not take the same interest in the few touches which the artist has room to give us in place of a real “pen and ink portrait,” of size large enough to enable us to recognize in it an old acquaintance. Even if these few symptoms be correctly given, (and they seem to be good so far as they go,) it is so evident that their powers and capabilities are only glanced at that we almost wish they had not been named. If many of these remedies be comparatively little known we feel that we are doing them injustice if we try to form any opinion of their characters upon the abridgement of their claims embodied in a few lines. We dare not employ them upon such meagre credentials; and yet when we reject them we feel that we owe them an apology for not knowing them better. Of their merits here made known to us, and of those elsewhere learned but forgotten, we can only say,

“What’s here we partly may compute,
But know not what’s omitted.”

Of the many articles which treat of important remedies at greater length we can not help speaking with commendation. Some of these remedies we think are less used than they deserve to be. We extract a portion only of the symptoms given under CINNABARIS as a sample of the work, and also to call special attention of our brethren to a remedy which we have used with success in several forms of disease in which the following, among other symptoms, were prominent;

CINNABARIS.

Mind and Disposition.—Indisposition for mental labor.

Sensation of fullness of the head from mental application.

Forgetfulness (forgets things he has to do).

Fretful, easily provoked.

5. Desire to be alone.

Head.—Giddiness in the morning after rising, when stooping, with nausea.

Fullness in the head; the eyes are reddened.

Congested sensation over the whole head, principally the forehead.

Congestion of blood to the head, particularly to the vertex; worse after eating.

10. Intense headache; he cannot raise his head from the pillow; relieved by external pressure.

Dull pain in the forehead, which is cold; relieved by heat.

Sensation as if touched by a cold metallic body, on a small space over the root of the nose.

In the morning, after waking, pain in the forehead and top of the head ; worse when lying on the left side and back ; better and going off, when turning on the right side, and after rising.

Shooting pain in the left side of the head, with increase of saliva and great flow of urine.

15. Sensitiveness of the head to the touch—even the hairs are sore.

Eyes.—Shooting pains in the inner canthus of the right eye, with burning and itching.

Inflammation of the right eye ; itching, pressing and pricking at the inner angle and lower lid ; constant lachrymation on looking steadily, with profuse discharge of mucus from the nose.

Flow of tears.

Sticking pain about the punctum lachrymale of the upper eyelid.

20. Redness of the whole eye, with swelling of the face.

Ears.—Roaring in the ears, with swelling of the face (after eating).

Scurfy eruption in the right external ear.

Itching in the right ear.

Nose.—Itching of the nose, with bleeding (very dark blood) after blowing it.

25. Coryza, with lameness of the thighs and aching pain in the small of the back ; lumps of dirty yellow mucus are discharged from the posterior nares.

Face.—Heat of the face, which is much swollen, mostly about the eyes.

Mouth and Throat.—Both corners of the mouth are chapped.

Tongue coated white in the morning.

A small ulcer on the roof of the mouth, on the right side of the tip of the tongue ; on the tip of the tongue.

30. Soreness in the roof of the mouth.

Dryness in the mouth and throat at night, which causes him to drink often.

Inflammation, with great dryness of the throat and mouth ; worse at night.

Dryness and irritation of the throat (posterior nares, tonsils, fauces) at night, with soreness during the day ; in the morning, secretion of tenacious mucus also, in lumps, from the posterior nares.

Contracting pain in the throat during empty deglutition.

35. Fullness in the throat, causing a constant desire for swallowing.

Taste bitter (in the morning).

Increased flow of saliva (and of urine).

Salivation.

Scanty, tenacious, frothy saliva in the mouth, without thirst ; better after drinking.

40. Dryness and putrid taste in the mouth.

Stomach and Abdomen.—Appetite increased.

Soreness in the stomach, with dizziness and lightness in the head and tightness in the temples.

Nausea, alleviated by eructations.

Nausea, with water-brash (in the evening).

45. Flashes of heat confined to the abdomen, with great flatulence (worse in the forenoon).

Stools and Anus.—Soft, scanty stools twice a day, preceded by pinching; less afterwards.

Bloody dysentery.

Sensation of formication in the anus, as if from a large worm.

Little pimples around the anus, with burning and itching: thin stools and tenesmus.

Urinary Organs.—50. Frequent and increased emission of watery urine; also during the night.

Pain, as if from a sore in the urethra when urinating; this pain wakes him up at night.

GENITAL ORGANS.—Men.—Swelling of the penis.

Redness and swelling of the prepuce, with painful itching.

Violent itching of the corona glandis, with profuse secretion of pus.

55. Small, shining red points on the glans penis.

Blennorrhœa of the glans penis.

Sycotic excrescences.

Violent erections in the evening.

Women.—Leucorrhœa, causing, during its discharge, a pressing in the vagina.

Respiratory Organs.—60. Hoarseness in the evening.

Chest oppressed, feels contracted; relieved by stretching himself.

Dyspnoea, with heat.

Pain running over the ensiform cartilage, from the seventh rib on the right side diagonally through the chest.

Cough from tickling in the throat.

Skin.—Itching of the nose (bleeding after blowing it), of the eyelids, canthi (outer), ears, face (left side), palms of the hands (right), thighs (inside), knees, legs, at the anus (at night), on the shoulders (evening).

Sensation as if pimples were coming out over the body.

95. Red papulous eruption, without itching, on both elbows.

Redness of the skin.

Conditions.—The pains intermit in severity.

Aggravations in the evening and at night, except of the perspiration, which is worse at midday; after sleeping (headache).

Amelioration in the open air, and after dinner.

2. *Dr. Gross' Comparative Materia Medica.* Edited by CONSTANTINE HERING. “—for on your choice depend both safety and health.”—SHAKESPEARE—Philadelphia: F. E. Bœricke. New-York: Wm. Radde. London: H. Turner & Co. 1867.

A YEAR ago we published in this JOURNAL (from the Hahnemann Monthly) a circular which announced the intended publication of the work now received, and gave briefly the history of its origin, with a slight notice of its original author. (See our last Volume (XIV.) page 456.)

The reasons then given for receiving with respectful consideration a work which was left in Manuscript as the last labor of the indefatigable Gross were then strongly and clearly stated by Dr. Hering on whom fell the legacy, and the duty of giving it to the public. The plan of the work,

its peculiar features and claims, though partially explained in the prospectus above referred to, will be rendered more clearly intelligible by a partial inspection of the "introduction," in which the author now speaks for himself. Having asserted in general terms the value of "*experientia*" as acquired by individual observations, and also the impossibility of our proving "on ourselves all the remedies at our disposal for the treatment of *chronic* diseases," he thus proceeds:

"It is therefore necessary to find and smooth a path which, without being arbitrary, shall be correct, and by which we may discover and appropriate, without much difficulty, the results of the hitherto known provings. I believe I have taken this path by exhibiting the "DIFFERENTIAL DIAGNOSIS" of such remedies as are similar in their effects.

"*Fichte* (the father) has already observed that every honest work leads the author beyond his original purpose. When I undertook this work I had no idea of the wide reach of its results, because it has incidentally yielded the following:

A. The *characteristic effects* of such remedies are herein compared; what is wanting in one diagnosis is found in others. The differential points delineate the character of the effects of the medicine as distinctly as microscopic objects appear under polarized light. This predominating character of the remedy must be useful even to the generalized physician, for whom, in fact, this book has not been written; and who since he will never fully make use of it by earnest study, is also incompetent to judge it.

B. Irrefragable proof is herein furnished that in their fullest compass the collective effects of a remedy agree with each other, under physiological laws, and that they have therefore their own intrinsic physiological explanation, by which at once all the *theoretical* elaborations of single remedies become for the future unnecessary, and again, through which even those who hitherto have been strangers to Homœopathy may convince themselves, without further exertion of nature's truth in regard to "physiological" provings of remedies. The most important principle for testing the genuineness of every proving of a remedy is thereby also produced.

"Further, this work will help to preserve for all time the results of the labors of the first half century of Homœopathy, as well as give a new life to the study of remedies, inasmuch as thus far very little has been done to enable the medical profession to find its way through our *materia medica*, and thereby to liberate itself from indolent scepticism and to make use of our treasure of remedies by individualizing in practice.

"That of which 'non-homœopaths' have accused us as triviality, they will find herein in a desirable lapidary style. In fact, it is also a sort of generalization, but one which does not extinguish the effective character of the object; for one can easily conceive that every agent is distinguished from another by definite traits."

It was a long time ago decided that there was "*no Royal Road to Learning*." But that Decision, though rendered after much learned discussion and argument, can not now be binding on the courts of progressive science.

The world was very young when it was given and had no right to make up a final irreversable opinion upon *anything*. There are kings of the intellect who are determined still to reach the highest throne on the towering height "Where fame's proud temple shines afar." The present work presents high claims for a laurel crown, and these claims must be heard and fairly considered. We will hear them a little further.

"Those who reject all repertories and similar works as an obstacle to a collective and unitary comprehension of the features of a disease, natural or artificial, can be refuted by the unitary physiological character which any single remedy shows in such a collection of its separate symptoms. The misunderstood so-called symptomatic treatment of diseases in homœopathy is thereby once for all justified, because it combats with the *total character* of the remedy the *total features* of the disease.

"The study of this work, which may always be more entertaining than a calculation of logarithms, ought, with equal perseverance to be gone through with; the more so as it is more satisfactory than that of these repertories, since in the latter the symptoms of remedies must of necessity be *analyzed*, whilst here they are *synthetically compiled*. Our diagnosis must also have the preference to a repertory with beginners, who although not familiar with it, can nevertheless always find in a moment the matter searched for."

In further explanation of the plan and extent of the author's labors we read :

"One of the difficulties of the present work consists in its limits. In order not to make it too extensive and thereby unpractical, I was obliged to select from the pharmaco-dynamic affinities, the most interesting and practically, most important antitheses, and to generally leave out such symptoms as both have in common. In order to confine myself to the diagnosis, I usually had to leave all such symptoms of remedies unconsidered as were based upon single observations, and I have gained thereby in clearness and general survey.

"I acknowledge thankfully that without *Bœnninghausen's* previous efforts my labors would have been above the power of a single individual. *Bœnninghausen's* diagnosis of Calcarea and Causticum (*Alg. A. Ztg.* 63, p. 86 *Seq.*) encouraged me to persevere in what I had reluctantly begun. No intelligent person can reproach me with having trodden in *Bœnninghausen's* footsteps, since in what he has done no one will be able to rival, much less surpass him."

The "*pharmaceutical key*" added by Dr. Hering, consists of a catalogue of about one hundred well known and most important remedies, with a brief statement of the sources from which they are derived, their chemical or botanical character, and the preparations of them which form the basis from which our attenuations are obtained.

The work now before us contains "about *five hundred* comparisons of *one hundred* of our most generally used drugs." We are informed by the Editor that "Another similar volume as a continuation of this present one is ready if wanted by the profession, and that would satisfy all the demands of theory as well as of practice, for the rest of this age.

"Such a result is certainly encouraging, since, although we are still a decided minority among physicians, we have proved already nearly all the elements of chemistry and about one hundredth part of all that is offered by nature! This gigantic work had to be done by a few slandered men within fifty years. It is by far more than any other natural science can boast to have accomplished in so short a time, and, as our increase in number is equally satisfactory, our sons and grand-sons may well reach the climax."

As a specimen of the arrangement and method of this work we extract a page, selecting one of the shorter comparisons.

VALERIANA.

Upper left, lower right side—
Pain piercing outwards.

Red parts become white.

Apoplexy or paralysis not yet observed.

Pulse generally quick and somewhat tense; very irregular, without extrinsic causes.

Fainting during the chill.

Heat increased when eating.

Thirst, particularly during hot stage.

Being beside one's self—cheerfulness predominant—Irritable mood.

Easy comprehension—Ecstasies.

Clear-sightedness predominant.

Catamenia retarded and scanty.

Cough not yet observed.

Complaints predominant on the front part of the thigh.

Remission after midnight.

Worse when lying on painful side, better when lying on unpainful side.

Worse on awaking from sleep.

Worse when getting out of bed.

IGNATIA,

Upper right, lower left side—
Pain piercing inwards.

External parts become black.

Apoplexy—Paralysis.

Pulse generally frequent, full, and hard; very variable from extrinsic causes.

Fainting during the heat, or sweat. (Hering.)

Heat abated while eating.

Thirst only during cold and after sweating stage.

Being wrapt in thought.—Mood changing; predom.—sad; gentle; indifferent; peevish.

Amorousness.—Consequences of hearing bad news, shame, reserved mortification, of grief or disappointed love.

Difficult comprehension—Mental dullness—Absent-mindedness — Insanity.

Dim-sightedness.

Catamenia too soon and scanty.

Cough generally without expectoration.

Complaints predominant on the back part of the thigh.

Remission of complaints before midnight.

Generally better when lying on painful, worse when lying on unpainful side.

Worse or better after sleep.

Worse or better when getting out of bed.

Generally better from light.	Worse from light, better in the dark.
Worse from washing.	Better from washing the head.
Almost always aggravated on stooping.	Better <i>or</i> worse from stooping.
Worse when eating.	<i>Better or worse</i> when eating.
Worse <i>or</i> better after eating.	Almost always improved after eating.

Predomin. WORSE. ————— *Predomin.* BETTER.

In the dark, on inspiration and when taking a deep breath, when stretching out diseased limb, or when resting it on something, when eating, from drawing in the abdominal muscles, from pressure, from washing, and when lying on painful side.

Predomin. BETTER. ————— *Predomin.* WORSE.

From light, on expiration, when drawing up diseased limb, when moving diseased part, after perspiration, and when lying on unpainful side.

In a corresponding manner the further characteristic symptoms are next contrasted with those of *Nux-vomica*, and under Sulphur they are compared with those of that remedy. *Nux-vomica* and Sulphur are besides compared with many other articles. Thus the apparent deficiency in the array of symptoms given becomes less and less apparent upon a more extensive study of any of the remedies treated of. It is not claimed that *all* known remedies are included in the book; nor can any body suppose that the whole of the reported symptoms given by provers of the best known remedies are contained in these pages. We are therefore frankly told that we are not even to begin our study of a remedy with *this book*. We are instructed to begin with another, which, like this, does not pretend to tell us *everything*. And, having got into our minds the leading features, "the most *important* symptoms of the medicinal agent under review, we are to prosecute our researches in Gross' work by examining all the different comparisons," and then only is it claimed that we "will at once get a clearer idea of its character." Of this "you will convince yourself by reading for a second time, what is given in the Text-book."

The value of a work of such evident marks of the pains-taking labor of years by a worker who could only have performed such a work as a *labor of love* can only be estimated by a patiently-pursued trial of its merits in actual practice. Like an elaborate Dictionary, its value will hardly show upon the surface; and we begin to understand it when we have sought many times among its pages for needed information and found it; defects, if they exist, should not be harshly pronounced upon until good judges, who know what they have a right to ask for, shall have called the roll of the symptoms and facts which this Dictionary promises to render available in practice, and shall declare them as non-existent or "*non-comestible*." Such a "return" has been often rendered by officers who were unable to bring into court either the body or the goods of a misplaced "defendant;" and still more frequently have the searchers of Medical Repertories been compelled to make the same or a worse report.

It is admitted that Abridgements and Repertories of the Homœopathic

Materia Medica have more nearly failed of their object than abridgements in any other science. We have elsewhere spoken of some of them as "good efforts at what *could not be done*." They are given to us as *labor-saving* machines, but we have found their use very laborious. But we have not yet given up the hope that there will yet be discovered some more attractive bye-way than that which Bunyan's shepherds showed the Pilgrims; and, until the hoped for Millennium of slow-working and over-worked brains shall arrive, we propose to use, with such faithfulness as we can, the handsome volume which comes to us as the life-labor and last legacy of Gross, endorsed by Hering and the Philadelphia School of Homœopathy.

The publisher deserves success for his effort to render the book attractive by using good paper and binding. "Dress," says Chesterfield, "is not a matter of indifference; it predisposes in your favor at a *first interview*, which very often is decisive."

3. *A Treatise on the Principles and Practice of Medicine; Designed for the Use of Practitioners and Students of Medicine.* By AUSTIN FLINT, M.D., Professor of the Principles and Practice of Medicine in the Bellevue Hospital Medical College, and in the Long Island College Hospital, &c. Second Edition Revised and Enlarged. Philadelphia: Henry C. Lea. 1867. 8vo. pp. 967.

WE noticed this work at some length on its first appearance. (See this JOURNAL, Volume XIV., page 593.) It is now presented again as a Second Edition, not merely a *reprint* of the first, but as having been "revised and enlarged" to meet more fully the requirements of the profession, the deficiencies of the first issue, and to give the author the opportunity to express his "sober second thought" on small points on which further attention or wider observation may have furnished him with ideas more accurate, or opinions more definite. A Second Edition within the first year could hardly have been called for by the medical public if the work had not already been extensively used and approved; and the addition of one hundred pages of new matter must be taken as evidence that the omissions and weaker points of the first Edition were soon discovered and felt to be serious. We have known many books which grew rapidly in public favor, but we have scarcely known any one that grew so rapidly in physical bulk as this. When an unfortunate musket was found in possession of "Paddy from Cork," he accounted for its presence by saying it had been given to him by his father when it was only a little pistol; he had kept it with care until it had grown to be a respectable musket; and he "intended to keep it until it should grow to be a cannon." If Professor Flint's Treatise shall continue to grow as rapidly as it has hitherto done, it will soon become a giant among books.

But the value of Books, like that of the brains of their authors, is not measured by their size, but by their *quality*. We will therefore take the

author's statement of the additions and improvements which he thought proper to make to the original work. He says: "The portion treating of Pyæmia has been re-written; three affections, omitted in the First Edition, have been introduced, viz., Pertussis, General Cerebral Paralysis, and Polyuria; Epidemic Cholera has been considered at greater length; the thermometric phenomena of disease have received full consideration, and, in connection with many affections, there has been added new matter, much of which relates to special therapeutics."

In a work on Practical Medicine, the information, we are most desirous of finding is that which enlarges our resources in treating disease. We therefore turn to the treatment particularly of those diseases in which we particularly need help to seek for new measures of cure, or better modes of employing the old ones. Among those diseases which have most frequently baffled medical skill for the last twenty years, we may name typhus and typhoid fever. Professor Flint distinguishes fairly between typhus and typhoid fever, but does not attempt to separate them in treatment. On this point (page 807) he says: "It must be admitted that the known resources of therapeutics do not afford reliable means for the arrest of these fevers, nor even for shortening the duration of the febrile career. Measures proposed for these ends, within late years are, Quinia in large doses, full doses of Opium, and the use of the wet sheet, after the hydropathic method. The first of these, viz., large doses of Quinia has been abundantly tried, and found to be unsuccessful as an abortive plan of treatment. Statistics reported by Dr. M. B. Peacock, of London, show an increased rate of mortality, and a longer duration in hospital of the cases ending in recovery, as results of the employment of Quinia in large doses." (*American Jour. of Med. Sciences*, July, 1856.) Here the author is right, but the prescriber wrong in committing the inexcusable mistake of suspending his patient's life on an imaginary power of a remedy which ought by this time to be better understood. These large doses of Quinia are sure to develop and permanently establish inflammation in any organ predisposed to it, whatever the form of disease may be; and in true *typhoid fever* the essential characteristic of which is seen in structural "lesion of the Peyerian or agminated and solitary glands of the small intestine, and the mesenteric glands," the *large dose* of this little understood article is peculiarly inappropriate. Dr. Flint says truly: "these appearances are presented early in the disease. They have been observed as early as even the second day. The deposit takes place first in the patches nearest the cæcum, and successively, in the patches situated above. Sloughing away of the deposit, glandular bodies, and mucous membrane is the next step. This probably occurs in the majority of cases. When death takes place during the second week, the sloughing is in progress. Generally, at this stage of the disease, portions of the patches have separated, other portions are partially detached, and portions are still adherent. The sloughs are sometimes dark from the presence of blood, and sometimes yellow from the imbibition of bile. The rapidity of the sloughing varies in different cases. It is very rarely completed before the end of the first week." (p. 779.) "Ulceration is a consequence of the sloughing. The Peyerian patches, after the sloughing is

completed, are the seat of ulcers. The ulceration first occurs in the patches nearest the cæcum, and successively in the ascending series of patches. Ulceration in the lowest patches rarely takes place before the end of the second week. Generally the uppermost patches do not become the seat of ulcers until the third week or even later. The occurrence, successively, of ulceration in patches from below is one of the distinctive features of the disease." The edges of the ulcers are not elevated and hardened, as in tuberculous ulcers in the same situation. Another distinctive feature is an overlapping of the mucous membrane at the margins of the ulcers, presenting an appearance as if an undermining material had been dissolved from beneath the shelving border. Frequently at the bottom of the ulcers the muscular fibres are exposed; the muscular layers and the peritoneum then form the only support of the intestine at the ulcerated patches. Cicatrization is the last step in the series of processes. A thin, serous-like membrane is formed at the bottom of the ulcers. This membrane gradually becomes thicker and firmer, and at length the excavations produced by the sloughing away of the deposit and glands are filled up. The cicatrization never leads to stricture of the intestine. It is not probable that the glands are ever reproduced. The process of cicatrization usually begins in the third week of the disease, and is going on during convalescence. The time occupied in the completion of this process varies in different cases. It is sometimes, usually slow, a fact which accounts for the persistence of the abdominal symptoms, in certain cases, for some time after the career of the fever is ended.

"Perforation of the intestine is liable to occur in one or more of the patches. It may be due to an extension of the ulceration to the muscular and peritoneal tunics, or to sloughing of these tunics, or to rupture. The opening is sometimes extremely small, if due to ulceration; it may be no larger than a pin's point. If caused by sloughing or rupture, the opening may be of considerable size. With intestinal perforation are associated appearances denoting acute peritonitis, the latter being occasioned by the escape of the gaseous and other contents of the intestine into the peritoneal sac." (*Flint* p. 780.)

Such are the anatomical lesions to which the disease called typhoid fever inevitably tends whether under common medical treatment or not. It is not necessary now to expose the error of attempting the cure of such a pathological condition by large doses of Quinia. The thing is so absurd upon the face of it that the wonder is that anybody should have ever thought of it. But the thought having come into some adventurous experimenter's mind, it has been duly tried on a scale sufficiently large to satisfy the curiosity of the adventurer and his followers; and it has magnificently failed. The massive, *heavy* doses of Quinia, not only failed to make the patients *better*; it made them all *worse*. There are men who know how to profit by such blunders.

The same blunder has been committed on the grandest scale by our old school brethren in all the regions of the world where *malarial typhoid* fever has prevailed. At one time Quinia (the sulphate of course) was thought to be specific for ague; and it *ought to be* for every other malarial fever.

They tried in doses large enough to test its powers both for good and for evil, for *better*, for *worse*. The patients who suffered from what was called malarious typhoid, or who could by bad treatment be thrown into it, found themselves, not "the *better*," but "the *worse*." Quinine aggravated the disease and swelled the number of the dead. Local abdominal inflammation was established where it did not exist before, and was intensified where it had already commenced. The remedy, after many hard, fair, but especially *unfair* trials, was finally condemned. It came to be hated by the people as nothing on earth ever was hated, except Calomel. The darkest medical decade of the nineteenth century extended from 1835 to 1845.

In those dark days in the (then) far west, it occurred to one man, at least, that Quinine had not been fairly tried. He tried it in *small doses*, and his success astonished the enemies of quackery. He put up some small boxes of pills, and enclosed each box in a small circular. The direction for taking them was simple enough: 1. For any fever in any of the dozen Western States in which the pills were likely to be sold. "Take *one* pill every two hours.—Do not take *more* than *one*; enough is *enough*. *One* will cure; *more* might not.—2. Take *nothing*, do *nothing* to prepare the system for the pills; no bleeding, no emetics, no purgatives; nothing to "clear out the stomach and bowels," nothing to force the liver to secrete more bile, nothing to carry it off. Do nothing but take the pills. The pills became popular. Physicians admitted their surprising efficacy. The man who made them must have discovered some new agent. What could it be? It cannot be Quinine, said they; for in *our hands* it *always* *aggravates* fever. For a few years the pills, at the low price of one dollar and a half per box, held sway over every neighborhood in the great Mississippi Valley, wherever malarious fever was known. Mysterious in their nature as the deadly miasm of the rich valleys of the West, they came to be regarded by the people as the equal in power of their most dreaded and hated enemy. In 1842 another circular was issued. The author said he did not want any more MONEY. He had sold a *Million* of boxes of his pills, and received as much money as he wanted. But he wished the world to be more permanently benefitted by his large experience than it would be if he should drop his experience just there; and he would try to instruct the people in this manner: In two years from the then present time he would publish a *book* in which he would tell the waiting people *all he knew* about the art and mystery of curing FEVERS.

The two years passed by, and the people grasped with avidity at the much sought for secret. We heard men in those days complaining that the time was long. One said: "I would not miss that book for the price of a horse." Another said, "I have *never* heard of *one* failure." One said "those pills wrought the greatest miracle on me; and yet I could not tell how they operated; they *just* made me well; and that was all I could tell about it." Other medicines caused sickness, or vomiting, or purging, or even sleep; these did neither one of these nor another. It was only known that "before beginning to take the pills it was *all* *wrong*;" when their influence was realized, after the promised number of hours, "*it* was *all* *right*." But what was the wonderful remedy? It was an agent that physicians had

been experimenting with for two hundred years; and the identical preparation used by the man of 1844 was one that for the last twenty-four years had been well known to all men in all malarious districts, had been prescribed by all physicians, and used by the people without waiting for professional advice. The whole mystery was here:

The man of 1844 had, without knowing the meaning of the word homœopathy, fallen upon the idea that the *aggravations* produced by Quinine in fevers arose from the error of those who prescribed it. He lowered his doses until he saw no *aggravations* from them. He then put up the wonder-working pills containing *one grain* of Sulphate of Quinine in a *pill*, and trusted to good luck, fortune, or Providence for the balance. He was successful because his prescription came within the limits of the *Homœopathic Law of Cure*. One grain every two hours cured more multifarious shapes of fever than were perhaps ever before or since cured by any single prescription. It might have been expected that the world would profit by this reckless but successful experiment. It made a talk at the time. The book was even more than a nine days' wonder. It had for a while a place upon dusty shelves where few books resided, and those little used. We need not write the name of the book, for surely everybody knows it. No! the name of the book and its author, and the grand experiment in therapeutics are all forgotten. We have indeed found this world as strangely "given" to forgetfulness as Falstaff found it "given to" — something else.

Allopathic medicine needs to learn again the lesson which rash experiment succeeded in beating into some dull intellects in 1844. After many a struggle to make some improvement, it thus speaks in 1867:

"The first and leading object in the treatment of simple remittent fever is the arrest of the disease by antiperiodic remedies, of which the preparations of Cinchona are by far the most reliable, the Sulphate of Quinia being the preparation preferred. As soon as the character of the disease is determined by the occurrence of a remission, the Sulphate of Quinia should be given in a full dose, viz., from ten to twenty grains to an adult. The remedy should be continued in doses of from five to ten grains, after intervals of two to four hours, until it produces slight deafness or ringing in the ears, suspending the remedy when these manifestations of Cinchonism appear. When other preparations of Cinchona are used, they are to be given in equivalent doses, in the same manner. If the remedy be not tolerated by the stomach, it should be given *per enema*. If Cinchonism be not produced during the remission, the remedy may be continued during the exacerbation of fever. This is preferable to waiting for another remission. In a case in which the practitioner is satisfied that a remission has already occurred, in other words, whenever the diagnosis is clear, the remedy should be given at once, notwithstanding the intensity of febrile movement, without waiting for a remission. Time need not in any case be lost in order to resort to cathartics or other measures preparatory to the exhibition of an anti-periodic remedy. In short, the treatment is essentially the same as in cases of intermittent fever. And this plan of treatment will succeed, in a large proportion of cases, in promptly arresting the disease." (*Flint, Theory and Practice*, p. 841, 2d Ed.)

We have devoted a few years to observing and treating remittent malarial and typho-malarial fevers; and we can not accept the directions for treatment we have here transcribed as safe: they are too sweeping, too vague,—too indefinite. There is a wide difference between *intermittent fever* and *remittent fever* that leads to a *continued* and *typhoid* form. And any work that claims to tell how diseases shall be treated and cured should provide for these distinct conditions. If then the work be tried, not by *our* creed, but by that of its author it should be corrected and improved in this chapter.

The treatment given for remittent fever just quoted, will only be successful in the milder cases which are purely, not *remittent* but *intermittent*. In them it will suspend the paroxysms, *in every case*, without any mistake or failure. But, what will be the result of this treatment in severer cases? Their tendency from the beginning is to progress from *bad* to *worse*. The first twenty-grain dose of Sulphate of Quinia will establish and ensure that which was only threatened before, it will develop that abdominal (in some cases also cerebral) inflammation, which constitutes the very feature of typho-malarial fever which so commonly baffles all the remedial means and measures any where recommended in this whole volume.

And what is the treatment of typho-malarial fever? Professor Flint says, p. 845:

"In typho-malarial fever the periodic element claims the treatment indicated in simple remittent fever. The object is to eliminate by means of anti-periodic remedies. Aside from this object, the hygienic and medicinal measures indicated are the same as in cases of unmixed typhoid fever. To consider these measures here would be to repeat what has been presented in the chapter in which the treatment of typhoid fever is considered. The reader is therefore referred to that chapter."

What then is the best treatment for *typhoid* fever? We have already permitted the author to prove that Quinia in *large* doses is a most efficient agent in intensifying it and protracting its course: in *small* doses he would not dare to recommend it for a severe case of any disease, yet these same *large* doses are his only reliance in cutting short a malarial remittent; and we must interpose here and say, *woe to the patient* whose physician trusts to them in a severe fever which is progressing towards the typho-malarial form.

What has the patient reason to be afraid of? He will not long fear any thing; for he will soon pass into that state of stupor and senselessness which resembles that which is expressed by the word "*Typhus*." But his physicians and friends will enter upon a period of anxiety and suspense. It will end when the *post-mortem* inspection shall reveal the pathological condition to which the symptoms, the little "flags of distress," as Hahnemann called them, have been vainly pointing.

And what is that condition in a well-marked case of abdominal typhoid fever? The author under review has already told us in the extracts just given in pages 459, 460.

Every physician who has seen much of malarial fever knows that the severe cases will not bear Quinine in even the doses called moderate with-

out extreme aggravation. We say then that students have a right to be told the whole truth about it. The author and teacher should endeavor to discriminate between the different cases and conditions, that those which under aggravating doses of the heroic "anti-perioidic," are certain to terminate badly may be recognized and turned in another direction by better remedies, or a wiser use of even this still little known agent.

The history of cholera as it appeared in the public institutions of New-York during the summer of 1866 is given in a condensed form in the present edition. Dr. Dalton's report gives the following general statements: Of the several hundred cases "it seems probable that the disease originated in each infected locality separately.

"Experience here furnishes evidence that the dejections are one means of propagating the disease, instances having occurred where persons have been taken with it soon after having washed bedding, &c., soiled by a cholera patient; but such persons had been subjected to the same original causes as the one by whose dejections they appeared to become infected. The mass of evidence, however, is negative depending upon the apparent controlling influence of disinfection of privies, vessels and material used by cholera patients.

"Every house in which the disease has been known to exist has been disinfected. Sulphate of Iron in saturated solutions, or scattered dry in wet places has been used for privies and all vessels containing dejections. Solution of Permanganate of Potassa—one ounce to five gallons—for bedding and clothing, the latter being boiled in such a solution for two hours and then reboiled and washed in pure water. For purifying the atmosphere, Chloride of Lime has been freely scattered about the floors, and often Chlorine has been set free in the room of the patient by adding Sulphuric-acid to a mixture of Chloride of Sodium and bin-oxyde of Manganese. Where entire fumigation of the house has been necessary, it has been done either by Chlorine rapidly set free by adding Sulphuric-acid to Chloride of Lime or by Sulphurous-acid set free by burning Sulphur.

Fumigation either with Chlorine or Sulphurous acid gas, has, with two exceptions, been followed by complete immunity from the disease. In one of the exceptions a case occurred some five weeks subsequent to the fumigation, and in the other five days.

"No confidence is felt in any particular line of treatment for the control of the disease. The ordinary means for alleviating the sufferings of the patient have been used with success, and the subcutaneous injection of Morphia has been efficacious in preventing the recurrence of cramps."—(*Flint*, p. 475.)

It will be noticed in another part of this Number of our JOURNAL that some means of curing cholera have been proposed which the Board of Health has been too conscientious to permit to be tried.

There is some encouragement in the assurances we receive that if cholera is not a curable disease, there is some chance of choking it to death where it does appear. We find the following in a Report from Dr. Frank Hamilton, dated Aug. 10th, 1866: Cholera appeared in the Workhouse August 6, "it continued there for nine days, during which period, of about

800 inmates, 123 died." "Until now the inmates have been as healthy as this class of people are usually found to be."

Here the cholera was seen to be more fatal among women than men. The explanation is that the women were crowded together and employed within the building, while the men were mostly employed in the quarries,—at least they were in the open air.

"Dr. Hamilton says: "When the epidemic was at its greatest height," Aug. 1. "I gave my pledge" to the Board of Commissioners and the Board of Health, "that I would drive the cholera from the workhouse in from three to five days. I said this in no spirit of boasting, but in simple reliance on the well-known and established law, of hygiene. The Commissioners executed literally and promptly every order that was given by the Committee.

"The epidemic began to decline from the very day they were fully carried out." The following are the sanitary measures that were adopted:

"The inmates were distributed as far as the vacant places in the building would permit; the cell-doors were left open at night; the night buckets were supplied with disinfectants and left outside; the women's cooking-rooms were converted into hospital wards, and the women were kept out of doors from morning until night; corn-meal and molasses were taken from the diet table; coffee, tea and vegetables were added; at night each inmate was required to take whiskey one ounce, water three ounces, tincture of Capsicum fifteen drops. [These people are our city vagrants, and are probably habitually intemperate.] A variety of disinfectants were employed freely and constantly in every vessel and closet which received the excreta; even the excreta from the stomach were disinfected immediately after they were received into a vessel or fell upon the floor; stoves were placed in each hospital ward to insure a draught; all windows were kept open day and night; the clothing taken from cholera patients was sent directly to the boilers; a ward was established for patients with the diarrhoea, and the value of this measure is shown by the fact that of the large number received into this ward only one died. It was difficult, however, to persuade these poor creatures to report themselves at this stage of the disease."

With this desultory notice on a few points only we lay aside Professor Flint's treatise for the present. There are still too many diseases which are nowhere referred to in the book; and on many subjects, particularly in regard to treatment, the specifications are too few in number and too indefinite to be committed to the hands of either students or practitioners as a reliable guide. But, as a whole, it must be commended as a skillfully compiled *Epitome* of the modern doctrines of the Institutes and General principles of Medicine as now taught in the most orthodox Colleges. There it will be accepted as a *Text-book*, more modern as well as smaller and more convenient for students than Watson or Wood though it can not come up to them in completeness. If the treatment recommended in the present volume is less efficient than that insisted on in the older works, it is because the fashion has changed; and men prefer to do less harm, even if they do less good. The improvement visible in the present over the first edition renders conspicuous the fact that science is advancing very rapidly;

and practitioners of every school will find something to please them in the latest edition of *Flint's Principles and Practice of Medicine*.

4. **THE SCIENCE AND ART OF SURGERY** *Embracing Minor and Operative Surgery; Compiled from Standard Allopathic Authorities, and adapted to Homœopathic Therapeutics. With a General History of Surgery from the earliest periods to the present time, for the use of Practitioners and Students of the Homœopathic Practice of Medicine.* By E. C. FRANKLIN, M.D., Graduate of the Medical University of the City of New-York, Surgeon of Volunteers during the Rebellion, Professor of Surgery in the Homœopathic Medical College of Missouri, Surgeon to the Good Samaritan Hospital, and President of the Western Institute of Homœopathy. Illustrated by new and Copious Engravings, and many Original Cuts from the Author's Private Museum. In two Volumes. Volume I. St. Louis: Missouri Democrat Book and Job Printing Establishment, 1866. 8vo. pp. 402.

THE first volume of this new work fills with faithfulness the expectations we had formed of it; we think it will be welcomed by the medical profession, and especially by students. It presents every where the pleasing features of clearness, plainness, accuracy and availability, so much valued by young practitioners amid the emergencies and trials of daily practice. The author's purposes and aims are thus stated:

"In preparing for publication the present treatise on the SCIENCE AND ART OF SURGERY, the author has endeavored faithfully and impartially to adapt the homœopathic law of cure to the treatment of surgical diseases, and to supply a desideratum long felt by practitioners and students in our surgical literature.

"The rapid increase of homœopathy, the constant demand made upon the science for additional laborers in this field of practice, the multiplication of medical colleges, and the continually augmenting classes of students that throng these halls of learning, are sufficient evidences of the exalted position and standing of homœopathy in the social scale.

"Within the past few years, the adaptation of the law of 'similia' to the cure of surgical diseases has received a powerful and irresistible impulse by the labors of those who justly occupy a proud position in its ranks as accomplished and successful surgeons."

In spite of all the ridicule that allopathic practitioners have tried to throw upon this system, "homœopathic surgery, crowned with brilliant and successive triumphs,

"Moves onward, still onward, a giant now—
'Excelsior' forever graven on its brow.

"The records of the late rebellion, the statistics of thousands of cases both in civil and military service, the published transactions of its literature potently attest that homœopathic surgeons can not only perform surgical operations skilfully, but results prove that the success attending operative interference is largely in favor of that system of practice. Besides this, a number of diseases that under allopathic remedies are pronounced incurable, are readily and permanently cured by the principle of similars.

"It is the design of the author in the present work to keep pace with the onward march of surgical improvement, and to present practitioners and medical students a treatise in this department of medicine both plain and comprehensive—one that will obviate the necessity forced upon us, of employing allopathic text-books in the curriculum of study in our medical colleges." In all matters of "description and pathological characteristics of disease" the standard surgical authorities have been largely consulted. "The treatment, however, is homœopathic, and embodies the researches and clinical observations of the most skilful practitioners of our art as well as the practical teachings of twenty year's experience of the author."

In the present Volume we find:

1. A brief History of Surgery, Ancient, Foreign and American.

2. Part I. General Surgical Pathology and Therapeutics.

Part II. Bandaging and other points of Minor Surgery, including Apparatus of Dressing, and Application of Dressings. These subjects occupy from page 60 to 133.

In chapter III. of this part we have:

Considerations of Elementary Operations, including: Duties of Surgeons, and of Assistants; Anæsthesia and different agents for producing it; the various minor operations; hæmorrhages, &c. In chapter 4: Disinfectants, Injections; removal of foreign bodies; post-mortem examinations.

Part III. Inflammation. Successive Chapters treat of the Process of Inflammation; of its Consequences; of Pyæmia; of irritative Hectic and Typhoid Fevers; of Hæmorrhages; Textural Changes; Effects of Heat and Cold; of specific forms of Inflammation.

Part IV. is devoted to Disorders from perverted Nutrition.—Tuberculosis; Scrofulous diathesis; Scrofulous temperament; Anatomy, microscopical and chemical character of tubercle, &c.

Chapter 2 of this part is occupied with Venereal Diseases; Gonorrhœa, its History and Complications and treatment. The subject to be finished in the second Volume.

In looking over a book which treats of such a variety of subjects we are quickly impressed with the idea that no analysis of it would do justice to the author or be profitable to our readers. The work as it comes to us is itself an analysis of the thousand books which have preceded it, with the author's final conclusions interwoven. The labor of doing such a work in any shape is large; that of doing it neatly, considerately, symmetrically, judiciously involves years of research, of experience, of mental cultivation, and a high analytical power of mind which can sift the statements and reported experiences of other men and turn to good account their experiments and their correct or incorrect reasonings. As *operative surgery*

is almost a mechanical science, its procedure may in a first view be tested, and criticised by the mechanical mind; but the propriety of operating at all, and the preparation of the patient for the ordeal to which the shock of operation will subject him, and all the subsequent treatment, on the correctness of which in regard to death or recovery, must all be decided by the *accomplished physician* who knows all the *therapeutic* resources which medical science in its most advanced positions has ever furnished. We have many large and small works on operative surgery which tell how and where to cut; and the model surgeon among their authors and heroes was he who required no longer time to prepare for an operation than that "which was necessary to sharpen his knife." Modern improvement beginning with Hahnemann, now teaches how to save the limb without amputating it, but, if it must be removed, how it may be done, and at the same time ensure a safe and permanent recovery. Of all men who pretend to practice surgery the homœopathist is the only one who knows all the resources of the "*Science and the Art*" which conspire together in the saving of the mutilated limb, or in its safe removal, as well as in the restoration of the system to the highest and most satisfactory health. While he claims to know some most important truths which the rest of the world is slow to learn, and finds "hard to comprehend," he is ever ready to grasp at every thing that any body has ever discovered. We will permit the author to give his conclusions on the use of one of the modern discoveries.

"CHLOROFORM is by many surgeons preferred to ether. It is obtained by the distillation of Chloride of Lime with rectified spirit, and should seldom if ever be employed without testing its purity, which, according to Fleming of Dublin, is accomplished by holding a piece of litmus-paper over the mouth of the bottle; if the vapor reddens or bleaches it, the article is unfit for inhalation, secondly, drop a little into a glass of water, or a solution of Nitrate of Silver. If the chloroform remains like a transparent globule at the bottom, it is good; but if the globule appears like a muddy lens, or becomes opalescent, it is adulterated, and unfit for inhalation.

"The severity of an operation should in all cases determine the extent to which it should be given. In the greater operations, as amputations, lithotomy, and the ligature of arteries, &c., a sufficient quantity should be given to paralyze muscular movement, as well as to suspend sensibility and consciousness. It is also necessary to induce complete muscular relaxation in operations implicating the abdominal walls, as without it great inconvenience and perhaps danger might result. In short, an entire loss of consciousness should be effected in all of the more important operations, and especially in those which are necessarily somewhat protracted, and would otherwise be intensely painful. There are certain diseased conditions of the system which require that it should be administered with the greatest care. Such for example as fatty degeneration of the heart—though in valvular disease of this organ it can undoubtedly be given with impunity. In persons who are epileptic and in those who suffer from congestion of the brain, much caution should be exercised, as well as in the case of hysterical patients, as it is likely in case of the latter to induce

laryngeal spasms. But the most dangerous condition is that supervening on renal affections, the blood being loaded with urea. In such cases epileptiform convulsions are readily excited, accompanied by lividity of the face, and a tendency to stertor and coma. It can, however, with scarcely an exception be inhaled with perfect safety in the early stages of phthisis. Dr. Simpson of Edinburgh, says that he has given it to 'persons suffering under chronic pulmonary disease, not only without injury, but in some cases with decided benefit.' As a general rule, it may be stated that whenever the constitutional affection has not so far advanced as to contraindicate an operation Chloroform may be given.

"It has heretofore been a question as to whether Chloroform is admissible in cases of severe injury requiring an operation before the patient has entirely recovered from the shock consequent on the accident. In considering this point, it may be observed that in all cases where the shock—nature's anæsthesia—is not sufficient at the time of operating to destroy the sensibility of the part, the nervous depression may be increased to the required extent by the employment of an anæsthetic.

"Death from Chloroform may occur in three different ways, viz.: From coma, asphyxia, or syncope; that is, its influence may become fatal by its action on the brain, the lungs, or the heart,"* p. 140.

Manner of Administering Anæsthetics.—Having placed the patient in the most convenient position for the operation, the neck being freed from all constriction produced by any portion of the dress, and the stomach empty for at least three hours previous to the operation, the assistant who is to administer the anæsthetic should place himself near, and, if convenient, behind the patient's head; then pouring half an ounce of the liquid over the surface of a cup-shaped sponge, or a towel folded into a similar shape, apply it over the mouth and nostrils to within, at first, about two inches of the surface. After a few long and deep inspirations have been taken, the sponge should be raised to allow a breath or two of air, when it may be replaced a little closer. But especially should it be recollected that in no instance is it safe to neglect to raise the sponge frequently to admit air to the lungs. During the administration the pulse is to be closely watched, which will at the commencement be somewhat quickened, but will soon begin to diminish in frequency, when the inhalation may be checked. At this time careful attention must be paid to the perfection of the respiration,

* In circular No. 6 of the Report of the Extent and Nature of the Materials available for the preparation of a Medical and Surgery History of the Rebellion, p. 87, the following interesting statement is made:

"There have been consulted, in regard to the employment of anæsthetics, the report of 23,260 surgical operations performed on the field or in general hospitals. Chloroform was used in 60 per-cent, of these operations, Ether in 30 per-cent, and in 10 per-cent of the cases a mixture of the two was administered. At the general hospitals the greater safety of Ether as an anæsthetic was commonly conceded. It was often employed, and no fatal accident from its use has been reported. In the field operations, chloroform was almost exclusively used. The returns indicate that it was administered in not less than 80,000 cases. In several instances fatal results have been ascribed, with apparent fairness to its use.

for so soon as the *breathing becomes stertorous*, the instances are rare that the patient has not entirely lost both sensibility and consciousness, when of course the sponge should be removed. The state of the muscles may be determined by raising the arm, which if it falls as if lifeless, the pulse being full, is good evidence—together with the loss of sensibility, which may be ascertained by pinching a fold of the skin—that the operation may safely proceed, the sponge being reapplied as often as the patient begins to revive.

“Dr. Simpson has observed that in order to induce the most perfect anæsthesia the following conditions are necessary: First, the patient should be left in a state of absolute quiet and freedom from mental excitement, both during the induction of etherization and in the recovery from it. All talking and questioning must be strictly prohibited. Secondly, the primary stage of exhilaration should be entirely avoided, or at least be reduced to the lightest possible limit by impregnating the respired air as fully with the vapor as the patient can bear, and by allowing it to pass into the lungs both by the mouth and nostrils, so as to super-induce its effects rapidly.

“*Resuscitation of a Patient when Overdosed by an Anæsthetic.*—The measures adopted must be prompt and efficient and conducted upon the following principles: First, the establishment of respiration, either natural or artificial, so as to empty the lungs of the vapor contained in the air-cells. Second, the stimulation of the heart's action, and the maintenance of the circulation. The first principle is particularly applicable in the asphyxial form; the second, when symptoms of syncope are present. The means to be employed in accomplishing the object stated in the above principles are given in the following rules:

1. Thrust the forefinger into the top of the larynx, and remove the epiglottis from it, if spasmodically closed.

2. Induce artificial respiration by pressing alternately on the chest and abdomen, so as to excite the diaphragm, breathing at the same time into the patient's mouth, while his larynx is pressed gently backward so as to close the œsophagus, and prevent the air from passing into the stomach.

3. Apply strong Aqua-ammonia on a sponge so soon as the patient gasps, or before, if the effort is not made soon.

4. Dash cold water on the face, top of the chest and head.

5. If an electro-magnetic apparatus be at hand, muscular action may be sustained in the heart and chest by applying one of the electrodes over the phrenic nerve, at the point where the omo-hyoid muscle crosses the sternocleido-mastoid; the other electrode should be pressed firmly into the seventh intercostal space, alternating the application of each so as to create a shock.”

Other means of inducing anæsthesia are noticed at sufficient length, though we think Nitrous-oxyde may yet be found available in relieving the pain in more serious operations than any in which it has yet been tried. The claims of the mode of inducing local anæsthesia are presented in full, with full illustrations of the “nebulizer” of Dr. Richardson, and the use of Rhigoline, which we have noticed in our November Number, page 191.

We have not transcribed the table of contents and will not analyze the Chapters which would best admit of it. We therefore hand forward the book to our impatient readers, teachers and students who will at once proceed to make better use of it. The second Volume will immediately appear, and will no doubt fulfil the modest, reasonable promises here made in the Preface and Introduction.

5. *La Homeopatia.* Publicacion Mensual del Instituto Homeopatico de los Estados Unidos de Colombia Bogota. Imprenta a Cargo de Focion Mantilla.

HERE we have a Monthly Homœopathic Medical Journal from the sunny land which smiles beneath the snowy heights of the Andes, where rivulets unite their small contributions to form the Amazon and the Orinoco; a land which possesses every source of wealth that belongs to any tropical or temperate climate, every product of mountains, mines, and earth's most fertile plains; a land which embraces the first portion of the Western Continent discovered by COLUMBUS, and the only extended portion of it that was ever distinguished by his name; a land which has always been so interesting to all North Americans that they know its history from the discovery of Columbus, in 1498, the founding of the city of Bogota, by Quesada, who built his twelve huts there in 1538, the Revolution of 1810, the Constitution of 1821, and every later important event, from Bolivar to Mosquera. Of such a country nothing could be told that would not interest us now. We are therefore truly happy to receive and to welcome the spirited *Monthly Publication of the Homœopathic Institute of the United States of Colombia.*

The Numbers received extend from the beginning of the year 1866, to October. Each Monthly issue is devoted to the following general subjects:

Section 1.—Official Transactions of the Institute.

Section 2.—Scientific Polemics Dissertations and Discussions.

Section 3.—Popular Intelligence and Useful information, calculated to illustrate and explain the principles of homœopathy, and demonstrate its superiority over all other medical systems. The Prospectus is so brief and satisfactory that it is best seen in its own language:

"AVISOR.—LA HOMEOPATIA se publica el día último de cada mes, por entregas de 32 páginas. La suscripcion por año vale 2 pesos fuertes, por Semestre \$1, i por trimestre 60 centavos. El precio de la Suscripcion se pagara ANTICIPADAMENTE. Los escritos destinados a 'La Homeopatia' se diriján a la Redaccion, en Bogotá, carrera de Venezuela, numero 113. La Agencia general del periódico está en la libreria del señor Francisco Ramirez Castro, Carrera de Bogotá, Calle 2d, numero 52."

We find the names of ten homœopathic physicians who are residents of the City of Bogota, with also six more who are registered in other cities of New Granada. Numerous other names appear as members, honorary or otherwise, in the proceedings of the Homœopathic Institute; and a State Hahnemannian Society is also mentioned. All the proceedings of the In-

stitute, the Scientific Discussions, and the Popular Dissertations display an earnest, enthusiastic spirit in the speakers and writers. They are acquainted with the many inventions which men have sought out for the purpose of lengthening out the brittle thread of human life; and they have well learned to draw the line of distinction between *Drs. Hippocrates* and *Sangrado* and their associates and successors on the one side, and those of *Dr. Samuel Hahnemann* on the other. Two of the numbers received are illustrated with lithographs. One of these shows the minute structure and history of the *Perisporium-Solanii*, the disease-producing cryptogamic parasite of the potato; the other plate gives views of Uterine Polipi homoeopathically treated.

6. *The Medical Record*. A Semi-Monthly Journal of Medicine and Surgery. Vol. 2, No. 19. Dec. 1, 1866. Wm. Wood & Co., 61 Walker-St., New-York.

THIS which we now first receive is a Quarto of 24 pages per number, with several pages of advertisements which are supposed to interest the profession at large. The publishers thus give their opinion of the value of the work: "They believe no other journal of similar character has been started that has gained so wide-spread popularity among the profession in so short a time. Its articles are written for *practical* use; heavy theoretical papers are avoided; it is entirely free from all parties, cliques, or colleges, and is managed with sole reference to the interests of the profession in all parts of our country. It is the aim of the Editor and Publishers to make it the leading *American Medical Journal*." They solicit aid from all quarters in making it the *most practical, most thorough, most scientific, most high-toned, and most popular*, always up to the times in recording the advancements of the science and the medical news of the day." The Second Volume will begin with March 1, 1867.

We sympathise with the Editor in the praiseworthy enterprise in which he has embarked, as we have for some time been working quietly at similar objects. Like most Editors, he is a sort of *myth*, and we do not get a very clear view of him. We shall see more of him hereafter. We congratulate the publishers on the success they have already reached. The following articles appear in this Number: Résection of Upper End of Femur. By Prof. Frank H. Hamilton, M.D. Successful Removal of a Large Bronchocele. By Wm. Warren Greene, M.D., Prof. &c. Berkshire Med. College. Laryngoscopy. By J. Solis Cohen, M.D. Infantile convulsions, a Lecture, (Bellevue Hospital College), by Geo. T. Elliot, M.D., Prof. Obstetrics, &c. A large portion of this interesting and able Lecture will be found in our present Number.

Reports of Hospitals, Clinics, Causes, &c. Progress of Medical Science; Editorials; Medical Journalism; Vivisections and Experimental Physiology. Medical Reunions. Review of Indiana State Medical Society Transactions, and Notice of Barth's Manual of Auscultation. New-York Pathological Society. Correspondence; New Instruments; Obituary Notice; New

Publications; Medical News and Items. The numerous articles which appear in each issue of the Medical Record are interesting and useful in their way. This new claimant of professional favor will compete with the *Medical and Surgical Reporter* for the honor of rivalling or eclipsing that old-school Journal of the Old World, called the LANCET. It will be a strange thing indeed if American science and enterprise should fail to beat the world in anything it may venture to attempt. The MEDICAL RECORD promises well for a brave charge and defence on any portion of the battlefield to which it may be assigned. There is room enough in the wide world of the American Medical Profession for them both.

7. *The Hahnemann Monthly*: Philadelphia, 1867.

THIS truly "Hahnemannian Monthly" Periodical appears in due time and maintains the character which it has hitherto claimed. The following Articles are given in the number for January: Intermittent Fever, by W. Williamson, M.D. Cubebs, by Adolph Lippe, M.D. Hydrastis-Canadensis, proving by students of Homœopathic Medical College of Penn. Class 1866-67. Characteristics, by Constantine Hering, M.D. [An article truly "characteristic of its Author."] New Publications. Degrees Conferred. Report of Phila. Homœop. Med. Society. Report of Cumberland Valley Homœopathic Med. Society.

Miscellaneous Items.

Homœopathic Medical Society of the County of New-York.

At the Annual Meeting of the Society, held Dec. 12, 1866, the following officers were elected for the ensuing year:

Geo. E. Belcher, M.D., *President*; Henry D. Paine, M.D., *Vice-President*; Henry M. Smith, M.D., *Secretary*; Edwin M. Kellogg, M.D., *Treasurer*.

Censors: Samuel B. Barlow, M.D.; T. F. Allen, M.D.; Benj. F. Joslin, M.D.; S. Lillenthal, M.D.; J. J. Mitchell, M.D.

The Committee appointed at the preceding meeting to arrange some plan whereby a fuller attendance at the meetings might be secured, and the proceedings made more interesting, made a report in accordance with which the following resolution was adopted.

Resolved, That at the first regular meeting succeeding each annual meeting, the President shall appoint standing committees, consisting of three members each, on the following subjects:

Physiology and Pathology. Obstetrics and Diseases of Women and Children. Surgery. Materia Medica. Clinical Medicine. Zymoses. Statistics.

At the regular meeting held January 9, 1867, the subject for discussion was Cerebro-Spinal Meningitis, its History and Pathology.

Drs. Blakelock and Throop opened the discussion by reading papers on the subject, giving the history of the disease and its symptoms and detailing

cases reported in various journals, together with the result of one or two autopsies.

Dr. Hallock had lately seen several cases of this disease, and had at the present time eight or nine under treatment. The case he had previously reported was improving under Belladonna, Atropine, and Gelseminum and Alcohol. He had met with many cases resulting from traumatic causes which had not been fully developed for months or years afterwards. In one case Alcohol was given together with Atropine, Ignatia, and Gelseminum. The patients got well. Another case, greatly relieved by Ignatia and Gelseminum, was cured by electricity.

Dr. Lilienthal had studied out Apis and Glonoine as the remedies, and had used them with success. Alcohol and whiskey, the antidotes to such poisons, he had used and found valuable adjuvants.

Dr. Jones remarked that the disease attacks persons between the ages of two and twenty years, generally males. In autopsies there is no evidence of any tenderness of the spine previous to the onset of the disease. The doctor objected to the nomenclature as not expressing what the disease was.

Dr. Throop thought the name fully expressed the meaning. He thought Lachesis was frequently indicated.

Dr. Allen thought, with Dr. Jones, that the disease was not properly named.

Dr. Barlow thought it a disease arising from blood-poisoning. He regarded it a zymotic disease. He had treated several cases, only one terminating fatally. Vomiting of black matter is a predominating symptom. He mentioned a case of a young lady taken at 8, P. M., while dressing for the opera, who died at 3 o'clock the next morning. The patient had previously been in good health.

Dr. Mitchell inquired if there were any symptoms by which this disease might be distinguished from typhus fever; if so, what were they.

Dr. Belcher's experience corresponded with that of Dr. Barlow. He thought it existed as a zymotic disease. He had several cases where there were no petechial spots seen:

He had several cases of children attacked with catarrh followed very soon by intense pain on slight movement. Arsenicum was indicated by the high intense fever, little thirst, delirium, and sudden change from red to pale face. In stupor he considered Opium the remedy. Muriacic acid also was indicated in stupor. Cantharis, Nux-vomica, and Angustura he had also used. He could not boast of his success. He had administered ten drops of Majendie's solution of Opium in half a tumbler of water, a tablespoonful at a dose. He used alcoholic drinks when the symptoms closely resembled intoxication.

Dr. McMurray inquired for some pathognomonic symptoms by which we may know the disease. A case he had seen with another physician, by whom it had been diagnosed as typhus fever, had well marked petechiæ.

Dr. Hunt did not think the question easy to answer. Different forms of disease had been included under these names.

Spinal Meningitis was selected as the subject for discussion at the next meeting. Drs. Hallock and Hunt to open the debate.

The Chairman announced the standing Committees for the ensuing year as follows:

Materia Medica—Drs. T. F. Allen; Samuel B. Barlow; S. Lillenthal.

Clinical Medicine—Drs. John J. Mitchell; F. W. Hunt; A. S. Ball.

Physiology and Pathology—Drs. J. McE. Wetmore; Benj. F. Joslin; A. P. Throop.

Surgery—Drs. J. B. Holtby; Jacob Beakley; Theod. Liebold.

Zymosis—Drs. Henry D. Paine; F. S. Bradford; R. McMurray.

Obstetrics and Diseases of Women and Children—Drs. E. M. Kellogg; D. D. Smith; L. Hallock.

Statistics—Drs. Henry M. Smith; Carroll Dunham; B. F. Bowers.

New-York Homœopathic Dispensaries.

BOND-STREET HOMŒOPATHIC DISPENSARY, 59 BOND-STREET.—Open daily from 2½ to 4½ P. M.

CENTRAL HOMŒOPATHIC DISPENSARY, 15 East Eleventh-st. Open daily from 12 to 1, and from 3 to 4 P. M.

College Dispensary, 116 East Twentieth-street, corner of Third Avenue. Open daily from 12 to 1 P. M., Dr. Holtby. Medical Clinics during the College Session on Tuesdays and Thursdays, 4 P. M. Surgical Clinic Saturday 11½ A. M., Prof. Beakley.

New-York Homœopathic Dispensary, 65 West Thirty-fourth-street, corner of Broadway. Open daily from 12 to 4 P. M.

Seventh-street Homœopathic Dispensary, 194 East Seventh-street, opposite Tompkins square. Open daily from 12 to 2 P. M.

FIVE POINTS HOUSE OF INDUSTRY, ANTHONY-STREET.—In our last Volume we gave some notes of the cases treated at this Institution during that and preceding years. We now take pleasure in quoting from the last Report received the following:

"It can not be a matter of surprise, when the number, age, and previous exposure of the children received into the house are considered, that there should be a large amount of sickness. Without any direct action to induce such a result, the remarkable success that has attended the medical treatment of those requiring it, has to a certain extent increased the number of hospital patients by school children being brought in for medical attendance, and there is now a regular hospital room established in the Institution. The house is indebted to the assiduous and gratuitous attendance of Dr. B. F. Joslin, who, for the last five years, has superintended the medical treatment of the inmates. It has been considered expedient to insert in full his very interesting report, showing the result of purely homœopathic practice, under circumstances certainly not very favorable to professional success." *Monthly Record of Five Points House of Industry.*

NEW-YORK WOMEN'S INFIRMARY, *Washington Heights*.—We are informed that efforts are now being made to remove this Institution to some more accessible location within the city. Its friends speak with confidence of early success.

We have now in the City of New-York many other Charitable Institutions, which are entirely under the medical directions of homœopathic physicians. We still want a Central Homœopathic Hospital to which patients may be sent from the various dispensaries as well as from private families who are not provided with the necessary means for supporting and properly nursing the sick. There are thousands of persons within the city, or who visit it from abroad, who know what homœopathic treatment is and who when sick desire that treatment and no other. And there are thousands of tax-payers who cheerfully pay taxes for all proper purposes, but who honestly believe that a portion of the money they do pay ought to be used in bestowing upon the suffering poor the kind of medical treatment which they have proved in past experience to be safest and most successful.

The Present Position of Practical Medicine.

DR. JOHN HUGHES BENNETT has summed up the claims of allopathic medicine to public confidence in his late address before the *British Medical Association*. He says:

1. "That the empirical method of treating disease has reached its utmost limits, and that little further improvement is to be anticipated from it.
2. "That the great advance which has taken place in the science of medicine has led, and is leading to various modifications in the rules of medical practice, which only lately were in general use.
3. "That these modifications principally consist in putting more confidence in the powers of nature, having recourse more frequently to the assistance of diet and other hygienic influences, and in employing more sparingly blood letting and other so-called heroic remedies.
4. "That the value of many remedies in certain diseases is unquestionable, and that their judicious employment confers invaluable benefits upon mankind; but the utility of others is disputed or little known, and with regard to these a careful investigation is imperiously required.
5. "That such investigations demand great labor, advanced knowledge and much valuable time, and that experience has demonstrated the impossibility of carrying them out satisfactorily without funds to remunerate investigators.
6. "That all applications of scientific treatment require the co-operation of medical men at large, and that no trustworthy results are likely to meet with general confidence in future unless founded on extensive data, and formularized by a correct statistic. (*Edinburgh Med. Journal*.)

Iris-Versicolor in Cholera.

DR. LADE (in the Monthly Homœopathic Review, Aug. 1866, p. 504) gives the following case:

A lady aged thirty-one, debilitated by overlactation, had the premonitory diarrhœa for two or three days. July 12 at 4 P. M., the purging

suddenly became worse. She had vomiting, cramps in the body and lower limbs. At 6 P. M., the diarrhœa was profuse and involuntary; the evacuations wholly of rice-water character; vomiting frequent and severe, the matters ejected consisting principally of small white flocculent bodies with portions of undigested food. She complains much of the crampy pains in the abdomen and lumbar region, less of similar pains in the legs; intense and urgent thirst, with difficult and oppressed breathing; choleraic expression of countenance; face and limbs deficient in warmth; the body cooler than natural; tongue slightly bluish, furred, and icy cold to the touch.

Irisin. $\frac{1}{10}$ was given every fifteen or twenty minutes, foment the body with hot moist flannel.

8 P. M. Less cramps; other symptoms slightly abated. Desires some stimulant, and takes two tea-spoonfuls of brandy every 20 minutes, the medicine every ten minutes.

9.45 P. M. Considerable improvement in all respects. Purging ceased at 10, P. M. 11.20, P. M., she continues to improve.

13 July, 9.30, A. M. Has been restless during the night [from the consecutive fever, partially induced by the brandy.]

Urinary secretion now restored. But one more dose of the medicine was given.

Medical Statistics of New-York City.

THE following statistics and medical facts have an important bearing of the health and prosperity of the American Metropolis. We condense them from the elaborate Report of Dr. Elisha Harris, Registrar or Vital Statistics.

The concluding portion of the report of Dr. Harris, Register of Vital Statistics, which came yesterday from the printer, is by far the most interesting portion of the Board of Health reports, of which we have recently given full abstracts. It treats of the population of New-York City and the Metropolitan District; gives the birth and death rate of New-York as compared with other large cities; refers to the great delinquency heretofore, in properly registering all births, marriages and deaths; gives interesting tables of the comparative mortality of married and single; denounces in fitting terms the foul practice of abortion, so frequent even in "good society," as to be shocking in its total; shows the rate of increase in our population since 1790; advocates free baths for the poor, and gives a concise summary of the plans and purposes of the Bureau of Vital Statistics.

Concerning the necessity for complete registration of marriages, the report urges the rigid enforcement of the law requiring such registration. Since 1847 there have been but 49,121 marriages registered in New-York, while in Brooklyn there has been no registration until within the past year. Upon this point, Dr. Harris says: "It must be manifest to every reflecting person, that if in the transfer of the most insignificant title to land or estate, the law needs require formal registration and writing out of descriptive records; and, if the legal rights of lineage and heirship are worth our

regard, then much more, should there be such sanctions, formalities, records of marriages as will help maintain alike the claims, duties and honor of lineage, and at the same time furnish needed sources of information and self-preservation to society."

A number of cases are cited where the title to property, the right to draw a pension, or the right even to bear the name which one's father has given him or her, have been dependent upon the proper registry of the fact of marriage, and the wife, the widow, and the orphan have been sufferers from the neglect of this vital duty.

The marriage rate in the Metropolitan District is somewhat higher than 1 in 88. The rate in New-York in October, exceeded 11 in 1000. In Boston the average is almost $15\frac{1}{2}$ in 1000. In London the average is $10\frac{1}{2}$ to the 1000. In all England the ratio is almost 8 2-5 to the 1000; in France 8, and in Austria $8\frac{1}{2}$ to the 1000.

General prosperity in business, abundant and cheap markets, as well as a healthful moral tone in the community, are in all countries the noticeable concomitants of increase in the rate of marriages upon population. The Registrar-General of England mention the increase in the English marriage-rate in the year 1863 as follows: "The cloud passing over the cotton manufacturing districts in 1861 and 1862, as reflected at once in the marriage registers, and the rate, which in 1860 was as high as 1710 persons married in every 100,000 persons living, was reduced to 1628 in 1861, and further, to 1614 in 1862. In 1863, the crisis had passed; after a bountiful harvest, the people began to think more favorably of their prospects, and marriage proceeded at an augmented rate, the proportion to every 100,000 amounting to 1688."

The proportion of marriages is always greater in cities than in rural districts.

The relation of marriage to health is an interesting branch of this subject. Tables are given which were prepared for the French Government, regarding the benign results of marriage upon longevity and freedom from disabling sickness, showing the following ratio of mortality to the 1000 of married and single:

Ages.	Married.	Unmarried.	Ages.	Married.	Unmarried.
20 to 30	6.5	11.3	50 to 60	18.3	29.5
30 to 40	7.1	12.4	60 to 70	35.4	49.9
40 to 50	10.3	17.7			

Mortality per 1000 among married and unmarried women:

Ages.	Married.	Unmarried.	Ages.	Married.	Unmarried.
20 to 25	9.8	8.5	40 to 50	10.0	13.8
25 to 30	9.0	9.2	50 to 60	16.3	23.5
30 to 40	9.1	10.3	60 to 70	35.4	49.8

" Though the successive generations of our race are ever brought forth by pains that, in mothers—if in girlhood under twenty years of age—make such premature maternity a discount on life's chances, statistics prove that after the mature womanhood of twenty-three years is reached, the mother finds that her marriage and maternity give such a *premium on life* as should silence anxiety and foreboding, and should stamp anew with

burning infamy the petrifying crime against God and nature, by which the divinely appointed fruit of matrimony is wickedly destroyed. Against this besotted crime of abortion, in self-blighted mothers, the medical profession has set the sharp visage of its indignation. The abettors of this great wrong against God's laws and woman's welfare are guilty of a double homicide, and they should receive the swift punishment their crime deserves.

"The greatly improved resources of medical and obstetrical science have so enhanced the chances of maternal life and safety, that it now becomes a pertinent question whether society should any longer delay to require, by law, the proper education of such midwives and nurses as are permitted to assume professional care of mothers in confinement. Great cities, and the State itself, may wisely ordain any human agencies that shall prevent life being nipped in the bud, and give increased safety and health to the wives of the virtuous poor, by whose industry and increase the growth and riches of a people are maintained."

Upon the population of New-York City, as given in 1865, the birth-rate was equal to 19.6 to the 1000 inhabitants, or as 1 to 37. The birth-rate in Brooklyn is about the same as that of New-York. Boston has a birth-rate of 31.3 per 1000, and London of 35.51. These comparative statements either show a grossly defective registration, or indicate the frightful extent to which child-murder is practiced in our midst. For, as was stated above, the marriages in London are less than here, while the ratio of births in that city is nearly double what it is here. The Registrar considers a great part of the discrepancy due to defective registration. Concerning still-births, the report says: "The men and women who make a business of child-killing by their murderous drugs and instruments, are the only persons that have yet objected to the special returns we require concerning these dead."

The future rate of increase of New-York and its dependencies is estimated at 7 per-cent per annum. This estimate warrants the expectation that in thirty years the District will have a population of nearly or quite four millions. Some portions of our city are inhabited at the rate of *one hundred and ninety-five thousand to the square mile*, while the average of the Metropolitan District of London is twenty-five thousand, and of Philadelphia only about six thousand. The average density of the closely built-up portions of New-York is nearly sixty thousand to the square mile. Total population 726,364.

Total area of city with its Parks, streets and

unbuilt portions: 22.65 sqr. m., = 32,068 to sqr. m., 96-6-1 sqr. yards to each person.

In the language of the Report, "The problem of health in a crowded city can be solved only by the joint intelligence of the Physician, the Architect, and the Sanitary Engineer."

The total area of the parks of the city, is stated at 1167 acres, 5 rods, and 72 feet.

The Report then proceeds to a history of the mortality of the year, and a review of the classified records of deaths. The table of ages shows that four persons died during the year whose age was over 100, three who had

reached 95, and 14 who were more than 90. Concerning the restriction of cholera the report says: "The Registrar of this Bureau fully accords in the general opinion of the people, as expressed in the public journals, that the active and exact methods of sanitary care adopted in the Metropolitan District repressed and controlled the cholera epidemic."

Nearly one-third of the deaths were from zymotic diseases; in England the proportion is about one-fourth. In Massachusetts it is 29 per-cent. Alcohol has a prominent place in the list of deaths, and tables are given showing that the comparative mortality of intemperate with temperate persons is as 32 to 10. The deaths by violence during the nine months ending September 30, were 690, of whom 184 were by drowning.

The introduction of free bathing houses is urged by these strong arguments: "More than half the people of New-York and Brooklyn dwell in houses that neither have a bath-room nor such arrangement of the family domicile that any apartment can, with decency, be used for bodily bathing. Consequently, vast numbers of the poor and their children go unwashed. And this is no slight evil to personal and public health in our dense population; for, from the surface of half a million people there exhales (at the lowest estimation) in a single day, not less than about 215 pounds of excremental matter by the pores of skin and lungs, 1500 pounds of such effete and offensive matter in a single week, and more than three tons of it in a month; in such a population and in such homes as theirs, that effete matter is not washed away from their bodies by the surrounding foul air. They literally wallow in filth and exhale poisons."

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

The Marriage State. By T. P. WILSON, M.D., Prof. of Physiology and Pathology, in the Cleveland Homœopathic College.

WE have received this Lecture from the class for whose instruction it was delivered and published. It is a plain, simple, truthful, sensible exposition of a subject generally avoided, and imperfectly understood, even by professional men.

The Nurse; her Natural History, Duties and Responsibilities, as an Aid to the Physician. An Introductory Lecture. By R. LUDLAM, M.D., Prof. of Obstetrics and Diseases of Women and Children. Hahnemann College. Chicago.

OF this lecture it is sufficient here to say that we are personally acquainted with the "Positive," the "Negative," the "Conservative," and the "Conscientious Nurse." The photographer is true to Nature. When Cromwell found such an artist he said, "now, paint me as I am: If you leave out a scar or a wrinkle I wont pay you a shilling."

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No. LX.

Original and Translated Papers.

ARTICLE XLVI.—*Quinine as an Antiperiodic.* By W. A. EDMONDS, M.D., of Memphis, Tenn.

IN the whole domain of medical practice there is no subject of greater importance to practitioners who reside in the tropical latitudes and miasmal localities of the world, than proper therapeutic views in regard to the above-named remedy. The subject is of especial interest and importance just now to the homœopathic practitioners of the southern and western states of America. This powerful agent has been the source of monstrous abuse in the hands of allopathic physicians. As a consequence great prejudice exists in the minds of many persons against any use of it whatever. With the present lights and therapeutic resources at our command, its use is utterly indispensable in the treatment of certain forms of disease, under any system of medical practice, and that too in *ponderable, appreciable quantities*. I am well aware that our Northern and New England brethren who have never seen a case of fever and ague in a whole professional life, will regard the last announcement as a homœopathic heresy. Nothing short of a summer's residence and practice in one of the southern or western states, will ever cure them of their dogmatism on

this subject. My whole life has been spent in the miasmatic localities of Kentucky and Tennessee. I have had twenty years' experience in the treatment of diseases peculiar to these localities. Every consideration of duty and expediency has prompted me to the greatest diligence in order to arrive at correct views as to the use of Quinine. As an allopath it was important that I should cure my cases. Subsequently as a homœopath it became doubly important that I should cure my patients, and do it, if possible, without resorting to a remedy against which there already existed so much prejudice.

A somewhat extended experience and observation and much anxious thought have brought me to the following conclusions: within certain latitudes, in certain localities, at certain seasons of the year, a toxical or disease-producing agent is generated, which produces a group of *paroxysmal* and *periodical* symptoms, of which chill and fever may be taken as a *type*. We are only made aware of the presence of this agent by its production of disease. After all that has been written as to its origin, properties and qualities, we are as yet in total ignorance as to whether it is gaseous, animalcular, electrical, spiritual or material; whether ponderable or imponderable. It is neither tangible nor visible. Chemical tests and reagents give us no light on the subject. We are equally in ignorance as to the particular avenue, tissue or organ of the body through which it makes its primary impression in the production of disease; whether it be the skin, lungs, digestive or nervous system, or any one or all of them, or none of them. To confess so much ignorance upon topics of so much interest and importance, and about which so much has been thought, spoken, and written, is, I confess, not very gratifying to our professional pride.

The groups of symptoms produced by this mysterious agent have been denominated chill and fever, ague and fever, intermittent fever, and remittent fever. These groups of symptoms are eminently *paroxysmal* and *periodical*. Very nearly allied to the foregoing are certain paroxysmal and periodical forms of neuralgia, rheumatism, gout, dysentery and diarrhœa.

The great, leading, homœopathic remedy for these symptoms

is *Quinine*, in *ponderable, tangible, visible quantities*. When ten years ago, in this city, I made this declaration, I incurred abuse and persecution on all hands. My homœopathic friends said I was an allopath in disguise; the allopath said I had abandoned and given up my homœopathic theory. The treatment was not *homœopathic*, simply because the *dose* was not *infinitesimal*. Nine-tenths of the homœopathic patrons and even many of its practitioners regard *small doses* and homœopathy as synonymous. As homœopathy becomes popular we are constantly told of some allopath who is almost a homœopath, because his doses are so *very small*. Now I understand the great and leading idea in homœopathy to be, the law governing the selection of the remedy. With Hahnemann the size of the dose was an after-thought; and though his subsequent observations and conclusions as to diminished doses now constitute one of the crowning glories of the system, yet he undoubtedly practiced pure homœopathy before any idea had occurred to him as attenuated quantities. In the treatment of fevers he gave teaspoonful doses of Peruvian Bark; in the treatment of dysentery he gave five grains of Mercurial. Not having very uniform success with what was evidently the right remedy, and even sometimes finding the medicine aggravate the symptoms, he took the hint that his doses might be too large.—In proportion as he reduced his doses of remedies selected agreeably to the law of cure, he found his success become more uniform, when, however, his zeal in behalf of diminished quantities ran into the misty ideas and conclusions that all medicines should be used somewhere from the 30th to the 2000th attenuation, we plead guilty to some scepticism, and think he furnished much capital to our enemies with which to combat the system.—While upon the subject of potency or attenuation, I desire to say my experience has been decidedly in favor of what is known as the lower attenuation. I have repeatedly, while using a remedy in the lower attenuation which seemed to be properly selected, but without effecting a cure, tried a higher potency, but never succeeded in making a cure where the lower had failed, except where the lower had produced medicinal aggravation. When we have got the proper remedy, the principal and probably

only advantage in attenuation is to avoid toxical results and medicinal aggravation. I doubt very much whether any properly-selected remedy ever fails to effect a cure for want of further attenuation, provided attenuation has been carried far enough to avoid toxical effect and medicinal aggravation. But to return from this digression to the subject under consideration. The chief preëminent therapeutic province of Quinine is that of antiperiodic. As is the case with most powerful remedial agents, the profession have attributed to it almost every conceivable medical virtue, as tonic, stimulant, sedative, alterative, febrifuge, &c., &c. It may occasionally directly or indirectly evince some such qualities, but the great indication for its use is during the remission and intermission of acute periodical and paroxysmal symptoms, and particularly fevers known as miasmatic. The course to be pursued in uncomplicated cases of fevers is simple enough. Give Aconite during the chill or fever to induce as soon as possible remission. When remission takes place, give one grain of Quinine at intervals of from one to four hours, according to probable length of interval, until about six grains shall have been given. It is desirable to so distribute the doses that their use shall extend over the time of remission as nearly as possible, allowing that the last dose shall have been taken about two hours before the next probable time of chill—of course there are individual peculiarities and idiosyncrasies where smaller quantities should be used; I have a lady patient who is always much distressed if I give her more than one-tenth of a grain at a dose. In malignant and dangerous cases where the susceptibilities of the system are low, as much as 8, 10 or 12 grains might be necessary. Quantities sufficiently large to produce cinchonism, should never be intentionally used. It is one of those toxical or hurtful effects which the enlightened homœopath should always avoid. It will sometimes be necessary to use the remedy during two successive intervals or remissions to effect a complete cure. The action of Quinine is always more satisfactory if there be perspiration during its use. Hence the patient should, if possible, remain in bed while under its influence. As a beverage for patients under the influence of Quinine, warm water with a little nutmeg, lemon

juice and sugar, will be found very grateful and promotive of the desired perspiration. For acute neuralgia and rheumatism of a periodical character Quinine will be found one of our best remedies, especially in what is known as miasmatic districts, I once cured a case of periodical dysentery, most beautifully with Quinine, used as above directed, after other treatment had failed. I have succeeded well in the treatment of periodical diarrhoea with Quinine. This remedy seems adapted to the acute rather than the chronic forms of disease. In the chronic periodical ailments Arsenicum, Nuxvomica, and Ipecac, are in the main the appropriate remedies.

It is frequently urged as an objection to the Quinine treatment of fevers that the symptoms are likely to relapse or return. I am not aware that such a relapse is at all more likely to occur after the prudent use of Quinine, than any other system of treatment. Some agent, which for convenience we will call *miasm*, prevailing in particular localities produces periodical fever. The patient takes Quinine and after twenty four or forty-eight hours is relieved, but remaining in the same locality and subject to the continuous influence of the same noxious agent that produced the first attack, and under the disadvantages of debility and impairment from recent illness, he stands a serious risk of a second, third or indefinite number of attacks, unless the fever-producing miasm be neutralized or antidoted by the appropriate remedy, for several weeks, or until such time as the system shall have become *acclimated* or so habituated to the poison, that it loses its disease-producing power over the system. There seems to be a peculiar proneness to relapse about the seventh, fourteenth, and twenty-first days. The course which I have found most satisfactory in these relapsing cases, is to give one grain of Quinine at bed-time every night for twenty-one days—after the twenty-first day there is usually little if any disposition to return.

If the foregoing views as to the homœopathicity of Quinine in acute periodical diseases be true, let us adopt the treatment, and defend it upon principle. No other course in my judgment will enable homœopathic physicians to sustain themselves in the treatment of diseases peculiar to the South and

West. Six years ago a very intelligent and accomplished homœopath from Pennsylvania, settled in this city to practice medicine. He inquired what treatment I gave intermitting and remitting fevers. I told him I used Quinine and considered it the great homœopathic remedy in such diseases. He dissented. I inquired what he expected to rely on. He replied, Arsenicum, Nux-vom., Bryonia, Ipecac., Aconite. Very soon I began to hear that my friend's fever patients were dismissing him, and sending for the allopaths. The next news I had of my friend was that he was rivalling his allopathic opponents in the *heroical use of Quinine*, and probably doing homœopathy nearly as much harm by the abuse of the remedy as he had formerly done in refusing the prudent—homœopathic—use of it. The reader will readily perceive that he placed himself and his system at serious and permanent disadvantage by taking an untenable position at first and receding to an opposite extreme afterwards. The foregoing views are submitted with the sincere hope that they may prove serviceable to homœopathic physicians, who attempt to practice the profession in the southern and western states of America. And if the views here presented should prove upon trial, in the hands of others to be true, I shall claim for their present presentation more than ordinary importance, as I am not aware of either author or school holding to and promulgating similar views.

It may be proper to state before concluding this article, that there are many cases of fever characterized by a diurnal *abatement* without perspiration, either preceding or accompanying such abatement. Quinine will be found utterly useless and even hurtful in such cases. There must not merely be perspiration, but such perspiration as results in material reduction of the force and frequency of the pulse, as well as the morbid heat of the skin. In many cases of fever with abatement daily, and without perspiration, the desired perspiration and intermission or remission may be brought about, after twenty-four to forty-eight hours use of Aconite, Gelseminum, Verat.-virid., or Bry., as may seem to be indicated. After perspiration and remission or intermission have been established in this way, then Quinine is the remedy. A want

of suitable discrimination with the heroic use of so active a remedy as Quinine may result very soon in violent increase and complication of bad symptoms and even death.

ARTICLE XLVII.—*Treatment of Fracture of the Lower Jaw by Interdental Splints.* By THOMAS BRIAN GUNNING, of New-York.

(New-York Med. Journal, Vols. III. and IV., 1866.)

In the year 1840, when treating the first fractured lower jaw placed in my care, I found treatment by bandages, &c., unreliable. For, while the muscles tend to displace the bone, bandages frequently increase the difficulty; especially when swelling sets in through their pressure. They also, by interfering with the circulation, tend to prevent union. Teeth, loosened by the injury, are left unsupported, and the motions of the jaw, cheeks and lips painfully restricted.

Of the contrivances invented to supplement bandages, many were even more objectionable, and little improvement has been made in general treatment up to the present time. Having successfully used interdental splints, in many cases which had proved unmanageable under the usual treatment, I am convinced that they are superior to all other appliances.

When a well adapted splint is on the teeth and gum, the other parts around the bone are, to a great extent, a counter-support to the splint. Thus the broken jaw, together with any teeth loosened by the injury, is held securely in place, until the fractured bone is reunited and the teeth become firm. Meanwhile the motions of the jaw are in most cases unrestricted and the cheeks and lips always left free.

The best time to commence fitting a splint is immediately after the injury, if the condition of the patient will allow. If the fracture is old and has been treated by bandages, and there is much displacement of the fragments, with swelling of surrounding parts, it may be advisable to leave it *free* for several days.

When the fracture is not quite recent, pain and stiffness may prevent the patient from opening the mouth sufficiently to apply a splint, in which case the operator should force the

jaw steadily downward with his fingers, assisted by wedges of wood, &c. This may be very painful to the patient at the time, but the movement of the parts will be followed by great amelioration of the pain and stiffness. Hooks, forks, and strings, applied to the teeth, will manage the fragments with less suffering to the patient than handling the inflamed muscles. The fragments of the jaw should be set and held by wire, pack-thread or silk, passed around the teeth. If the teeth are so formed that the ligature slips off, it may be carried through the gum with a needle. When a fragment of the jaw falls below the one next to it, a ligature of wire should be fastened around the neck of the lower tooth, two eyes being made by twisting the wire, before applying it. Another wire should be fastened around the neck of the elevated tooth, and both ends brought up on the side furthest from the fracture, over the crown, down through the eyes before mentioned, and then tightened until the bone is in place. Or the wire may be fastened to a tooth further back, and then pass over the crown, &c. On this principle, ligatures may be applied to the teeth laterally to bring the fragments into line. A jack-screw, furnished with points, forks and collars, is frequently necessary to extend the fragments, but in some cases it can be done by a piece of wood. The jack-screw should be made to turn by its centre, and the points, forks, &c., fitted into sockets, that they may be left still when the screw is turned. This instrument may be used across the mouth to keep out any back fragment that falls in, or more in front to extend oblique fractures. In fractures behind the canine when the back fragment comes forward over the front—being allowed to do so by the absence of teeth and the direction of the fracture—the jack-screw, with a point in the front fragment and a fork in the back one, will be found very useful in making extension. One fitted with hooks, to draw in the jaw by inserting both hooks near the external oblique lines, or in any required positions, will be found indispensable in some cases. A piece of hard wood forced in between those teeth which fall toward each other, and to which it must be fastened with fine iron wire, will frequently give the needed extension. When the jaw is

broken between the canines, with the fragments smooth and the parts around allowing them to go in any direction, there is frequently a front tooth absent, through the fracture, or by shedding, &c. In this case, a piece of moderately hard wood may be fitted in the vacancy. It should be so wide that the adjoining teeth will press into its sides, when they are wired tightly. If this is well done the bone will be firmly set. Should the teeth in question need support, they may be wired to those adjacent.

An impression of the parts should be taken in pure yellow wax, warmed by *dry* heat. But in comminuted fractures there may be portions of the jaw and teeth for which plaster of Paris would be better, but it must be applied in sections. The wax should be applied in a mouth-cup adapted to the jaw. No. 4 splint is precisely what is required for this purpose. (Some useful hints may be found under that head.) If fracture should occur in a jaw without teeth, plaster would be much the best. It should then be applied in a cup to all parts of the jaw at one time. If possible (and it is rarely otherwise), an impression of all the teeth and gum, *properly set*, should be taken at one time. The wax in coming off will then draw or enlarge in the right places, and the plaster-cast from it will be precisely what is required to mould the splint, excepting the addition caused by the ligatures.

If the bone cannot be held in place, an impression of each fragment should be taken separately, and the casts from these impressions united by plaster in their proper relative positions. A cast of the upper teeth will sometimes guide in doing this. The united cast must be enlarged under those parts of the teeth which overhang. But when the pieces of the jaw can be held *nearly* in place, an impression of all may be taken at one time, the cast separated where necessary, and then adjusted as above.

By adopting this method, when there is little displacement, the jaw may be left unset until the splint is applied. When adjusting the cast, care must be taken that it is not made too small for the jaw and teeth as a whole, or for any tooth individually. There is little chance of getting it too large, as far as the teeth are concerned.

On February 12, 1861, I applied a "hard vulcanized rubber splint" to the fractured jaw of a seaman in the United States Naval Hospital, and from the vulcanite splints used by me since that time I have selected three which show all that is essential to hold any fractured lower jaw in place.

The fourth, a metal splint, is sufficient for the treatment of most cases, and can be applied by surgeons and country practitioners, who can also treat most cases of fracture with rubber splints, if assisted by the neighboring dentist. But a severe fracture may occasionally be met with, which will require either a specialist or an accomplished dental surgeon.

Fig. 1 represents the inner surface of a splint which incloses all the teeth and part of the gum of the lower jaw, and merely rests against the upper teeth when the jaws are closed. This splint is adapted to the treatment of all cases which have teeth on both sides of the fracture, except those with *obstinate* vertical displacement.

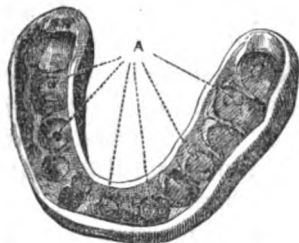


Fig. 1.

The holes marked A go through the top of the splint for the purpose of syringing the parts within with warm water during treatment. The dark round spots in all the cuts represent holes for similar purposes.

The angles of the jaw tend outward, when the jaw is fractured through the body. It is therefore necessary that the splint should go down and extend back as far on the outside as the muscles admit, especially on the short fragment, if there is much difference between them. The parts near the external oblique line are so formed that the splint can be fitted to them perfectly. The outer ends of the

splint should be quite thick, so that they may be well rounded.

When the gum on the inside is so overhung by the back teeth as to afford but little bearing for the splint, the latter may be cut off, generally at or just below the edge of the gum, for there is rarely any tendency of the jaw to fall in at its lower border. The splint should not extend into the muscles unnecessarily in any part.

When the jaw is fractured in or near the front, the digastric and other muscles, inserted on the inside near the symphysis, draw the bone backward and downward. This splint neutrali-

zes the first by holding the sides of the jaw *in*, which prevents the arch in front from falling back.

The tendency of the jaw to widen at the angles and to fall in at its upper border, so that the points of the canines approach each other, is also counteracted. The splint goes down about half way (on the outside) from the points of the teeth to the lower border of the jaw, and all the surfaces of the teeth and the outside of the gum are held by it, while the condyles and their inter-articular cartilages are so far above the lower edge of the splint that their leverage prevents the sides of the jaw from being turned outward by the muscles inserted near the symphysis.

This must be effectual so long as the splint is down in its place; and even when the fracture is back of the canine, and the four pairs of muscles are acting upon the front of the jaw, there is little chance that they will draw it down out of the splint, as they act in concert with the elevator and other muscles attached to the bone, when the *splint is on and the jaw allowed to open and shut*.

There is also, in recent fractures, a roughness of surface, which prevents the fragments from moving when held close together. But if the fracture is so old that the fragments slide past each other, especially if the back one slants away and affords no support to the forward one, it *may* be necessary to hold the latter up by a screw passing through the splint into the canine or some other tooth, near the depressed end of the bone. That horizontal displacement which frequently follows fractures near the canine and lateral incisor teeth, in which the front of the jaw is drawn back by the muscles inserted near the symphysis, leaving the end of the short fragment in determined projection, and in which the treatment by bandage and ligature is not only useless but pernicious, is effectually overcome by this splint, without screws. A large proportion of all fractures may be successfully treated in this way. When a *very* loose root or tooth is present, it may be advisable to remove it before application of the splint.* Rarely so before the impression is taken, as they are frequently of use in holding the jaw.

* This is intended to refer to teeth loosened by disease, or loss of the alveolar, *previous* to the injury, not to those which may be loosened by it.

I have generally used this splint without any fastenings, but in children or even adults it is sometimes advisable to secure it by pack-thread, wire, screws passing into or between the teeth, or by the wings and band of Fig. 4.

Fig. 2. *In cases with obstinate vertical displacement, the splint, in addition to fitting the teeth and gum of the lower jaw, must also inclose the upper teeth, as shown in the cut, where screws may be seen opposite both lower and upper teeth.*

By this arrangement the fragments of the lower jaw are secured, not only relatively to each other, but also to the upper jaw.

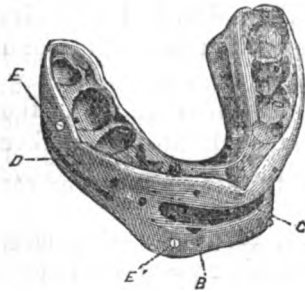


Fig. 2.

B, triangular opening, of which one side corresponds to the cutting edge of the lateral incisor, which tooth stood in the end of the fragment most displaced before the splint was applied. C, opening for food, speech, &c. D, channel for the saliva from parotid gland to enter the mouth, its fellow being seen on the other side of the splint. E, screw opposite lower canine tooth, head of the left screw being just discernible. E, head of screw opposite upper first molar tooth, ends of its fellow being seen on the other side.

would move but little and the back of the jaw could be raised high enough to keep the broken surfaces in contact. Even if the neck of one side only were broken, the lower part could be kept firmly up against the fragment above. In fracture of the ramuses no difficulty would arise from its course. If a coronoid process were broken, this plan would give as good a chance for union as any. In fracture of the angle, this process would be likely to hold the parts in contact. If it did not, a wing could extend out from the splint and pass back from the corner of the mouth to hold a pad, &c., against

This splint is therefore adapted to the treatment of *all fractures back of the teeth*, whether in the body, the ramuses, or their terminations. In these cases the splint may be cut away in front, and extended across the roof of the mouth, when there are upper and lower back teeth to fasten to, and thus give as much room as possible to speak and eat through. Opening the teeth a quarter or three-eighths of an inch would not have any bad effect on the position of the fragments, even if the jaw were broken through the necks of both condyles, as the parts near the fractures

the part requiring support; it could rest on the zygoma, or the mastoid process, if necessary.

In cases where enough of the front teeth are lost to afford room for food to enter, the jaws need not be opened more than will just give room for the rubber to pass through to hold the parts of the splint outside the teeth to the parts inside. A separation of a line would be sufficient, or *even less*, if any back teeth were absent to give room for pillars of the rubber to hold the upper splint to the lower.

As a rule, the splint should be fastened on both sides, above and below. Fractures back of the teeth are frequently less troublesome, so far as application of the splint is concerned, than those which are broken in the body.

When the body is fractured behind the canine, the back fragment requires no support to keep it in the splint, the muscles doing that effectually. But that portion of the jaw which includes the symphysis, whether separated on one or both sides from the parts behind, must be *firmly held* up in the splint by one or two screws, according as it is fractured. When the fracture is between the lower canines, one firm upper central incisor will hold the splint up firmly. With fractures in the *back* of the lower jaw, a tooth on each side of the upper jaw, back of the canines, would be sufficient for any case. Teeth which have lost much of their supporting alveolar will *bear great strain* in the *direction of their sockets*, but the firmest teeth will suffer from slight lateral pressure; consequently ligatures are of little use, except temporarily. The thread must be removed from the screws on the ends which enter the teeth. The holes drilled to receive them should be from half a line to a line in depth, according to the size of the tooth. This will not injure the teeth, but they should be filled, however, after the jaw has united.

This splint can be made very thin, a shelly covering being all that is necessary in many parts. Openings should be cut in the sides where the absence of teeth or separation of the jaws gives a chance for the saliva from the parotid glands to enter the mouth, otherwise it may overflow at the lips. Small openings should be made opposite particular teeth, to observe how the jaw stands in the splint. This is important in all splints.

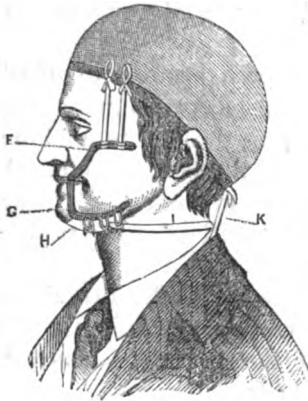


Fig. 3.

F, upper wing. G, lower wing. H, mental band to hold the jaw up in the splint. I, neck strap to keep the band back. K, balance strap to hold the cap in place.

Fig. 3 shows the wings for cases having no teeth in either jaw—the ends of the wings within the mouth being imbedded in a vulcanite splint similar in principle to that of Fig. 2. Wings made of steel may be quite light. They should have fine teeth along the edges where the band and tapes bear to prevent slipping, and small holes every half inch to hold the strings, lacing, &c. The arch of the wings should be high enough to give the lower lip room to go well up. The wings for each side of the jaw are in one piece, and the parts within the mouth pass back in the line of the upper gum. They are thinned down and pierced with holes, that the rubber in which they are imbedded may hold them firmly.

The tape strings pass from the cap inside and under the upper wings, then up between them and the tape lacings (see figure), which keep the strings from slipping to the cap whence they started. The mental band passes up between the sides of the lower jaw and the wings where it is tied by the strings, which pass through the holes. (See figure.) The band is cut off to show this; but when worn it should be turned down on the outside and pinned just below the wings. The neck strap should be sewed to the mental band on one side and pinned on the other, and worn tight enough to keep the band from slipping forward over the chin.

The jaw and splint are supported by the cap forward of its centre. This is counterbalanced by the elastic strap which passes from the back of the cap down around an unelastic and much heavier strap, extending across and fastened to the shoulders by elastic ends. The balance strap returns to the cap, and is buckled tight enough to hold the jaw up. At night it may be slackened to do this, with the neck flexed. It slides on the shoulder strap as the head inclines to either side.

By this arrangement the splint is a resting-place for the broken jaw, while the wings give firm attachment to appliances which hold the jaw up with the least possible pressure upon the external parts, as the wings need not press either against the jaw or the zygomas.

Should the band fail to keep a very depressed fragment in place, a metal loop may be fastened to the wings. From this, a metal point going through the soft parts could be brought to bear on any portion of the bone requiring firm support. (See Malgaigne.) But no external appliances, especially those which rest upon the muscles, can give the firm and comfortable support afforded by splints fastened to the teeth. Therefore, with suitable teeth in either jaw, the cap, or the mental band and corresponding wings, should be dispensed with.

When getting the articulation, or relative position of the jaws and teeth, it is necessary to bear in mind that the *position* of the lower jaw is *peculiarly* dependent upon the muscles attached to it. Neglect of this has caused great mistakes both in diagnosis and treatment, patients having been put to much suffering by the endeavors of surgeons to set fractures which did not exist, the displacements supposed to indicate them being the result of fracture in another part of the jaw—the latter being drawn out of shape by the muscles, &c. (suffering from laceration, contusion, or severe swelling), and *thereby prevented from going into proper articulation with the upper jaw*, while the surgeon supposes that the ramus, or neck of the condyle, &c., is broken.

With only incomplete fracture, in which the bone retains its shape so perfectly that treatment is unnecessary, weeks or even months may elapse before the muscles are able to bring the jaw into place, so that the lower teeth will close against the upper, as before the injury. In fact, this inability may be present *without any* fracture of the bone.

These injuries are frequently aggravated by bandages, and the displacements increased and caused by them in the broken jaw, and also in its relation to the upper, are sometimes irremediable by any subsequent efforts, even in cases which correct treatment in the outset would have cured perfectly.

In consideration of these facts, it is important to discriminate between displacements which can be reduced by art and those which should be left to nature.

The fragments of the lower jaw having been set in their proper places relatively to each other, the whole must be put in normal relation to the upper jaw, *as near as the condition of the muscles and ligaments admit.*

If the jaw is allowed to move during treatment, it will generally go into place before the bone is firmly united. When held still, it may not do so until some time after.

(Remarks upon displacement are given only so far as they are directly necessary to a proper application of the splints, and to an appreciation of their efficacy—the object of this paper. Correct diagnosis, however, is the foundation of proper treatment, and will be dwelt upon hereafter.)

Fig. 1 is the representative splint for the treatment of cases in the first class, or those in which the jaw is left free. Fig. 2 for the second class, or those in which the jaw is held still.

The articulation in each class is obtained by a method differing from the other. Consideration of these methods has been postponed until now, that they may be more easily understood. The reason for getting the articulation in different ways will be seen distinctly by recollecting that the fractures in the first class can be so *well* held together that the gutta-percha and wax have a firm resting place to carry them against the upper teeth. In the second class, however, it is frequently difficult, and occasionally impossible, to set the fragments in place, although it is desirable that *the splint* should hold them precisely so as regards each other, and, as a whole, in the best possible position relatively to the upper jaw. Now, the upper jaw, being uninjured, affords a proper basis for the gutta-percha and wax. The lower jaw can, therefore, be pressed *carefully* up in place, and any fragment *specially* directed into the best attainable position in the wax. The wax, with its support of gutta-percha, may then be put upon the cast of the upper jaw, and the adjusted cast of the lower jaw placed in it precisely where required, as there is now a second opportunity to overcome any imperfection in the bite made by the teeth in the displaced fragments.



In the first class, a piece of dentist's gutta-percha should be warmed by *water*, and moulded to the plaster-cast of the lower teeth, &c. Upon this sufficient wax should be placed to give a bearing for the upper teeth and the proper thickness to the splint. When cold it must be placed on the *lower teeth*, and the jaws closed until the upper teeth press properly into the wax, then replaced upon the cast and trimmed into the shape required for the splint. The indentations made by the upper teeth should be cut down, so that only their points may touch the splint. The whole should then be set in a vulcanizing flask, to form the mould for the rubber splint.

But in the second class, as indicated before, the gutta-percha, &c., should be placed upon the *upper teeth or gum*, and the lower teeth or gum brought up in place. A case, however, is sometimes seen in which the articulation must be obtained in a radically different way.

When the upper teeth are so marked by the lower ones as to indicate the relative position of the fragments clearly, they do this for the jaws also; and by placing the adjusted cast against the upper cast, and setting them in an articulator, the normal relative position of the jaws, whether open or shut, may be obtained more accurately than from the mouth, *in some fractures*. A model of the splint can therefore be made of gutta-percha. When quite cold from immersion in ice water, it should be put upon the upper jaw, and the fragments of the lower pressed up into it, to test the accuracy of the adjustments. This model might be used to form the mould for the splint without the original casts if either were found incorrect, for the gutta-percha could be made to fit by a little heat and pressure. As a rule, it should only be used to set the casts.

This plan is less painful to the patient in extreme cases, as it avoids the setting of the fragments and taking the bite. But it requires considerable care, as allowance must be made for any altered condition of the fractured surfaces, and also for any inability of the fractured jaw to go into proper articulation with the upper.

The gutta-percha or wax, when taken from the mouth,

should be placed between the cast representing the lower or broken jaw and that of the upper jaw, then cut into shape, the female screws, or the wings, imbedded, and the whole set in a suitable flask.

The nuts for the screws should be about an eighth of an inch square, and a little less than a line thick, thus giving a sufficient length to the female screw in the centre. The nuts should be beveled down, inside and out, on three sides, but the fourth only down to the middle one of three gold strips, of which the nuts are formed. This strip, being left long should be turned over a short distance from the nut and its edges notched—it will then act as a standard to hold the nut in place in the mould. Each nut must also have a piece of tough wood screwed into it. To set them in position, bore a hole in the plaster tooth exactly where the screws are to enter the natural teeth. Place one end of the wood into the hole with the *nut* against the plaster tooth, and bring the wax up close around it. In this way the other end of the wood will stand out and be imbedded with the gold strip in the plaster forming the mould, and the nuts held firmly while the rubber is packed.

Dental works give full directions for the vulcanization of rubber, and also as to many things necessary to a successful application of these splints.

Before applying the splints, all the projections caused by air holes, or other imperfections in the plaster-cast, must be cut away, especially in the parts covering the teeth. The rubber may also be beveled off where it fits close on the festooned edges of the gum. This will give more room for the teeth to enter in applying the splint, and leave the gum unpressed while the splint is worn. The latter should be well oiled inside before application.

A piece of packthread or silk, about a foot long, placed around the neck of one or more teeth, is frequently useful to draw a fragment into the position suitable for entering the splint. It should be tied at the ends, but not around the teeth, so that it may be easily cut and drawn away before the splint is on tight. Although the fragments of the bone may not have gone completely into place before taking the im-

pression, little anxiety need be felt as to their going up into the splint if the latter has been properly adjusted, as the muscular displacement frequently yields to the more normal condition produced by the splint, even when it is only partially in place.

If the jaw should not go well up in the splint, it may be worn loose for a day or two, to allow the muscles to relax. This, however, is rarely necessary.

A tube, just large enough to slide into the female screws, should be inserted, to protect them while the teeth are being drilled to receive the ends of the screws. The tube must be made of thin plate, and should be set at a right angle in the end of a thick piece of plate, that the latter may serve as a handle to keep the tube from turning with the drill.

Rubber splints are neat and comfortable. They can be kept free from food and all unpleasant odors, if frequently cleaned externally with a tooth-brush, and on the inside by means of a small sponge on the end of a crooked probe. They should also be frequently syringed with warm water, &c.

Fig. 4. This splint is made of tin. Six or eight sizes might be cast (and kept ready for use), from which one could be selected suitable for the jaw. The wings are of malleable iron, tinned to prevent rusting and for more readily soldering. Three sizes would be sufficient to select from.

The splint should have a handle in front, that it may be used as a cup to take the impression of the jaw—the holes being useful to allow a small probe to be pressed through the wax down to the teeth, thus allowing air to enter to facilitate the removal of the impression, and when in use as a splint giving entrance to warm water, thrown from a syringe, to keep the parts clean.

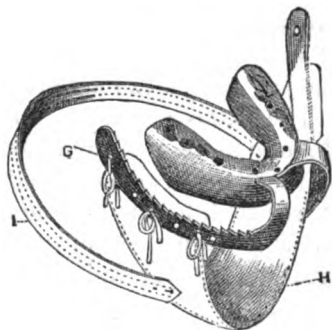


Fig. 4.

G, wing of malleable iron, projecting, with its fellow, from the splint to which they are soldered. H, mental or splint band, with the end left up to show the manner of tying it. I, neck strap.

The splint should be made to fit well by bending, cutting

off the edges and rounding them up smooth. When a tooth projects so as to keep the splint from fitting, a hole may be cut to let the tooth through, if the metal cannot be hammered out. This should all be done before taking the impression, as a well fitted cup assists greatly in this important matter.

(The adaptability of this splint is shown in the fact that the one from which the cut was taken had been used successfully on two different jaws, so unlike that the first was a quarter of an inch wider, where the ends of the splints rested, than the second. When fitting it to the second jaw, it was necessary to cut off a part of the right wing, to keep it clear of the corner of the mouth. This accounts for the difference in the width of the arches as seen in the cut. The indentations on the top of the splint were made by the boys in eating.)

After the *cast* is obtained, the handle in front should be cut off, and the wings, *if needed*, soldered on, care being taken that their edges are clear of the corners of the mouth, when *open*. Warm gutta-percha should then be placed in the splint, pressed down on the cast, and, after cooling it in water, dig out the softened plaster.

If the splint is found to rock on the teeth, it should be removed, a *little warm* (not hot) *water* be poured into the lining, then carefully replaced upon the teeth, and slightly pressed down. It will then fit perfectly. This lining will be of such form that it will come off the teeth readily, therefore the jaw can be examined when desirable.

The gutta-percha could be placed in the splint and applied *directly* to the teeth and gum, if the jaw is set *sufficiently firm*, as there would be no difficulty in drawing the lining off before it was cold, to remove the ligatures. But if they are put on so as to keep clear of the gum, they might be left during treatment, as the lining would prevent them from moving the teeth.

If the jaw retains its place when the gutta-percha is pressed down, the splint might be *left* on. In this way the gutta-percha, by embracing the teeth, and fitting in between them, would hold the fragments of the jaw firmly in place.

It is, however, much more difficult to apply gutta-percha than wax, as it requires more heat and pressure.

When the jaw can just be held in place and will bear but little pressure hardly that of warm wax, plaster of Paris might be used as a lining. In many cases it would hold the fragments in the splint for a long time.

This splint can be used without wings, in any way that Fig. 1 will answer.

The mental or splint band must be used when there are no teeth suitable to fasten to. This is frequently the case in children. This band may be removed for washing when necessary, care being taken that the patient keeps the jaws closed during the removal, in the earlier stages of treatment.

The splint has so far been spoken of in its adaptation to fractures in which the jaw is allowed to *move*. It can also be used instead of Figs. 2 and 3, by soldering suitable portions of another splint on the upper part, to hold the lining for the upper teeth. When the teeth are not fit for screws, the cap of Fig. 3 could be used, with long tapes to reach down to the wings beside the lower jaw, if a ready-made lower wing could not be fitted so as to act in place of an upper one.

No care will keep this splint as pleasant as one made of rubber. Gutta-percha absorbs and becomes very offensive, but the small quantity used for lining the splint is protected and covered so, that, with great cleanliness, it may be worn with little annoyance.

This splint has the advantage of being easier of application, and can be applied, if ready made, in much shorter time than a rubber splint.

In fractures treated with either kind of splint, the trouble and anxiety are over when the splint is on, as there is then no chance for the jaw to get misplaced.

In ordinary cases the splints may be removed during the first three days, if any edge is pressing so much into the gum as to be painful. With proper care in the fitting this will be unnecessary.

These splints hold the fragments so well together that I have seen badly lacerated gums heal up so perfectly, in from two to three days, that the fractures were then only simple.

No bad effects are produced by splints covering the teeth and gum. On the contrary, teeth that are so much loosened

by the injury as to be beyond recovery in the usual treatment, are securely held by the splint and become firm again. The gum looks red and soft while the splint is worn, but a short period suffices for its complete restoration, even when it has been covered up for months. I generally leave the splint on long enough to feel assured that temporary removal will not endanger the union, which is very delicate for some time. How soon this will be, after the first application of the splint, and how long before the splint can be dispensed with, depend upon the gravity of the injury and the state and age of the patient.

With the fragments held in place, little apprehension need be felt of those painful abscesses, exfoliations and other complications so often present in the usual treatment. The advantages of splints over bandages are so great that nothing but experience will give a full appreciation of them to any one. I am able to speak positively upon this point, as nearly all the cases treated by me had been found unmanageable by the old methods, before coming under my care, and some of them were gravely complicated.

The following are examples :

CASE 1.—A seaman, senseless from explosion of powder on board a Spanish frigate, was sent to the U. S. Naval Hospital. A comminuted fracture of the lower jaw was found between the canines, a piece of the bone loose in the mouth, the teeth of both jaws much shattered, with face severely burnt and lacerated. The case had been carefully treated for over four months without producing any union, when, by the advice of Surgeon Bache, Director of the Naval Laboratory, I was requested to treat it. The jaw was contracting from loss of bone and pieces were coming out through the chin. I applied a hard, vulcanized rubber splint, which inclosed the remaining teeth and gum of the lower jaw, its upper surface fitting well over the teeth above, except in front, where it was trimmed down to allow food to pass between the remnants of the superior incisors. The splint was fastened to the lower jaw by screws passing into a broken tooth on each side. The jaw was held up by starched muslin, moulded to a cast of the parts, in

repeated folds, until a line in thickness.* This reached to the zygomas, and was kept up by a band passing over the head. The splint was applied Feb. 12, 1861. Fragments of the bone came away for some time after, but the splint was not removed during the treatment. The jaw united well by the middle of May, and the man was sent home to Cuba.

Splints of similar construction, but without screws, and with a different bandage, were subsequently used with great success in over forty cases in one of the hospitals of the Confederate army in 1864.†

CASE 2.—I received a compound fracture in my own jaw between the right canine and lateral incisor teeth on November 4th, 1862, through my horse falling under me. The bone was much displaced and two incisor teeth loosened. I set the bone and it was held by a strong, well stretched silk, inclosing three incisors, the right canine and first bicuspid. This stopped the bleeding forthwith and held the bone firmly. A vulcanite splint was applied thirteen hours after injury. It inclosed all the lower teeth, and was fastened by gold screws to the first molars. It held the fragments so well that I was able to attend to patients in the afternoon, and continued to do so subsequently. The gum united by first intention, and the pain and swelling, which were very great in the external parts, diminished rapidly.

November 28th, the splint was removed, and good but flexible union found. It was again fastened on, but after seven days was worn without the screws, and removed daily. The jaw grew strong, the teeth firm, and the splint was left off January 1st, 1863, but worn at night until February 1st. Jaw was used in eating, talking, &c., throughout the treatment. The incisor teeth have regained their communication with the inferior dental nerve. This was severed by the displacement of the fragments, which was so great as to admit the little finger between the teeth. Judging from the sensation of slight tight-

* A bandage of thick gutta-percha was tried first, but it yielded to the shape of the jaw so much that it increased the tendency to contraction. The pliancy of gutta-percha is a radical objection to its use in or out of the mouth, except when it can be supported.

† See Richmond Medical Journal, Feb., 1866.

ness between the front teeth in certain movements of the muscles, the bone was twelve months in growing as stiff as before the accident. The case was presented to the New-York Academy of Medicine, January 7, 1863, by Dr. A. L. Sands. Prof. Alexander Stevens said the splint was a great improvement, and that the treatment would last forever.* The splint was brought before the Medical Society of the State of New-York in February.†

CASE 3.—G. B., forty-five years old. Jaw fractured through socket of right second bicuspid, June 5, 1863, by a blow. Displacement of back fragment inward and forward. Patient could not lie down, but slept in a chair, *holding the jaw*, as the surgeons could not keep the fragments in place. The fracture commenced inside the first bicuspid tooth, and passed backward and outward through the socket of the second, and downward also, at the expense of the back fragment. As the loosened bicuspid had been extracted instead of being kept in place, there was nothing to prevent the back fragment from sliding inward and over the front one. It was set and held in place by a jackscrew, of which one end rested on the left side, between the first and second molar teeth. The other end went into the short fragment, about the centre of the fracture, and as low down as the muscles under the tongue allowed. This held the parts firm while the impression and bite were taken, the mouth cup being notched out to go down over ends of the jackscrew. On June 17th, I applied a splint like Fig. 1, without screws, but held down by a strip of silk passing under the chin, and, supported by wings which projected from the splint, came out over the lower lip, and continued along the sides of the jaw like the wings of Fig. 4. Splint held the bone in place, although there were but two loose teeth in the back fragment—first molar having been out for years, and the second bicuspid lost through the fracture. Patient could now lie down comfortably. The band was worn snug until June 24th, when it was slackened because of painful swelling under the chin. No displacement following, the band was worn

* See Bulletin of the Academy.

† See the Society's Transactions for 1863; New-York Medical Times, August 8, 1863; Dental Cosmos, September, 1863.

loose afterward. July 20th, splint removed to examine the jaw and flexible union found; 29th, callus firmer. August 8th, improving; 18th, wings cut off, but splint worn until September 3d. Jaw allowed its natural motions throughout treatment.

This splint was presented to the New-York Academy of Medicine, in October, 1863.* I received the thanks of the Academy, accompanied by a request to report further when I should have completed the splint which I considered best adapted for general use. In answer to this request, the splint represented by Fig. 4 was fully described in the paper mentioned at the head of this article.

CASE 4.—J. Q., twenty-five years of age, had his jaw broken by being thrown from a cart, December 29th, 1863. On the same day he called in a physician, who tied the teeth together and sewed up a deep gash over the left masseter muscle. The ligature did not permanently control the fracture; the teeth became very loose and the front of the jaw was drawn back inside of the left fragment. Patient went into the Bellevue Hospital January 9th, 1864. The left lateral incisor, loosened by the accident, having been extracted, attempts were made to hold the jaw in place by passing wire around the teeth, but without success. January 14th patient was brought to my office. I find the jaw fractured through the socket of the left lateral incisor, slanting toward the symphysis as it descends, thence back at the expense of the inside of the left fragment. The gum is red and painful; great tenderness under the jaw and upon the ramus, which was also *supposed to be fractured*. I find it is not. The gash across the left masseter muscle is about two inches long, and through it the bone can be distinctly felt with the finger; much swelling, which is extending; pus discharging freely into the mouth and externally from the wound near the angle. Tied the fragments, taking in the remaining incisors, both canines and left bicuspids in the ligature, as the central incisors were quite loose, the one next the injury and also the left canine so much so that the fingers would have taken them out easily. A piece of wood

* See Bulletin of the Academy.

was placed endwise across the socket of the extracted lateral incisor, bearing against the central incisor and the canine, to prevent displacement while taking the impression. This held the fragment in place, but it was impossible to get the jaw into its natural position relatively to the upper. The left masseter muscle, weakened by the cut, having been inactive for so long a period, the parts had settled over to the left, and I was obliged to take the bite in that position.

January 15th. Applied a vulcanite splint, like Fig. 1, without screws or any other fastening. It held the fragments in place, and the patient experienced great relief. February 13th, took off the splint temporarily, no displacement followed but union was very soft. After this, removed the splint and examined the parts weekly. March 19th, the wound is healed. Removed the necrosed socket of the extracted incisor. Union firmer, teeth improved. April 9th, union strong, but it is advisable to wear the splint longer, on account of the canine tooth, which is growing firm. The jaw now articulates with the upper, and the upper and lower teeth fit against each other well. May 1st, splint dispensed with.

I have used this kind of splint on many patients, and always successfully. Amongst them were cases which had been treated, without avail, in civil and military hospitals of this and other places. I have never seen it fail to hold the bone in place, although used without any fastening in the mouth, or support externally from bandage. In one case the jaw was broken by a Minie ball into seven or eight pieces, and part of them, with one tooth lost.* In another much of the mental process was shot away, together with three front teeth.

* I extracted this tooth, the left central incisor, it being forced out in front, as the lateral had closed up so as to touch the right central incisor through the contraction of the parts, the fracture being two months and ten days old when I took charge of the case. One fracture went down through the socket of the ejected tooth, and another between the second left bicuspid and first molar. The alveolar inside the four teeth between these fractures was all necrosed, and that outside completely loosened from the bone below, the separation being horizontal and on a line with the end of the roots. This alveolar, with the four teeth attached to it, would have turned down externally at a right angle had the gum been cut vertically at the ends. I took away the necrosed portion, made the outer part fit at the symphysis, and set all in

CASE 5.—Mary Ann D., twenty-nine years old, was found in a state of insensibility, Feb. 12, 1864, and sent to the Bellevue Hospital the next morning. She remained unconscious until the 16th.

February 17th. Dr. R. B. Brownell spoke to me of her broken jaw, but said nothing could be done to it at present, as her head and face were so terribly swollen.

February 21st. Saw the patient at the hospital, and found her lower jaw broken on the right side, commencing half an inch back of the canine tooth, and passing downward at the expense of the back fragment. There have been no teeth back of the canine for some time, and, the gum being torn, the back fragment rides over the front, with its point sticking out sharp and bare, for three-eighths ($\frac{3}{8}$) of an inch, in the direction of the symphysis. Although there is much swelling around the fracture, in and out of the mouth, also over the left zygoma and down the ramus, there is *great mobility* of the front of the jaw.

February 22d. Patient was brought to my office. Swelling on the face lessened somewhat, but still undiminished in the gum around the fracture. On the left side there are no teeth back of the bicuspid, and the gum is sound and healthy, but indented by the upper wisdom tooth which has been pressing into it since the accident, previous to which it had not done so, except when the gum was swollen eighteen months before. This condition of the parts induced me to examine the left ramus carefully, and I found great play of its upper back portion, especially inward, but the only displacement when at rest, is upward and forward, and this to no great extent, as it is checked by the upper wisdom tooth. Finally concluded that a fracture exists in the neck of the condyle, passing downward and backward, thus allowing the muscles to draw the bone upward and forward.

place. The splint was applied July 22d, 1864. When it was taken off, December 11th, the jaw was united in every part, and the teeth were all fast, with the gum firm around them, but on the inside not quite as high as on the corresponding teeth of the other side of the mouth. To avoid being sent to the army again, the man wore the splint three months longer, without my knowledge, but the teeth and gum were not injured any by it.

The lower jaw contains only the four front teeth, the two canine and first left bicuspid. The gum back of these is free from roots, except that of the right wisdom tooth, which still remains, but decayed close down. The upper jaw has been without the eight teeth forward of the second bicuspids for some time; of the other eight, seven still remain, the right second molar only having been extracted.

To set the jaw, the right fragment was put in the best position that could be obtained with the fingers, assisted by a stout piece of silk passing round the left canine. A jackscrew, with a collar fitting against the root of the wisdom tooth in right fragment, and the other end bearing on the gum between the left lateral incisor and canine teeth, was then screwed out until the extension was sufficient to allow the fractured bone to come into proper position. The end of the long or forward fragment was then held up, and an impression in soft wax taken of all the teeth and gum, as far back as the ramus on each side. Care was taken to put the bone in place at the neck of the condyle while the bite was obtained.

February 28th. Applied the splint.* The surgeon who brought the patient to my office wished to try and hold the chin up with a leather bandage of Hamilton's pattern. It held the chin up very well for a short time, when tightly buckled, but in an hour the jaw fell away somewhat.

February 29th. Swellings on the head, temples, &c., with pain caused by the bandage.

Compresses were placed over the head and temples, and great pains taken to prevent the bandage from hurting. It was worn so loose that the teeth went up and down in the splint to such an extent that it was feared the jaw would get out entirely.

March 2d. Patient brought a request from the surgeon in charge of her case at the hospital that I would screw the splint fast to the teeth, that the bandage may be dispensed with, for the swellings on the head, temples, &c., are much increased. The lower lip is also very painful on the right side, in front of the canine. Gum has grown over the point of the bone; it is

* See Fig. 2, taken from the original.

therefore only a simple fracture now. Screwed the splint fast.

March 10th. Swellings caused by the bandage nearly gone. Patient complains of pain in swallowing. Removed splint, and shortened the left end, which had cut into the palatoglossus muscle. Bone is united so well as to keep its form, and the fracture at the neck of the condyle is doing well. No complaint as to the teeth.

March 14th. Patient in good spirits and quite comfortable. Wants to leave the hospital and go to work. No complaint as to the teeth.

March 26th. At my request patient was discharged from the hospital, but still wearing her splint.

April 8th. Splint removed and good union found. Splint was worn just forty days, but the patient has a fine constitution and the bone united rapidly.

June 7th, 1865. Patient sent me word that the jaw was all right.

In this case the fractured jaw was held by the splint in proper relative position to the upper jaw, but in the next case the jaw was held *out* of its proper position.

CASE 6.—Patient thirty-six years old, the son of a physician in Brooklyn; jaw fractured through the symphysis, and the right condyle dislocated outward and backward, February 10th, 1866, in falling down stairs, and striking the chin on a small desk. The dislocation was reduced, but the displacement of the jaw being found uncontrollable, I was called in consultation.

February 14th.—Patient has been confined to his bed since the accident, motion being insufferably painful. The right side of the jaw is so much out of place that the lower back teeth strike nearly outside the upper. At the point of fracture, the left fragment is inside the right with a lateral displacement of five or six lines, and nearly that much vertical displacement. Much swelling and pain under and inside the front of the jaw, with terrible suffering in the right glenoid fossa and ligaments when the condyle is moved. There is a firm, smooth swelling upon the outer part of the neck of the condyle, but nothing that indicates fracture of the bone, al-

though the back teeth touch too soon, and it is impossible to get the lower bicuspids up to those above them. This is probably caused by some displacement or injury of the interarticular cartilage, which allows the condyle to go up too far into the glenoid fossa. The left side of the jaw will move in any direction being uninjured, and the muscles in good condition (except at the symphysis). This accounts for the fragment being carried over to the right side, where the ligaments and muscles are so *crippled* as to be *unable to balance*, or antagonize those in good condition on the left. Packthread was passed around the left bicuspid, with a piece of wood through the other end, to assist the fingers while the bone was drawn over to the left side. At the same time this fragment was pressed down with the fingers, aided by levers and wedges of wood. The muscular resistance to motion was so great that all efforts to bring the fragments into position were ineffectual for a long time, although the left half was drawn steadily over to its own side. But after two hours' effort the parts yielded sufficiently, and a piece of wood was fitted across the roof of the mouth, between the upper teeth, and extending under their crowns. Its lower surface was cut out to receive the teeth of both sides of the lower jaw, and the fractured ends, at the symphysis, were secured by thread passed around the teeth. The patient felt much relieved by this, although exhausted by the pain experienced in accomplishing it, as it was not thought advisable to give anæsthetics. Probably the parts would have come into place readily under their influence, but whether they could have been held there so well afterward is more doubtful.

February 15th. Patient walking round, feeling much better. The halves of the jaw are in comfortable position. The parts near the fracture have improved greatly since relieved from the pressure of the displaced ends of the bone, and the jaw opens wider. Took wax impression of upper and lower teeth, &c. The lower jaw being only imperfectly set, the plaster cast was sawed apart between the central incisor and adjusted by the upper cast. The packthread was still allowed to remain on the lower bicuspid, that the patient might draw the jaw into place, should it settle to the right again.

February 16th. The general condition of the soft parts much improved, but no difference in the right articulation. It is yet impossible to set the halves of the jaw together properly, without bringing the left half down to meet the other. The right condyle, although apparently in its place in the glenoid fossa, is not so, as the back teeth on this side meet too soon, so that the teeth cannot close, at the canines, by about two lines. The *left half* was therefore brought forward at the condyle, *until a full quarter of an inch down at the wisdom tooth and the same at the canine.* In this position, it was set up in the wax resting upon the upper teeth and the bite taken. When the casts were placed in the wax bite, to form the mould for the splint, the upper and lower right wisdom teeth were separated about a line. This was done in the hope that when the splint was applied the parts might yield, so as to allow the condyle to fall away some.

February 19th. On applying the splint the right fragment would not go up into place, even under much pressure, until the part between the crowns of the wisdom teeth was all cut away—showing that no improvement has taken place in the joint to this time. The right wisdom tooth is hard against the one above, while the canine teeth and the other wisdom tooth are considerably below the upper ones. Splint left unfastened.

February 19th. Patient very comfortable, except that the edge of the splint cuts the gum a little. The splint was removed and made easy, then screwed to the first right upper molar and left canine, and to both lower canines. The jaws are held as close together as the back teeth permit, for as all the four upper incisor teeth have been absent for some time the opening in the splint is large enough without depressing the lower jaw. A channel is cut in each side of the splint, that the saliva from the parotid glands may get into the mouth.

February 24th. Patient very comfortable and much pleased with the splint. All going on well.

March 16th. Swelling set in over right condyle and ramus in the beginning of the month, but passed off. About the same time the part under the symphysis opened, but closed up

after a teaspoonful of pus had discharged. The swelling on the neck of the right condyle is still very painful; doing well in other respects.

March 30th. Swelling all gone, except the small lump near right condyle, which is still painful. Left central incisor (next to the fracture) quite tender, and pus discharging from its socket.

April 12th. Tooth better. Swelling near the condyle less painful.

April 22d. Swelling near right condyle much less painful. Splint has been worn sixty-two days, and been on without a moment's intermission just sixty-one days. Removed it and good union found. Upper part of the splint cut off, and the *jaw allowed to move*—the lower part being put on again, as the union is not yet stiff enough. The jaw is therefore left in a splint, like Fig. 1, but still screwed to the canine teeth.

May 18th. Splint dispensed with. Jaw firmly united and the same shape as before the accident. *Also going into its place as regards the upper jaw*, the top of the splint, where the points of the upper teeth rest, having been cut down about once a week since the jaw has been allowed to move. It continued to improve and go up closer to the upper teeth until the beginning of July, when it was nearly in place. The jaw moved very well *up* and *down*, but the right condyle had very little ability to come forward in the lateral movement of the jaw.

September 8th. The patient is out of town; but I have heard from several sources that the jaw is all right.

September 15th. The patient's father says the lateral motion is nearly perfect again, and the jaw in place.

This case shows the necessity of some intervening support between the teeth in some cases during treatment, and therefore affords another argument in favor of interdental splints.

CASE 7.—P. N., thirty-six years old, was struck with a club on the left side of the jaw, August 19, 1866. Went to the Demilt Dispensary, from whence he was brought to me, August 22. Find the jaw-bone broken on both sides. The lower lip and parts covering the mental process have little sensation, owing to the separation of the inferior dental nerves. Frac-

ture on the left side, between the bicuspid; it is square across, vertical and smooth. The bicuspid teeth quite firm. The first downward and forward about four lines from the second. The other fracture is through the socket of the lower right wisdom tooth, leaving one root in front fragment, while the crown of the tooth is held by its back root, in part attached to the ramus. Fracture passes down, inclining to the angle. The back fragment keeps forward and up, so that the wisdom tooth strikes against the upper teeth, while the forward fragment is full half an inch down when at rest. Much swelling, pain and discharge of pus. The jaw settles over to the right. The teeth above and below are all present, except the lower left wisdom tooth, and pretty firm, except the one in the fractured socket. Both upper and lower teeth show distinctly where their antagonists closed against them. The lower jaw shuts a trifle outside the upper at the *right* bicuspid, owing to a very peculiar cut outward of the *left* angle, which has caused the muscles to swing the jaw over somewhat. The patient says this irregularity was caused by the kick of a mule, when he was about nine years old. Tied the bicuspid together with silk, and took a wax impression of the fourteen teeth, leaving out the elevated wisdom tooth, of which an impression was taken separately. The parts were not precisely placed, therefore the plaster-cast was sawed apart between the bicuspid, and adjusted by the cast of the upper jaw. The wisdom tooth was added in the same way. The lower cast then included the fifteen teeth of the lower jaw, *all in place*. It was placed against the upper cast, and *both set in an articulator*. The jaws were then opened nearly three-eighths of an inch, and gutta-percha splint made. This was tried in the mouth, and being right was trimmed to the form required for the splint; then, with the upper and lower casts, set in a vulcanizing flask, with the female screws all in place. After the plaster had set the flask was made quite warm, in order that the plaster teeth should not be broken when drawing out the gutta-percha to make room for the rubber. The opening in front of the splint reached from one canine to the other, and from the points of the upper teeth to those below. and holes were made through the sides for the saliva.

August 25th. When applying the splint considerable difficulty was experienced in getting the jaw into place, owing to the pain and displacement of the fragments; but after placing packthread around the front teeth, and pulling the jaw over to the left, every part went up into the splint, although scarcely as high as they should, the splint being rather tight, because of the improper omission of the two or three coats of silicious varnish usually given to the plaster teeth before packing the soft rubber. The splint was screwed to both canines, on the left side, and to the upper first molar and lower first bicuspid on the right.

August 27th. Swelling and pain lessened very much.

August 28th. All going well; patient wants to know if he may go to work.

August 29th. Parts begin to look natural. Patient sleeps well, except when coughing, through a severe cold.

August 31st. Patient quite comfortable, except when coughing at night. Has begun to work at his trade (glass cutting).

September 5th. Patient has been out in the country to see a sick relative. Removed the splint and cut away some parts pressing too hard on the roof of the mouth. Fractures making fair progress. Took away the right wisdom tooth, it being very loose, as in addition to the loss of one root the tooth had been further loosened by attempts to extract it before the patient went to the dispensary. Replaced the splint.

September 8th. Sensation returning to lower lip, &c. Doing well in every particular. The right back fragment has no tooth to hold it, but the muscles keep it firm against the portion in front.

September 15th. All going on well.

The man was spared much pain by adjusting the casts by the articulator. In fact, it would have been hardly possible to set the fragments of the bone in place and hold them there while taking the impressions and bite, the case being so extremely severe in every particular. All attempts to hold it in place by bandage, even temporarily, were ineffectual.

Sept. 18. Pus again discharging profusely from the right fracture. Patient says, the bone moves; he points to the coronoid process. When the temporal and masseter muscles

are brought into action, crepitus can be distinctly felt, especially if the finger is placed on the left angle where there is no swelling.

Sept. 20th. Displacement of the right ramus outward, forward and upward.

Sept. 21st. Swelling and pain increased since yesterday. On removing the splint, I find good but flexible union on the left side; the right fracture proves to be very oblique and diagonal to the thickness of the bone; it commences outside the second molar, passes through the socket of the third (the extracted tooth), and terminates somewhere on the inside, short of the angle. Since Sept. 5th, when the wisdom tooth was extracted, this fragment has had nothing to hold it back in place, except the roughness of the fractured surfaces, which may have given way under the action of the unusually strong muscles and the jarring of a severe cough. When describing the splints before the Academy of Medicine, I suggested that, when necessary, metallic points could be arranged in them to go into the bone. I now decided to apply one in this case, for as the line of fracture averages three inches around the bone, a salient edge, one inch and a half wide on each fragment, is pressing into the periosteum and other tissues. This can all be remedied by the aid of a piece of wire, which may go into the muscles, &c., perhaps a quarter of an inch, and press against the bone even less than that. A steel hook was, therefore, screwed into the end of the splint, just below the back corner of the upper wisdom tooth. The wire is a line in diameter and three-quarters of an inch long, clear of the splint. It is bent, so as to go down outside the bone where the ramus starts from the body. The point of the hook goes through the buccinator muscle and rests firmly on the bone. Firm pressure on the splint forced the ramus back, and the splint went on to the upper teeth, but at the expense of carrying the front of the lower jaw too much to the right, as the overlapping of the fragments did not yield readily. Packthread was passed around the right bicuspid and canine, and after drawing the front of the jaw to the left for ten or twelve minutes, the fragments came into position and the teeth went up in the splint. The bone was then quite firm,

the action of the muscles causing no motion in it whatever.

Pain was felt for several days near the condyle and in the front of the ear, with occasional stinging in the temple; but this, with the swelling and suffering of the previous displacement, rapidly passed away.

Oct. 4th. All the parts are looking better than at any time since the injury. The pus is much diminished, and the bone is held quite still.

Oct. 8th. Only a little pus to be seen, but a piece of the alveolar which lies in the gum on the outside of the right second molar is nearly detached. No motion has been felt in the ramus since the hook was applied.

Oct. 11th. Removed the loose piece of alveolar easily.

Oct. 19th. Patient failed to call on the 15th and 18th, but came to-day, quite drunk. The splint is firm, however, and the bone doing well.

Oct. 26th. His wife called and said he had been in jail since the evening of the 19th, and that for a week previous he had been drunk nearly all the time. She was afraid his jaw was injured, as he had thrown himself about very much and vomited frequently.

Oct. 28th. I called at the prison. He looks thin and pale, but the jaw is doing well, and the splint secure.

Nov. 24th. He has been out some time; I removed the splint to-day. The left side of the jaw is quite strong and there is good but flexible union on the right side. The hook has been worn sixty-four days without a moment's intermission; the hole left in the gum is just the size of the wire, and the parts around are quite healthy. Splint dispensed with.

Dec. 10th. The callus has stiffened very much since the splint was left off, and both sides of the jaw are now used in eating.

In this case neither weight nor distension could have displaced the bone, for the ramus was drawn upward and the swelling had subsided. The temporal and associate muscles must therefore have been the only cause of the displacement, although opposed by the body of the jaw, which was held still by the splint. This case, therefore, with the others used

to illustrate the treatment, shows that the muscles are active causes of displacement, as distinctly intimated by me throughout the subject, and formerly stated in the paper read before the New-York Academy of Medicine, June 1st, 1864.

Other cases treated and seen by me also demonstrate that the opinion expressed so decidedly by Malgaigne and entertained by Hamilton, as to the effect of the impulse given by the cause of fracture upon displacement, is erroneous. For the impulse being exhausted in deciding the position, direction, and extent of the injury to the bone and surrounding tissues, the bone is then *surrendered* to the muscles which affected it before and at the time of fracture, and still continue to do so, according to *the condition in which it and they are left*.

In view of the importance of correct opinions upon this subject, my next paper will be upon the muscles which control and influence the lower jaw.

CASE 8.—I applied the wings of Fig. 3 in the case of a distinguished statesman in Washington, whose jaw was fractured on both sides between the bicuspid.

The injury was caused by falling from a carriage, April 5th, 1865. Unsuccessful attempts had been made to hold the jaw in place by bandages, and also with ligatures on the teeth, by the surgeons first called to the case. On the 14th the patient, while asleep, was attacked by an assassin, and a cut inflicted which reached from under the right zygoma to the left of the trachea. Steno's duct was severed, and the right fracture laid open externally, the bone being also much exposed in the mouth from the original injury.

In accordance with letter of April 14th, from Dr. Wm. Whelan, chief of the Naval Bureau of Medicine and Surgery, in answer to one by Surgeon Bache, chief of the Naval Laboratory, suggesting the use of an interdental splint, and telegrams of the 15th, urging me to come on at once, I started for Washington, and reached the patient's house at twelve, noon, on April, 16th. Attending Surgeon, Basil Norris, U. S. A., informed me that the jaw was fractured on the right side, between the bicuspid teeth, and also in the ramus of same side; that the jaw had been bandaged against the upper gum,

but this proving insupportable to the patient the bandages were removed. Upon examination I found discoloration caused by the accident still remaining on the right side of the face. A cut (inflicted in the attempted assassination) commenced under the zygoma, passed forward about three inches, then downward and backward an equal distance, to the lower border of the jaw, from whence it crossed over the front of the throat to the left of the trachea. On the skin its first direction fell somewhat from a horizontal line, the second passed down at a little less than a right angle to the first, while the third went forward and downward. These three divisions, of nearly equal length, appeared to have been made by one sweep of the knife. Across the throat the wound was superficial, but above the border of the jaw it grew deeper, as it *split* the cheek—the point of the knife making no entrance into the mouth, except so far as it may be considered to have done so by laying open the right fracture externally, the gum being already lacerated internally from the great displacement of the bone following upon the original injury. The knife was evidently aimed at the throat, but the head being thrown over (the right arm being useless) the cheek and the jaw received the brunt of the blow. No arteries had been ligatured. The wound was neatly sewed up and healing by first intention, except immediately under the fracture. The swelling and stiffness made the examination difficult, but the ramus proved to be uninjured. There was, however, a second fracture, but on the other side of the mouth, the jaw being fractured on both sides between the bicuspids. The jaw contained all the ten forward teeth. The right wisdom tooth and root of the left were all that remained back of the bicuspids. The part in front, containing eight teeth, was drawn down out of place, while the right back fragment, with the wisdom tooth and second bicuspids, was drawn up, showing its fractured end white and bare. The fracture was square across, vertical and smooth, and the parts were separated vertically over a quarter of an inch when at rest, sometimes much more. On the left side, the first bicuspids fell forward and downward from the second one-quarter of an inch. This fracture passed forward somewhat in descending. Here the bone could not be seen,

as the gum had separated from both teeth and lay swollen over it. Pus discharged profusely from both fractures. The gum was pale and flaccid, in keeping with the general condition of the patient. The upper jaw was entirely without teeth. Deeming it important to set the exposed bone in place as early as possible, and also to give the patient time to recuperate—as he had already been subjected, during the morning, not only to a relation of the President's death, but to much that was said and written upon the subject—I obtained the patient's artificial teeth, intending to cut out the front teeth, and tie the lower natural canines to the upper artificial ones. In this way the back fragments would have been kept down in place, and in return would have held the artificial teeth up against the roof of the mouth. They could have been used therefore to support the front of the lower jaw temporarily, without assistance from bandages, which were not only inadmissible in consequence of the wounds, &c., but would have increased the tendency to necrosis by interfering with the circulation. But the patient's experience with the teeth had not been such as encouraged him that he could bear them in his mouth. It was therefore necessary to leave the parts as they were until the next morning.

In the afternoon, while explaining the treatment proper for the case to Dr. Whelan, I also stated my unwillingness to commence, except with the understanding that I should control it entirely.

April 17th. Was informed by Surgeon Norris, that the friends of the patient were unwilling to have the splint fitted to the jaw at present, and that the surgeons agreed with them.

Upon giving my views to the contrary, Dr. Norris came over to my opinion. I consented to wait until the following morning, when it was finally decided not to proceed in the matter. I protested, in vain, but promised to return when sent for.

April 28th. Arrived in Washington; Surgeon-General Barnes informed me that the jaw was more displaced, but the patient otherwise much improved. I found the sensation of the right side of the forehead, face, and lips deficient. The separation of the inferior dental nerve by the displacement of

the bone, and of branches of the facial nerve, by the knife, did not seem sufficient to account for it. There was also irregular motion in the right eye. The front of the jaw was lower, and the right back fragment showed its alveolar to a greater extent. There were no indications of any tendency to union on either side. The fragments could be put precisely in place, no splinters or any thing else intervening. There was little swelling, but great discharge of pus. Took wax impression of upper jaw, and removed the tartar from lower teeth.

April 29th. I set the jaw, and held it in place by wire and silk ligatures, as described in page 488. Took a wax impression of the teeth and gum, and obtained the bite directly from the teeth, &c.*

April 30th. Patient felt much relieved, as the ligatures held the front of the jaw up well. Tried in a gutta-percha splint, arranged the wings in it, removed it carefully from the mouth, placed the upper and lower casts and female screws in it, and set them in a vulcanizing flask.

Although the front of the jaw containing the eight forward teeth was greatly displaced (before the setting), the silk and wire ligatures held well until May 2d, when they were removed and the splint applied. It was of hard, vulcanized rubber, covered the roof of the mouth and adjacent gum, inclosed all the lower teeth, and went down over the gum on the outside somewhat. The opening in front was seven-eighths of an inch wide, and half an inch high in the centre, the wings preventing any more room sideways, as they were set clear of the commissure of the lips. To have given more room in the height, by depressing the lower jaw, would have made it very difficult to prevent the saliva from overflowing at the lips. Upon putting in the splint the breathing was very spasmodic for several minutes, but this soon passed off, and I screwed it fast to the lower teeth. They held it against the upper gum for the first night, but after that a cap, with adjuncts, as in Fig. 3, was worn to support the splint. The

* In doing this, and in making the splint, I was assisted by Mr. J. Adams Bishop, who accompanied me from New-York.

upper wings only were used, as the lower jaw was held up in the splint by screws passing into the lower canines. The mental band was consequently not applied, although the lower wings were left on in case of need. The upper wings being kept clear of the zygomas, the parts around the jaw and face were left free from pressure—this being important, in order that the vascular and nervous circulation should be unimpeded. After giving the excellent army nurses who were in attendance upon the patient, full directions for keeping the splint clean in the mouth, and properly balanced by the cap, which I had fitted to the head, I left Washington, May 3d.

Arrived in Washington again on the 8th, having received a telegram saying that the patient was suffering much pain. Found him quite comfortable, talking freely, and much encouraged. Saliva had accumulated several times in the cheek, but had been let out by lancing externally. The splint had been kept quite clean, and as everything was going on well I left on the 9th.

June 11th. Saw the patient again. The left side appeared to be well united, but the right gave no indication of union, although the wound under it was nearly closed, the last of several pieces of bone having been removed some days before. I promised to remove the splint in four weeks from that date to examine the parts.

This splint held the jaw firm for sixty-eight days, when I removed it.

There was good union on the left side, but the right fracture was still ununited. For this, however, I was prepared, as the bone had been exposed so much during the twenty-four days which elapsed before I set it, and the saliva from the right parotid gland had discharged through the fracture from a short time after the attack. These unfavorable conditions, with other depressing circumstances, associated with an enfeebled condition from loss of blood, had been followed by necrosis of the ends of the bone on that side, and several pieces had come away externally during the first six weeks from the time the splint was applied, and also a long piece from the inside of the jaw on the left side.

I now removed the necrosed alveolar of the second bicuspid, but left the tooth in, as it appeared to have healthy connection with the lower part of its socket. The other teeth had grown firm. The splint had not been off the jaw a moment since its first application, and therefore little examination had been made internally, but external appearances had indicated that the saliva followed the course taken by the point of the knife. At this time, July 9th, Steno's duct proved to be completely closed. I could not pass the smallest probe even into its mouth, and the saliva discharged wholly through the ununited fracture.

Upon removing the first splint I immediately put another upon the teeth. This splint was ready for application, having been made on a cast taken from the original impression. This second splint was like Fig. 1. It covered all the teeth and gum, and was worn from July 9th to August 4th, when I removed it and put on a splint which allowed all the teeth to be seen except the wisdom tooth on the right and the root on the left side, upon which it rested. This splint was worn screwed to the canines, until the beginning of September, four months from the application of the first splint. I saw the patient several times during the month of October. The jaw seemed to be getting firmer on the right side. On the left it was then quite strong, and all precisely in place.

The patient talked freely while wearing the splints, except for a few days at the commencement. From the time the second was applied the jaw has been used for eating.

In a letter to me of March 29th, 1866, the patient says: "The whole jaw moves quite well and firmly. Thus at last I begin to regard my cure in that respect complete."

I have not seen it myself since October, 1865, therefore cannot speak of it by personal observation.

Of the splints spoken of in this paper, with their wings and other appliances, I am enabled to give most decided assurances of their perfect adaptability to the purpose for which they were devised.

Having personally experienced their great advantage, and believing them to be superior to all other treatment, I have endeavored to make the application of them as easy as pos-

sible, desiring that others, whether practitioners or patients, may have the benefit of their use, when necessary.

ARTICLE XLVIII.—*Carbolic-Acid.* By J. HN HORNBY, M.D., of Poughkeepsie.

THIS valuable drug was discovered by a French physician some years ago; for particulars of which see an abstract, taken from a German periodical, in the January number (91) of the British Journal of Homœopathy for 1865, by Dr. Roth of Paris.

It was first recommended as a powerful antiseptic, which it is, and also anthelmintic, both of which I have proved and have found also, that it is a valuable drug administered internally, and applied externally, for various diseases.

In its physiological sphere, I have found it curative in croup of a catarrhal character. I have not yet had an opportunity of trying it in the membranous form.

In pediculis pubis and scabies, I have found it a success. In the first, the patient, a young man of eighteen years, was suffering from a swarm of these parasites, which covered the pubis and other parts, also the thighs, legs, and forearms, causing incessant itching and consequent scratching, to bleeding, with loss of sleep and appetite, and a miserable state of life.

The first decimal dilution, ten drops in an ounce of rain water, applied to the affected parts, destroyed the vermin in three applications; and the patient recovered from all their evil effects in a few days after.

My second experience (in scabies) was in a family of father, mother and son, who were all affected with the itch, which was contracted by the son at school. The first decimal dilution, used as above, cured them all in a week.

My third experience was in the mother of the first patient, who had violent itching of her arms, incurred, it is presumable, by making the bed of her son, of whose real condition she was ignorant. The same potency applied in the same manner effected a speedy eradication of her difficulty.

In all these cases there were permanent cures. I would

also recommend it to be used topically, five drops of the first decimal in two ounces of rain water, as a gargle in anginous sore throat of diphtheria and scarlet fever. In syphilitic sore throat; in all ulcerated sore throats; syphilitic ulcers; gangrenous ulcers; and bed sores; in leucorrhœas from ulceration of the womb, and for ulcers of the legs.

It will be found curative in pin-worms of adults and children; it can be used as follows: mix five drops of the first decimal in half an ounce of luke warm rain water, and syringe gently into the rectum at night, when these entozoa are most active and annoying. It does not require many repetitions to eradicate them, and procure relief from their torment, using it in stronger proportions for adults.

I would advise it to be used internally at the same time in higher dilutions, say the third or sixth centesimal.

ARTICLE XLIX.—*The High Potencies.* From Dr. GRAUVOGEL's Homœopathy, translated by S. Lilienthal, M.D., of New-York.

THE rules for the application of high potencies and for the dose in general may be brought down to the following:

1. Our experience in carrying out the law of similitudes teaches us, that, if we have to act on single parts with the single aim to *act against a qualitative cause*, we had better use the low dilutions, as in hæmorrhages before or after child-birth, Arnica, in order to produce agglutination of the wounded parts, or to keep off suppuration. Starting from such indications, the effect stands in proportion to the quantity of the dose, going in rare cases even as low as the tincture itself.

2. In the application of these low dilutions we see clearly one symptom pass away after another. If we give Phosphorus in pneumonia, when indicated, from 1st to 3d dilution, four to five drops every quarter hour, the stitching pain will pass off in less than two hours with complete apyrexia; but the dyspnœa continues; and we have good luck, if we do not produce other phosphor effects, as pain in the bowels, diarrhœa. But the worst of it is, that the resorption of the exudation is

stopped or greatly retarded. Now by giving Phosph. 30, or even higher and at longer intervals, the stitching pain will remain longer, the apyrexia appears later; but *pari passu* we see also the resorption of the exudation; the decrease of the dyspnœa and disagreeable after-effects are not perceived. In applying high potencies therefore, the symptoms pass away quietly and leave no trace of their existence.

3. If we have to deal with a change of a process of reduction in the process of oxydation, or vice versa, we must use the low dilutions.

4. But if we have to dissolve processes of retention, high potencies are indicated, and it seems, the effect of the indicated remedy is in inverted proportion to the quantity of the dose.

5. But suppose the third dilution of a remedy, clearly and fully indicated, remains without effect, what then has to be done, should the dose be lowered or raised? This question we answer thus:

6. If we have to do with functional diseases, the higher potencies will be required, but if we have to cure nutritive alterations, we had better descend to lower dilutions. Nutritive remedies therefore act most beneficially in low dilutions, functional remedies in high dilutions. We see then, that we have to work out this object not only according to quality and quantity, but chiefly according to the category of relation.

7. A chronic disease, especially when based upon retentions in a carbo-nitrogen constitution, can *only* be cured quickly, safely and pleasantly by high potencies, yea, it can be rendered incurable by the use of low potencies.

8. A repetition of a high potency is only allowable, after the first dose has ceased to act in a curative manner. A more frequent repetition of high potencies is only indicated in acute diseases; in chronic diseases it would produce too quickly an immunity against the remedy.

9. Either prepare your high potencies yourself or be sure, that they come from a reliable pharmacy.

In judging any quantity, we have to point out the measure as the unity, from which we start, and the different divisions on which we base it.

In the physiological schools the apothecary's weight is the measure and the unity to start from, and it orders its remedies by grains, scruples, drachms, ounces and pounds.

This measure does not exist in the organism, which is composed of cells, molecules and atoms. The apothecary's weight is therefore not the unity suitable to the organism. We have to do with the doses of the remedy; not with its weight, but with its measure, and if we want to measure a body, the scale must be uniform with the body to be measured. Length has to be measured by length, plains by plains, bodies by bodies.

We have already seen, that the measure of molecules and their atoms is equivalent to their power of contraction, therefore we can only prescribe atoms and molecules, after we have found out on the healthy the reactions of the organism against it, in order to know the just measure for the sick.

ARTICLE L.—*Are High Potencies Secret Remedies?* By S. LILIENTHAL, M.D., of New-York.

THERE is a great tempest about high potencies in the mind of the profession; and yet every one can prepare them easily, only they are a little expensive. My mode of preparing them I learned from Dr. Baruch, of this city, who prepares every one of his medicines in his laboratory; and certainly the effects of his medicines are such, as to leave nothing to be desired. His office is thronged from morning till late in the night with patients, willing to wait for hours, who are living witnesses to the efficacy of his preparations.

I suppose every physician's time is too valuable to be wasted in manual labor. We need therefore 1. an assistant, a good laboring man, or better yet, a neat tidy girl will do just as well. 2. A piece of cork of good dimensions. 3. Plenty of distilled water. Now take a two-ounce bottle, well cleansed; put in one drop of the medicine to ninety-nine of water, or in the same proportion, to fill the bottle half full, give it three powerful succussions on the piece of cork, and you have the first. Now throw all the water away in an empty pail, standing close to you, enough medicine remains for all purposes; fill

the bottle half full again from the pitcher at your right, succuss three times, throw it away again, and do this over and over, till you come to a dilution, which you intend to preserve, where you use your ready alcohol instead of the water. Any person, after getting used to the manipulation, can easily put a remedy up to a thousand or even to fifteen hundred in a day, and have time to spare. Experience has shown that three firm succussions are as good as a hundred shakes, and the experiment is so easily made that any one can try it. Only have everything ready before you start your assistant in his labor. Have your bottles labelled with their number of dilution or potency on a rack, and for a beginner, to save errors, let him keep nine small buttons and one large one close by him for every hundred. After every tenth potency he moves one from the sum, and in coming to a full hundred, a large one is put aside. Usually only the 30, 50, 100, 200, 500, 1000, 1500, 3000, are preserved; and only two days' work is required for any one remedy up to the 2000th. It is a monotonous work, and the laborer is richly worthy of his hire. But I have not the least doubt, that every medicine, *originally perfectly pure*, dynamized according to the above rule, will show the same effect as any secret preparations from whatever source they may have emanated. Even let a fluid ounce of any extremely high preparation cost ever so much, millions of pellets can be moistened with it at a reasonable price, and then it is a great satisfaction to have your own preparations grow up, as it were, under your own eyes.

ARTICLE LI.—*Tuberculosis.* By DR. ROTH, of Paris. Translated by S. Lilienthal, M.D., of New-York.

On the 29th of October, 1866, Dr. Villemin, made the following remarks on the cause and nature of tubercles in the French Academy of Sciences.

“In my first communication of Dec. 4, 1865, I proved by experiment, that tuberculosis is a virulent disease which can be inoculated. Since that time I undertook new experiments on this important subject, which confirmed the former results,

and prove that phthisis is a specific disease, equal to glanders, syphilis, variola, scarlatina, typhus, chicken-pox, typhus of cattle. Like those diseases phthisis executes only its ravages on a limited number of animal species.

The belief, that phthisis exists in a large number of the animal species, arose simply from the error, that many anatomical lesions look similar to the lesions of phthisis; but these pseudo-tubercles are generally only direct or indirect products of the parasites inhabiting the different organs.

In my pamphlet "*De la Phthisie et des Maladies; qui la simulent dans série Zoologique,*" I have shown:

1. That phthisis was thought to be in many animals, because every small heterogeneous nodule was taken for the specific tubercle; because the cheesy, chalky, gypseous consistence was considered as the specific characteristic of the tuberculous disease; and because consumption, depending on most different causes, was always taken as a symptom of tuberculosis.

2. Except man, only apes, cows and rabbits give indubitable examples of tuberculosis.

3. The so-called tubercles, found in all other animals, are mostly parasites, or indirectly produced by parasites.

The new experiments undertaken by us are yet unsatisfactory and incomplete, especially because apes and cows, on account of their particular disposition to tuberculosis, are inadmissible, yet they sufficed to confirm the results of our former experiments, and to approximate the solution of the questions of hereditariness and the time of incubation.

Inoculation from Man to Rabbits.—Of nine rabbits inoculated with tubercles, taken from man, only one resisted. Adding therefore those nine to the other nine on our first paper (N. A. J., XV., 86), and the following four cases, we have then twenty-two cases, of which only two did not succumb to the consequences of the inoculation. The failure of one case may be attributed to the mode of experiment, having injected in the trachea the tuberculous matter dissolved in water. In the second case we probably failed, the tubercle being yet gray and not fully developed.

Inoculation from Cows to Rabbits.—Phthisis of cows, called "pormelière" by veterinary surgeons, causes an ana-

tomical process, whose similarity to human phthisis we have proved by inoculation. A rabbit, inoculated with tubercles from cows, suffered severely from phthisis. Two months after inoculation it had sunk into a perfect state of marasmus, and the autopsy showed a very large quantity of tubercles in the lungs, liver, pleura, spleen, peritoneum, &c.

Inoculation from Rabbits to Rabbits.—It is objected, that, by taking tubercles from a human corpse, twenty-four to thirty-six hours after death, we inoculate a cadaverous matter, and it may cause the morbid products. To remove this doubt, we inoculated three rabbits with tubercles taken from another rabbit. These rabbits, inoculated some time ago, were killed, and the matter taken from them, when the heart was still beating. All these rabbits showed after some time general tuberculization. One died after two months, and the disease had increased to such a degree, that hardly any part of the lungs was saved. Liver, spleen, kidneys and pleura were full to their utmost with tubercles. In a similar, but lighter degree, the other two were affected.

These experiments show, that tuberculous matter, like every other virus, is so much more penetrating in proportion to its freshness. Perhaps this severity may also be different according to the greater analogy between the organism which furnishes the poison and the organism which takes it up.

Inoculation from Man to Guinea-Pigs.—Guinea-pigs seem to possess, like rabbits, a very sensible reactive power against ætiological agencies. Two of these gnawing animals died, the one two months after the inoculation, the other after three months and some days. Both showed a large quantity of tubercles in different organs, in lungs, liver and lymphatic ganglia.

Inoculation from Man to Dogs.—Do dogs suffer from phthisis? Veterinary surgeons usually deny it. We have not found any observations referring to it; but there are observations of worm affections in the lungs of dogs and foxes, simulating most surprisingly phthisical sufferings of tubercles.

Inoculation solved the problem, if dogs could withstand tuberculosis. We inoculated four dogs, and only in one we

found after five months some scattered tubercles in one lobe of the lungs and in the bronchial ganglia. Another sunk into marasmus, and showed ulcerations in the œsophagus and in the colon, having their seat in the latter in the closed follicles.

Inoculation from Man to Cats.—It is generally admitted, that cats get consumptive, but in our inoculation of three cats we got only a dubious result in one, and a second one had only a few granulations in the lungs. *According to our experiments tuberculosis is more difficult to produce in carnivorous animals.* Cats and dogs may be considered stubborn against this disease.

Inoculation from Man to Sheep.—Sheep are said to suffer from phthisis, but these so-called tubercles are only worms and bronchial dilatations. In spite of great inquiry, we have never found any alteration in sheep, which could remind any one of tubercles, as found in man or cows. Of four inoculated sheep, three were killed and showed no tubercles, the fourth still lives, and has no phthisical look. The same is the case with goats.

Inoculation from Man to Birds.—Phthisis of birds has nothing in common with tuberculosis, and therefore inoculation showed only negative results. A chicken and a pigeon showed several months after inoculation not a vestige of tubercles.

Injection of Tuberculous Matter in the Windpipe.—We were curious to know if the resorption by the organs of respiration could produce tuberculous infection. We triturated, therefore, on the edge of a plate softened tuberculous matter of a man, dissolved it in water, and threw the coarser pieces away. Taking a pointed syringe, we injected half a centimetre-cube of this muddy fluid in the windpipes of two rabbits, after having it laid bare by an incision. One got tuberculous, the other remained healthy. This experiment did not fulfil its purpose, for tuberculous matter may come in contact with the wound, and thus act like common inoculation.

Inoculation with Fully Developed Tuberculous Matter, taken from the place of Inoculation.—It seems to us of great moment to know, if, as in other incurable diseases, the morbid product of tuberculosis gets reproduced on the place of inoculation ?

We inoculated two rabbits with the expressed cheesy matter from the developed tubercle, formed from the prick of inoculation in a rabbit. The rabbit was vaccinated twenty days ago. Both rabbits showed, after four to five months, strong tuberculization. These experiments again proved the great analogy between tuberculosis and other virulent diseases.

Duration of Incubation of Tuberculosis.—The eruption of tuberculous granulation in internal organs happens only a short time after inoculation. We tried to fix the time when tubercles show themselves in the lungs and bowels. The law set up by Louis has shown itself constantly true. We show in the three following examples, that the tuberculous eruption begins to appear from the 10th to the 20th day; and where tuberculosis generalizes itself, it will be visible in the kidneys before the 28th day.

A rabbit was inoculated, suffering from diarrhoea. It died in consequence of the diarrhoea ten days after the inoculation, and showed a small transparent granulation in the kidneys.

A second one, taken at hazard from those vaccinated twenty days since, had in one lung two particularly translucent and resistant granulations.

A rabbit with tubercles inoculated from another one just killed, had after twenty-eight days many tubercles in the lungs, liver and kidneys.

Influence of Tuberculosis on Birth and its Product.—The question of hereditariness occupies a pre-eminent place in the history of phthisis, but the solution of this problem is of a very complex nature. The facts referring to it can be decided by experiments on animals, as the copulation of animals can be made subordinate to our will.

Tuberculosis, produced by inoculation, caused in rabbits and guinea-pigs miscarriages or premature death of the full-born product. This sudden death of the newly-born may be ascribed according to our opinion to the insufficient secretion of milk and the maternal carelessness of their offspring. In the majority of young rabbits, who died on the day of their birth or a few days afterwards, we found with one exception the stomach entirely empty. They died certainly of starvation. *In no case did we find tubercles.*

Only two rabbits, born of tuberculous mothers, reached the age of about five months, but they remained always weak, small and stunted, reached hardly half the size of animals of their age, had a large bloated belly, and the hair was ugly and without gloss. They died from a disease not belonging to tuberculosis, with others who were offsprings of not tuberculous mothers.

The two rabbits, born from tuberculous parents, did not show the least particle of tubercles.—Hirschel's Klinik.

ARTICLE LII.—*The Cholera in Bruz.* By DR. CARL MULLER.

BRUZ is surrounded by peat-bogs, and therefore cholera was never seen there before 1866; it was imported by the Prussian army, and raged during Sept. and October. I consider from the very beginning the characteristic symptoms of cholera to be: 1. the great debility, without any preceding known cause; 2. the severe insatiable thirst; 3. the state of the tongue. Cholera patients have always a coating on their tongue, as if they had just taken milk, or in more serious cases, as if they were covered by a solution of chalk. The tongue is also thicker and its edges drawn in by the shortening of its oblique fibres, losing its flatness. Wherever I found those three symptoms, or even only two of them, cholera was sure to appear. We used the usual remedies, Arsen., Veratr., Cupr., and Carbo.-v. In that state, where cyanosis and hippocratic face already appeared, I found only one remedy sufficient, namely, quick and vigorous rubbing with cold, wet towels from head to foot, till the skin gets red and warm and the pulse returning. To preserve the external heat and with it the circulation of the blood, must be our chief problem. Cholera patients in this stage have the greatest similarity to frozen people. External cold, fading away or perfect extinction of the pulse; sunken or hippocratic features; weak cold breath, aphonia, a kind of sleeping away unto death; rigor of the cadaver are symptoms belonging to both. In this algid state these cold rubbings have done wonders, and I have saved with them, patients who

were already given up as past all help. Only one great difficulty has to be overcome. With returning consciousness, the patients object to all covering, so necessary to a full return of heat; they kick and throw everything off, and try to frustrate all our endeavors to produce perspiration, so that sometimes several assistants are necessary to keep them covered.

I used also with decided benefit the electric water, according to Horn's well-known experiment. "When the cushion of an electrical machine is connected by a copper rod with water in a tumbler, and thus by frequent rotations we electrify the water, all persons who smell of it or drink it suffer from diverse cholera symptoms, but which soon pass away, when the same persons use water electrified by the copper rod in connection with the conductor. This last water we used in a great many cases where we suspected an attack of cholera. In all such cases, cholera never fully developed itself, or if it happened, the danger was sooner passed. Even when reconvalescence was slow, this electrified water always showed great tonic powers. What is imparted to the water by the electricity of the conductor, we call "ozone," that by the electricity of the cushion, "iodosmon." The latter is a nitrogenoid combination, as the first one an oxygenoid. We also have learned, that in the alcoholic extract of muscles from persons who have died from cholera, cyan (nitrogen) combinations are chemically proved, and the same is the case with the cadavers of those killed by electricity, as lightning. Although some may smile derisively at the word "ozone in cholera," yet the latest observations have shown, that in Vienna during the month of October, when cholera was raging, during fourteen days at night, and during six days in daytime, not a vestige of ozone could be found in the air.

ARTICLE LIII.—*Proving of Cactus-Grandiflora.* By DR. I. LEMBKE, of Riga.

1ST NOV., 1866, 7½, A. M., five drops tinct. Cactus-gr. The whole day pressure in the forehead, not at all times; seems to be worse in the room than in the fresh air. Tearing through the left arm.

Nov. 2, 9, A. M., ten drops.

Nov. 4, 9, A. M., fifteen drops. Yesterday and to-day some pains in the joints, but they have been nothing particular, as I have them frequently so. Tearing by starts in the forehead and extremities.

Nov. 5, 9, A. M., fifteen drops. Palpitation on standing or sitting; anxious sensation in heart; short breathing; little pain in the extremities.

Nov. 6. The same symptoms in the heart.

Nov. 7, 7½, A. M. Fifteen drops. The same symptoms also on the 8th and 9th. The pains in the extremities not worse, although severe storm with snow and cold weather.

Nov. 10, 7½, A. M. Twenty drops. It seems to me that I labor since a few days under a kind of restlessness and hastiness; everywhere I think I come too late, have never the right time, and that the day is too short for my day's work. Uneasiness and sensation of anguish in the heart.

Nov. 11, 7½, A. M. Twenty drops. The same symptoms as yesterday, palpitation and sensation of anguish in the heart, also in sitting and lying in bed at night.

Nov. 12. Same symptoms. The palpitation consists in small irregular beats, with the want of deep inspirations. A trifling excitement, a lively idea even produces this state. Yesterday and to-day no pain in the extremities or joints. Inspirations of fresh air are agreeable. Towards evening, solitary severe pains in the joints, but they pass off quickly.

Nov. 13. Same symptoms. Palpitation comes also in lying in the evening in bed; more notable it seems when lying on the back.

Nov. 14, 9, A. M. twenty drops. In some hurried motions, quick, short, irregular palpitations. The same was the case a few days before. Some sharp stitches on the right side, high up in the chest.

Nov. 15, 7, A. M. Twenty drops. Quick walking does not produce palpitations, but a sudden motion, quick stooping, quick rising from a chair, any excitement produces it.

Nov. 16. In the morning, when moving in bed, small, quick, irregular palpitations; the same happens very frequently on the same day, and always at the beginning of

every motion, stooping, rising, turning round; continued walking does not produce this state. At the same time an anxious feeling in the chest, rising up the throat. No pains in the extremities yesterday. The weather is without any influence whatever. I do not use coffee daily, but its use shows no difference. Digestion and urine are regular as in well days.

Nov. 17 and 18. All symptoms milder and decreasing.

Nov. 19, 4, P. M. Thirty drops. Before taking the tincture the heart symptoms had entirely abated, and no pains were felt in the extremities. Towards five some pains in the knees, in the forehead, and want to take deep breath with single irregular beats of the heart. All the former symptoms appear again in turning, rising up or sitting down, with some severe, irregular beats and feeling of pressure and weight in the region of the heart. About 6½ in the evening coldness on the back and icy-cold hands for half an hour, although I took a warm soup and face and head got warm. It remains also remarkable that the pains in the different joints, in the forehead and head were so frequent after taking the medicine, whereas they had disappeared entirely before. In the evening there appeared on the left side of the forehead a continual pressing pain, persevering until bed-time, and still present during the night, when I awoke. Any position or touch was without any influence.

Nov. 20, 7½, A. M. Thirty drops. The same symptoms in the heart, as before, especially after a quick motion, strong irregular palpitations, continuing the whole day at every occasion. Walking does not produce it. No pains in the head or joints to-day, only a little headache in the morning. Sleep undisturbed during all night, position on both sides possible, appetite, stomach, urine normal. No feeling of weakness. But on waking during the night and changing the position, the same heart-symptoms as so frequently during the day.

*Nov. 20, 7½, A. M. Thirty drops. The same heart symptoms, but sometimes some severe beats when walking slowly about the room, with dyspnoea and deep breathing.

Nov. 22, 5, A. M. In the bed the same symptoms when lying on the back after a motion, after rising, in somewhat quick walking through the room. The heart-symptoms repeat

themselves very frequently to-day, when beginning to walk they are sometimes so severe that I have to stand still and take a long breath; the same happens in slowly mounting steps, rather incommoding me now. No pains in the joints. No symptoms during the night. When awaking in the morning and changing my position the same symptoms.

Nov. 23. Symptoms the same. Even when slowly walking some strong unequal beats, when rising up or suddenly turning the body. During the day all the symptoms abated.

Nov. 24. No heart-symptoms when rising, but some drawing in the fingers, toes, knees, and joints of the feet. After a while they return, and are so severe that I have to stop to take a long breath; after which the turbulence of the heart passes off, and I can pass on; the same symptoms troubled me in the evening on every sudden motion.

Nov. 25. Felt the same symptoms on rising, and they kept on during the whole day.

Nov. 26 and 27. Symptoms decreasing. Nights quiet.

Nov. 28 and 29. Like yesterday. Frame of mind unchanged. No cough during the whole proving.

Dr. Rubini and his wife proved this beautiful plant in 1864. The result was, that *Cactus-gr.* possesses a remarkable antiphlogistic power with this characteristic, that this plant, whilst it unfolds its specific action on the heart and blood-vessels, does not weaken the nervous system, like *Aconite*, to which it is preferable in all patients of a lymphatic or nervous temperament.

Of course, the action of the *Cactus* must not be disturbed or destroyed by any other remedy. Its action lasts fifty days and longer. Antidotes are: *Aconite*, *Camphor*, *China*. The strength of the dose must be accommodated to the disease. Aggravations are frequent with strong doses, and all we have to do is to pause for a few days or to reduce the dose.

I have taken in the whole about two hundred drops of the pure tincture, and was afraid to increase the dose on account of the continual troublesome heart-symptoms. On other organs the remedy showed with me no action, for the pains in the joints were too insignificant, and the one attack, similar to a fever, is too separate and without other symptoms, although

Rubini saw plainly symptoms of intermittent fever, and even cured a case with it. Against nervous palpitations, exactly such as are found in my provings, I tried the remedy several times, five drops of tincture in two drachms of water, five drops *pro dosi*. It worked well, but produced aggravations when the dose was too often repeated or too strong. I saw no effect from the 200th dilution, even in some tuberculous patients, although even the tincture in very small doses produced also only a passing amendment of the cough, and the cough and the tickling in the larynx. Of all remedies I have ever proved, none showed such a steady and decisive action on the heart as *Cactus-grandiflora*.

ARTICLE LIV.—*Post-Mortem Examinations.—A Remarkable Case of Heart Disease; Heart Clot; Fatty Degeneration; Hypertrophy; Acute Carditis.* By BUSHROD W. JAMES, M.D., of Philadelphia.

THIS case came under my care in the latter part of the patient's illness, and is one of considerable pathological interest, hence I thought it advisable to record the facts connected with it. The patient was a married lady, fifty-four years of age, and of a naturally strong, robust, healthy constitution, tall in stature, dark complexioned, dark eyes, black hair with well-developed muscle, and large osseous frame, and a considerable adipose tendency before this spell of sickness. She was not subject to attacks of rheumatism or neuralgia; she was in all afflicted ten months. She was seized suddenly while ascending a flight of stairs, (having just taken a drink of water) with strangling and choking, accompanied with a peculiar sensation as though something about the heart had suddenly given way; from that time she never felt well; shortness of breath and distress in the left side of the chest immediately set in and continued more or less until her death. About four months before her death she was attacked with hemiplegia of the left side; the arm and leg however regained somewhat their former power. But the hand was always tumefied, and there was little or no pulse in the left wrist. In the right arm, however, the pulse

was strong but irregular and intermittent, and had an unusual and peculiar beat difficult to describe: it fluctuated in frequency, regularity and strength, one beat being very violent followed by two or three, and sometimes a greater number of pulsations, each successively weaker until one beat would entirely disappear, then a fluttering changing to a strong pulse as before. The patient complained of great præ-cordial oppression attended with frequent attacks of partial syncope; after eating or drinking, unless the quantity taken was exceedingly small, she always suffered great distress and a sensation of constriction around the heart. She could not take a long breath or a deep inspiration, notwithstanding she constantly desired to do so, thinking it would relieve the ever-present symptom of tightness and oppression in the chest. She wore an anxious expression of countenance, and gave herself extreme anxiety about the most trifling circumstances. There existed a dropsical condition of the lower extremities, but there was no hydrothorax or ascites. She was able to lie in a reclining posture without any increase in violence of the symptoms. Acute carditis was ushered in, two days before her death, she was then seized with a violent chill followed by fever; greater dyspnœa; coldness of the feet and hands; the countenance assumed a more pale, sunken and haggard expression, with cyanotic lips; great restlessness; an extreme desire to be constantly moved or have her position changed, which could only be done by causing her great pain and suffering. The heart became more tumultuous in its action, respiration short and impeded. The pulse became during the first few hours much stronger and more frequent, it then gradually diminished until it could scarcely be felt at the wrist, and thus continued for about thirty-six or forty hours before death. On percussion the left chest seemed dull over a greater part of its extent; auscultation revealed a very dull smothered sound of the heart, similar to that noticed in dropsy of the pericardium, except that at the apex of the heart where the throbbing movement and sound were more distinctly observable. There was more prominence of the left, than the right side of the thorax. On making a *post-mortem examination* there was found a considerable thickness of adipose tissue be-

low the dermoid. Upon entering the chest some few pleuritic adhesions were met with, and on opening the pericardium, it was found to contain about one and a half fluid ounces of serum. The heart itself was enormously hypertrophied, and compressed the left lung into quite a small space; the cavities of the left side of the heart were much dilated. There was a fatty degeneration of the whole muscular structure of the heart, and the walls of the right auricle and ventricle were much thicker than natural; while the walls of the left side were greatly thinned and softened, so much so, that the structure could be torn like paper, and could be compressed between the thumb and fingers like soft cheese; the proper muscular structure of the left ventricle, seemed almost entirely composed of fat. There was evidence of an active inflammation of the right side of the heart, which doubtless was the cause of the aggravated symptoms which set in two or three days before her decease. The valves of the heart, the pulmonary arteries and veins and also the aorta were found in a normal condition, no thickening or ossific deposit; the right auricle and ventricle were filled with clotted blood, while the left auricle and ventricle, as usual, contained no blood; but a remarkable structure—apparently a mass of fibrine and fat, with quite a dense and compact organization was found in the left ventricle entangled among its columnæ carneæ and chorda tendinea, pressing up against the mitral valve and extending up with an elongation through into the left auricle. I submitted it to inspection under the microscope, and found it to be composed of a dense fibrous mass of an organized character, with a few fat cells in a specimen from the outer surface of the structure. No such cells were found in the specimen from the centre of the mass. It had evidently been formed for a considerable length of time. The lungs, liver and stomach were found in a healthy state. But there was a little enlargement of the liver and spleen.

In this case we find an abundance of symptoms, but they were incurable ones—this we learn from the subsequent *post-mortem* examination through the pathological condition thereby revealed. Had the life of this patient been prolonged for years, have we any hope that the majority of the symptoms

that annoyed her, would by the aid of any remedial agent have been removed? I think not.

As medical men, in our great thirst for, and search after symptoms, and in the classification of the same, should we not through the aid of *post-mortem* examinations endeavor to arrange a class, of such as may be termed incurable symptoms? In this way after it is accomplished we will be the better enabled to understand why in some cases remedies fail to produce their proper action or effect.

ARTICLE LV.—*Physiological and Pathological Relations of the Trunkal Muscles with the Therapeutic Indications Involved.* By E. P. BANNING, M.D., of New-York.

(Continued from pp. 431-433.)

HAVING now considered the influence of a relaxation of the trunkal walls upon the inferior extremities, bladder, uterus, kidneys and prostate gland, and shown that in the management of chronic affections of these organs, an element of mechanical therapeutics is indicated, I propose now, to consider the effect of visceral depression consequent upon muscular and ligamentous laxity, upon the abdominal and pelvic portion of the alvine canal, confining myself wholly to the *physical* and *philosophical* department of the subject. And if I seem to ignore the domain of medicine, and to be "a setter-forth of strange gods," it is only because I now seek to elevate some fundamental truth from the condition of a *more latent fact*, to that of an active, powerful and concordant principle. And first,

Of the pelvic portion.

Here, it is again necessary to ask a moment's attention to the considerations embraced in the two figures heretofore published, in their relations to the several functions of the rectum.

It is plain (not to tediously recapitulate) that by, and through, the permanently elevated condition of the abdominal organs, and the proper oblique bearing of the pelvis, brought about by the advanced position of the dorso lumbar spine, as in fig. 1, that the rectum is very considerably, if not *totally*, sheltered from superincumbent pressure, and is left to the free and full

exercise of its use in the fæcal function and the hæmorrhoidal circulation. In such a condition, the return may be either slowly or suddenly filled, by the unappreciable vermicular action of the colon, jejunum, and ileum, and the peristaltic arterial, and the valvular hæmorrhoidal circulations are each steadily performed, with no special effort or stress of any fibre; and so, the diurnal alvine, and the perpetual portal circulations are carried on according to order. But in the depressed condition of the viscera, as represented by fig. 2, (the perfect mathematical contrast of figure 1,) we see, both from the drooped form, the retracted epigastrium, and the tumid hypogastrium, that there must be a more or less settling of the intestines into the inferior pelvic strait, and that they are most liable to correspondingly impinge upon the rectum; and as the sacrum is unyielding, the effect will be, to embargo both the descending fæces, and the ascending hæmorrhoidal circulation; thereby, of necessity, initiating, if not consummating, both constipation and hæmorrhoidal congestion.

Therapeutic Indications.—Of course, when constipation and hæmorrhoidal congestion are primarily induced by hepatic torpor, or other purely constitutional influences, medicine and hygiene are usually adequate to the cure. But when the above morbid relations are in operation, it must be manifest, that applications through the mere organic susceptibility, unaided by some rational *physical* force, never can fully enfranchise the oppressed circulation. Hence we learn why it is, that the retracted epigastrium and full hypogastrium (or else a remarkably flat one) are usually concomitant with constipation and hæmorrhoids,* and, also, why it is that established constipation and hæmorrhoids, are so seldom more than mitigated, so long as only alterative and aperient means are continued, simply because the *non-feasance* is sustained in perpetuity by a more or less perpetual mechanical force. Cathartics diminish the congestion and irritation, by exciting secretion and a temporary peristaltic action, and so also, tem-

* The compression of the rectum is usually much more extreme in the retracted abdomen, in consequence of the visceral descent being more vertical and direct.

porarily mitigate hæmorrhoids, by softening and evacuating the impacted fæces which have been adding to the obstruction of the hæmorrhoidal veins by an irritating pressure from within. We also see why the best performed operations for hæmorrhoids, have so frequently to be repeated, simply because the abdominal viscera are not properly elevated. Hence, the congestion of the veins continues, and fresh portions of the mucous membrane are forced down, under the usual straining caused by the concomitant diarrhœa or the expulsion of hardened fæces; and lastly, we see why constipation is so generally a concomitant of piles, the latter being the simple sequence of the former. Surely, then, whatever else may be deemed necessary in the premises, we are coerced to say, that a thorough erection of the body, and an elevating support to the bowels are indicated.

Finally, I conclude by affirming that the above deductions are sustained by a large number of practical tests.

Case 1. A young lady of twenty-one, slight build, was about totally constipated, skin had become dark and mottled; odor of the body musty; breath offensive; headache was perpetual, with habitual drowsiness, hands and feet cold; eyes dull and yellow. She was sent to me by Prof. DE LA MATER, as an extreme test of the principal of abdominal and dorsal support in most unyielding constipation, where alteratives and cathartics had not only failed to cure, but also, to move the bowels temporarily.

In this case, as there was no peculiar appearance at the epigastrium, or hypogastrium, I entertained but slight hope from support, but made the application with the happiest results. The diurnal evacuations were re-established. The smutty appearance of the skin, pain in the head and drowsiness disappeared.

Case 2. Aged twenty-seven—had been seven years so constipated that but one partial evacuation a week could be obtained by all the cathartics and enemas which could be administered. She was so extremely emaciated, as to be nearly destitute of a supporting point at the abdominal base; her form was greatly retracted at the stomach, from having spent several continuous years in a semi-vertical position in bed; limbs

were of marble coldness, and her stomach rejected everything. To this case, a supporting brace was applied, her head and shoulders were laid very low, and her hips elevated above the shoulders, by ten inches of blocks under the foot of her bedstead; nothing else was done. In about thirty minutes, she called for the chamber, and in about the same time ordered the hot bottles taken from her feet, "they were too warm." This was followed by four evacuations per day, for four successive days. Evacuations appeared like branny *scales*, which had been packed away, and had no odor. On the fourth day, flocculi of bile appeared, and in about ten days the bowels returned to one daily movement and the irritability of stomach disappeared. She shortly after recovered her flesh, and has since become a healthy wife and mother. The rationale of these representative cases I take to be this, viz., the support and change of posture, first removed the obstruction from the rectum; 2d. that the upward pressure and support acted as a stimulant to the stomach, liver and bowels, which had become dormant, in consequence of having lost that organic tone, which is so dependent upon reciprocal warmth and support, through the energetic action of the abdominal and dorsal muscles.

Of Abdominal Support for Hæmorrhoids.—CASE 1. A married lady, aged forty-five, after continued constipation, became the subject of hæmorrhoids to such an extent that evacuations could only be effected during the recumbent position, for something like one hour. Said, nature was ready, but on bearing down, something choked the passage, but after bleeding freely she could succeed. External tumors, very tender when in vertical posture, and require several hours to recover from the effects to evacuate; called doctors humbugs. To this lady I did nothing but support the abdomen and back, by which she seemed renewed on same day of application, and amazed her family by tacking down a carpet.

Relief to both constipation, hæmorrhage and hæmorrhoidal tumors in this case, came by so supporting the abdomen as to remove pressure from rectum and veins.

Case 2. A very tall and lank-bodied clergyman, surrendered his pulpit, owing to exhausting hæmorrhoidal hæmorrhage,

and painful external tumors whilst standing. Had become nearly exsanguined; his abdomen was extremely flat and flabby, and he complained not only of a sense of constant pressure at the anus and the hollow of the sacrum, but also of what he termed a "gaunt and gone feeling at the stomach," felt better when he braced up his abdomen with his hands; applied abdominal and dorsal support with an immediate general sense of comfort. Two weeks after, he reported himself well; his strength was improved, color good, and all pain, tumors and hæmorrhage had ceased. Said he was able to return to his pulpit.

It is with reluctance that I refrain from a citation of many cases of extreme *prolapsus ani* also, which came under my care in the army hospitals at the front and in the cities, showing incontestibly that the above principles apply to the severest of such cases, without one excepting instance.

Effects of Muscular Relaxation upon the Abdominal Portion of the Alimentary Canal.—Of course, it is obvious that the effect of abdominal laxity, is that of deficient support to this portion of the alimentary canal.

First, then, before we speak of the results of muscular laxity, let us clearly understand the *normal status* of the abdominal viscera under a strong condition of the muscles, and what are some of the benefits of such a normal state, viewing the subject purely in the light of reason and known physiological axioms. It is palpable, that with all the muscular braces in full vigor, the force of visceral gravity is not merely negated, but that the whole abdominal series are aggressively in the ascendant (a perpetual *flood-tide of viscera* as it were), wherein each lower viscus is compelled to crowd upward its successive neighbor, until the diaphragm is rendered not only *concavo-convez*, but also actually *tense*. This is the normal and objective condition, from which are derived the following palpable benefits:

First. The viscera are physically protected and preserved in the position best adapted to educe their respective functions.

Second. Their animal heat is increased and conserved by juxtaposition.

Third. The vital and functional tone of the viscera is greatly

exalted, by virtue of the stimulus of pressure, according to order.

Prophylactic and Remedial Tendency of Abdominal Support in Cholera.—Whilst there may be doubts as to what is the *primary* cause and nature of cholera, some things connected with its *manifestations are certain*, viz.: that it is a disturbed and unbalanced condition of the stomach and bowels; that the bulwark of safety consists in preventing an attack; that every feature of choleraic manifestation is that of irritation, from a low irritable state of the organic tone or “insensible sensibilities.” That whatever tends to maintain or excite a higher standard of organic tone, and avert disquieting influences, serves as a fortification to the organs against predisposing causes; and lastly, that in proportion as there exists a due supported and stimulated state of the stomach and bowels, through energetic trunkal muscles, will the desideratum be supplied. And now to the facts in the case.

When the great intangible ferment of cholera has saturated a community, the individuals composing which, are in varying degrees of plus and minus in point of organic energy; all are alike *charged* and *exposed*; the timid, fearful, and irritable organizations first give way, whilst thousands of others escape, until some ordinarily insignificant circumstance acts as a match to the magazine, whilst others in still better tone escape to the end.

To illustrate better, take a jar of some crystalizable solution; so long as it is undisturbed, it remains translucent; but no sooner is a bead suspended in it, than this clear liquid leaps into solid crystal; so in epidemic conditions, thousands of attacks might doubtless be warded off by undisturbed quiet, and the slightest degree of improved tone of the organic forces.

For these and other analogous reasons, I have ever, in choleraic times, recommended energetic, abdominal and spinal supports, as being of a prophylactic tendency, the real result of which (if universally adopted) could never be known, but may be inferred from what is known of its *remedial* tendency. I would say then, to all, everywhere, who have

reason to fear, to maintain a supported state of the stomach and bowels in all times of exposure to cholera. If you can do no better, bandage the lower belly with strips of flannel (cut bias, to make elastic).

But to render the principle more effective, and comfortable, an elevating and bracing support should be used, inasmuch as bandages and belts cannot but exercise too much of a COMPRESSING, and not a *lifting* action.

In addition to this, I' also recommend camphorated and other compositions, applied under the brace, for obvious reasons.

Of Abdominal Support as a Remedy.—I now do not speak at length, as the view expressed on diarrhœa and dysentery may answer instead; the premises are identical, and I only cite a few facts in point.

Case I. In 1854, when cholera was last in this city, the writer was attacked with a most depressing diarrhœa; discharges moderate, but attended by a most depressing effect; sense of emptiness, and faintness in the stomach and bowels, with dyspnœa and lassitude, were very great. In this condition, (more from theoretic consistency than from expectations, of good,) I applied the abdominal and spinal brace. The result was almost electric; relief from the languor of the eyelids even, being felt, before the instrument was fully adjusted. A desire for food returned; languor disappeared, and with it diarrhœal propension.

Case II. A tailor had for three days been coming down under a condition identical with that of myself; "could not hold his eyelids up;" "had kept up, and found comfort by hanging his belly on the 'tailor's board' when he was cutting." Brace was applied, with instantaneous sense of rest and comfort. Said afterwards, "Don't have to shelve my belly on the board."

Case III. A lady of St. Louis, who had occasionally worn the abdominal and spinal brace for uterine weakness, had a virulent attack of cholera, which passed rapidly to the stage of collapse, when she was simply conscious of "deathly ease and sinking," with barely strength to request the brace to be applied; the application of which, she avers, was followed by a sense of most comforting support, with prompt action.

I now only ask to add on this head,

1st. That whilst I feel morally bound to *press* the above view, I would also urge simultaneous use of all other proper means. And,

2d. That in commencing collapse, I feel convinced that the stimulating effect of lifting abdominal support, with the hand even, would often suffice to turn the scale in the interests of life, when it is simply a question of action or non-action.

ARTICLE LVI.—*Spinal Meningitis.* Read before the New-York County Hom. Medical Soc., March, 1867. By L. HALLOCK, M.D.

THE large number of deaths reported for several weeks past from spinal and cerebro spinal meningitis, amounting in one week of last month (Oct.) to forty-two fatal cases, evince an unusual prevalence of disease affecting the spinal cord, and render opportune some remarks upon a subject of such prevailing interest.

The *acute* form of spinal meningitis is usually associated with a similar condition of the membranes of the brain, and the symptoms consequently are much determined by the degree of the cerebral complication. The *spinal* symptoms are also varied according as the *meninges* or the *substance* of the cord is most affected, and according to the *location* of disease in the upper, middle, or lower portions of the vertebral canal. The characteristic symptoms of the acute form are *pain and tenderness* more or less severe, generally increased by pressure and in the erect position, often limited to two or three contiguous vertebra in different parts of the spine, and seldom affecting its *entire* length. To these succeed violent *spasms* of the spinal muscles often extending to those of the neck, chest and abdomen. These spasms are aggravated by motion, and often excited by the usual movements or jarrings of the room by the patient's attendants. Alternating with spasmodic contractions or superseding them, occurs *rigidity* or tonic contraction of the affected muscles, causing painful

constriction of the suffering parts as a sense of choking, impeded deglutition, tetanic stiffness of the lower jaw, and a fixed retracted bending of the head upon the neck when the disease affects mostly the cervical parts of the spine.

In the *dorsal* region the constriction produces tightness around the chest, restrained respiration and tenderness of the epigastrium, and in the *lumbar* region a sense of tension like a band compressing the waist or hips; weight in the pelvis and aching rheumatic pains. These symptoms, pain, tenderness, spasm, and rigidity, may be termed the pathognomonic evidences of acute inflammation of the spine; but to them may be often added a long and varied catalogue of sufferings according to the intensity and locality of the disease. Some of these I have mentioned as the effects of the single symptom of constriction in different places; and many others arising from exalted sensibility or benumbed sensation of the spinal nerves will occur to every physician acquainted with the anatomical and physiological relations of the spine to the other parts of the animal economy. Inflammation of the *meninges* or membranous covering of the spinal cord may be distinguished from that of the spinal *marrow* itself by the greater intensity of all the symptoms, by its more sudden and rapid progress and termination, and especially by the painful *sensibility to touch*; whereas, in inflammation of the *medulla*, this sensibility is often so slight, and the advance of the disease so gradual and insidious that its very existence is often first suspected after evident numbness or decided paralysis. In this respect spinal inflammation corresponds with similar diseases in other important organs, as the brain or lungs for instance, in which we all know inflammation of the membranous coverings is more painful and severe than when affecting the parenchyma of the organs themselves.

The invasion of the disease in the acute form is often sudden, especially when prevailing as an epidemic. A fall or blow, a plunge into a river, exposure to a drenching rain or to a strong current of air, may be the exciting cause, and be soon followed by chills, fever, intense and painful tenderness in the back, convulsions and speedy paralysis. But more commonly it is preceded by rheumatic achings in the back and

limbs, sensations of weight and tightness in the chest or abdomen; (this sense of weight is described by females as different from that of procidentia or prolapsus, being felt higher in the pelvis and more like a heavy body suspended from the back or umbilicus); weakness, occasional faintings, gastric irritations, wakefulness and other nervous sufferings. This train of symptoms with irregular remissions and aggravations may continue for weeks or months before inducing the more severe and characteristic sufferings. The following case, recently under treatment, will exemplify this form of the disease: On the 15th of June, 1866, Mr. J. E. C. in attempting to step on one of the city cars, fell, and was dragged a short distance on the pavement. The two following days he felt bruised and sore, and the third day was drowsy, confused, and imperfectly conscious of passing events. These symptoms continued with slight amendment for three or four days; when he was seized with acute constrictive pains at the ensiform cartilage, which soon extended from the sternum to the left ribs and side, simulating pleurisy. These pains, always aggravated at night, gradually abated so as to allow him to attend a few hours each day to mercantile business, until early in the following month; then he left for the country, where in a few days he fell into the water, and suffered in consequence an aggravation of the præcordial pain and stricture. Soon he returned home, and having somewhat improved, went to try the effect of change to another part of the country; on his arrival there, an attempt to assist in lifting a trunk produced severe pain in the dorsal region, and great increase of the other sufferings. Again he returned to the city, and about the 25th of August was seized with painful rigidity of the cervical muscles, attended at night with severe shocks and spasms of the muscles of the back and neck. These pains were considered and treated by two allopathic physicians as neuralgia, and the former pains about the chest and side as pleuritic or symptomatic of some suspected gastric or bilious derangement. On the 21st of September I was called. I found him extended in the bed with the head rigidly drawn back, as in opisthotonos, and only moveable to the slightest degree by the patient himself,

placing one hand on each side and turning it slowly by the power of the arms alone. Even this cautious movement produced acute pain, and the attempt to raise the head to take drink or medicine occasioned severe spasm of the trapezeus and other posterior cervical muscles, and darting pains extending from the dorsal vertebra to the top of the cranium. The act of deglutition was difficult, painful, and attended with a sense of constriction at the posterior fauces.

On examining the spine, the four upper cervical vertebra were found extremely tender and unable to bear the slightest pressure without severe aggravation of the painful spasms.

The two upper and three lower dorsal vertebra were also sore and painful, and the sensibility of the whole spinal column much exalted. The arm and leg of the left side were painful on motion, weak, and partially paralyzed.

One of the earliest symptoms, *severe pain under the sternum*, it is well known is also a frequent precursor of the more violent forms of tetanus, and suggests an intimate relation of spinal inflammation to *that* fearful disease. Other symptoms, as the pain and constriction on swallowing, and the severe occipital headache, show that the disease had reached the origin of the glosso-pharyngeal and neighboring nerves, and involved the medulla oblongata and meninges of the brain.

The treatment of this case was commenced by Aconite and Belladonna. The latter produced at first a diseased aggravation of the evening paroxysms. The 30th, and subsequently the 200th were given for one week with similar but less marked effect. Gelseminum was then substituted with slight benefit, when Bell. was again resumed without aggravation, and soon followed by its active principle, Atropine in 2d dilution, with gradual relief to the cervical tenderness and spasms. At this period, about the fourth week of treatment, alcohol in one-half-ounce doses every three hours was administered with apparent relief of pain and wakefulness at night. It was directed partly because of reports of its successful use by Dr. B. W. James, of Philadelphia, and as a substitute for large potations of whiskey, from which the patient had obtained some relief at night during the aggravation of spasmodic pains. The alcohol was continued for two or three weeks without apparent

benefit, when Atropine and Gelsemium were given alternately every three hours, with such amendment, that at the end of two months' treatment, the patient returned to business in the enjoyment of comfortable health. During two or three weeks of the early treatment, the ointment of Tart.-antimony was applied over the cervical vertebra to the extent of pustulation, and no doubt contributed by the counter-irritation to the successful result.

The *chronic* form of spinal inflammation (to which I wish mainly to direct the attention of the society) differs from the acute in the obscure origin and insidious progress of the disease, as well as in its diminished severity and more favorable termination. Happily it is also by far the most common form of the disease, if we may judge from the cases presented in ordinary private practice. The most frequent *cause* of the malady within my observation has been injury to the spine from mechanical violence, as railroad accidents, falls or blows upon the back, producing greater or less concussion at the time, followed after an indefinite period of weeks or months by the varied train of morbid symptoms. For instance, a gentleman, whom I am now attending, was thrown violently to the ground by a railroad collision in New Jersey, four years ago. He was stunned by the fall, but in a few minutes arose and began to assist in removing other passengers more wounded than himself, pursued his journey, returned home, and resumed his ordinary business. After three or four weeks, he began to feel an aching weariness in the back and lower extremities, getting fatigued from slight exertion, soon became restless at night and irritable by day, lost his usual energy, and suffered from indigestion, colic and constipation. These symptoms have continued with occasional intervals of comfortable health and immunity from suffering during this whole period.

In another case a lady fell from a step-ladder ten months ago, was slightly stunned and bruised by the accident, but in a few days resumed her accustomed duties, and almost forgot the injuries. On visiting the country for her usual summer vacation, she soon found she could not ride as formerly without inducing great fatigue and pain in the back, and could not indulge the appetite without unusual gastric and abdo-

minimal distress. After returning home she became irritable, wakeful, nervous and apprehensive, and often suffered from sudden faintness, a symptom entirely new in her experience. In both these cases, pressure on the spine produces at several points acute pain and tenderness.

In addition to these cases, which may be regarded as examples of chronic myelitis from mechanical injury, I will briefly state two or three other cases now under treatment as further illustrations of this form of the disease.

Mrs. W—, aged thirty. About eighteen months ago, in descending a stoop, slightly stumbled, and in the effort to recover her position, felt a sudden acute pain in the lower part of the back. For several days she was confined by aching and soreness of the lumbar region, which soon subsided, and for six months after she enjoyed usual health and vigor. Then began renewed but obtuse pain about the original point of injury; feelings of weariness and discouragement; tightness around the abdomen; weight in the pelvis; irritability of the bladder, and coldness of the lower extremities. The last dorsal and two first lumbar vertebra were found tender on pressure, but the other portion of the spine normal throughout.

Miss P. F— has for the past two years suffered from pain at the stomach; flatulence; variable appetite; weakness; listlessness, and great irritability. During her vacation the past summer, she complained much of pain and soreness of the back while riding over a rough, mountainous road, and when taking other active exercise, and returned home with aggravated dyspeptic symptoms, and suffered from constant weariness, occasional faintness, irascibility; a sense of stricture of the abdomen; weight in the pelvis, and coldness of the extremities. She made no complaint of the *back* until it was touched, when slight pressure produced immediate faintness and such exquisite pain and tenderness, that for weeks after she would not allow the slightest attempt to repeat the examination.

Mrs. S— during the past summer was much occupied in improving and refurnishing her large house, and often became greatly fatigued, but suffered no fall or direct injury to the back. Soon after the completion of her fine residence, and

when beginning to rest from constant exertion, she began to complain of pain at the point of the sternum and stricture around the chest; oppressed respiration and painful pressure over the right pectoral region. To these sensations have succeeded rigidity of the neck, occasional faintness; coldness and slight numbness of the hands; weariness and debility. The four upper dorsal vertebra were found extremely sensitive to touch, and pressure produces an immediate aggravation of all the thoracic sufferings.

The following case differs from the preceding by the absence of any mechanical injury to occasion the symptoms, the disease being probably of constitutional origin, or the effect of reflex irritation and pressure upon the cord from spinal incurvation:

Mrs. E. B——, of nervous sanguine temperament, mother of three healthy children, has never suffered from uterine disorders, or received any injury by a fall or other accident since childhood, began one year ago to complain of pain and weakness of the back; stricture about the waist; stiffness of the neck; faintness, weariness, nervousness and cold extremities. The spine exhibits a decided lateral curvature, and is sore throughout, but especially tender at three different points, the lower cervical, middle dorsal and upper lumbar vertebra. Pressure at each of these points produces pain in the organs to which the corresponding spinal nerves are sent, and the pain is increased in proportion to the degree of pressure applied.

The most noticeable fact in the history of these cases is the *slow advance* of the symptoms after sustaining the injury that caused them. These symptoms often simulating dyspepsia, hysteria, neuralgia and other disorders, with little complaint of the spine, until on examination, pressure reveals pain and tenderness to the touch, and such an increase of the sufferings as to establish their dependence upon the inflamed condition of that part of the cord whence their nerves are derived. To trace these effects to their mechanical causes often requires a careful inquiry to bring to the remembrance of the patient an accident which having occurred months or years before, he is unlikely to regard as the cause of the present sufferings. But

a recurrence to the state of health will show that lassitude, weariness, painful irritability and other discomforts have attended the long period since the accident, and leave the conviction that to the injury then sustained is due the whole catalogue of subsequent sufferings. The variable and anomalous symptoms of this long period seem due to an irritated or slightly congested state of the spinal cord or its meninges, constituting the state of *spinal irritation* which may exist for months before producing the increased vascularity and excitement we denominate *inflammation*. Hence chronic myelitis may properly be considered as the development or effect—an advanced stage—of spinal irritation, and differ from it only by a greater intensity of inflammatory action.

Treatment.—In several mild cases, especially where the pain and tenderness were confined to the cervical part of the spine, Belladonna has been almost the only remedy. In more obstinate cases, Gelsemium has been useful alone, or in alternation with Belladonna. Lachesis and Apis-mel. have also been valuable remedies for the cervical sufferings, the former especially for *extreme* sensibility of the neck, headache, obscure vision and constrictive pain about the forehead. Cocculus and Nux-vomica have been more useful when the seat of irritation has been mostly in the *dorsal* region, with corresponding gastric and abdominal sufferings, as nausea, flatulence, colic and constrictive sensations below the diaphragm. Secale has relieved the sufferings from *lumbar* irritation better than any other remedy, especially the sensations of weight, heat and tightness in the pelvis.

For the various nervous and hysterical complications as faintness, lassitude, despondency alternating often with unusual vivacity or great irritability, Ignatia has proved the most appropriate and reliable remedy.

ARTICLE LVII.—*Paragraphs—How to Acquire the use of Remedies.* By S. JONES, M.D., of New-York.

WE have, I believe, something over five hundred acknowledged homœopathic remedies. How can we, poor mortals,

ever acquire the prompt extempore use of one-tenth part of them? We may read and read, and forget as fast as we learn. How are we to *realize* the peculiar use and value of a reasonable number, enough to fill our pocket-cases?

1. *Experience* is no doubt the best method of making a remedy available. After repeated readings, *use* is the great memorizer.

2. But another very impressive mode of fixing in the mind the peculiar sphere of a remedy is to *prove* it. Hahnemann was our greatest prover and the greatest judge of the precise sphere of many remedies. I would recommend to young practitioners to institute provings of all the leading remedies.

3. Medical men ought to meet often and compare their experiences by full and free conversations on the use of remedies.

Aggravations.—Aggravations are not so horrible as some high dilutionists would make them out to be. A real aggravation is a capital sign that the remedy has been rightly chosen, the dose was only at fault. How many provers have been cured of old troublesome complaints by taking aggravating doses? There is a rending and tearing, but it is the last fight of a vanquished enemy.

Conservatism in Ideas is the the curse of every school of medicine. We perpetuate time-honored fallacies, because they have been found in the writings of time-honored names. This is not freedom nor love of truth. It is blind veneration, without due examination or respect for one's own better intentions. It is simply the curse of all medical schools.

The Science of Medicine not yet Christian.—We live in a land where men are, or pretend to be, Christians, and medical men are as good as the average of Christians. But look all through medical literature and medical science, and we not only find it to be of Pagan origin, but of equally Heathen lineage. Where in the whole science of medicine can you find the slightest allusion to the cures mentioned in Scripture?

Faith.—It was said by the Lord when the sick came to him to be healed, that they must have *faith*, and that it should be done unto them according to their faith. Why was it so said? Who acknowledges the necessity of faith in the Lord. The

faith of this day is in poisons and poisonous prescribers. *Materia Medica* is the offspring of Toxicology, and looks just like its father.

Provings.—It seems to be a marvellously easy way this of finding remedies for diseases. Just give a man some one poison in a quantity that shall nearly or quite kill him. Then find out whereabouts in the system the poison expended its powers; then call that poison a sure remedy when a patient falls under a disease of the same parts, and manifests similar symptoms to those of the poisoned man, and give him two small pellets of the fifty-nine thousandth dilution, and presto! the man recovers. Thus, Peter took a large dose of *Nux-v.* and a terrible pain sprung up in his spine. Ah! Peter, you know you took a heavy dose and were poisoned; you will soon be over this. And you know you are quite liable to have a lame back, and now you know what will put it all right. Put just two pellets of *Nux-v.* of the attenuation I mentioned, into a one-half-pint goblet of water, and take of that a teaspoonful in the afternoon every eight weeks, and in less than a year you will be as good as new! What a fine thing, if we could only find a poison that would breed tubercles in the lungs. Then we could medicate a few pellets with it, and our patient would take it in small doses, and the tubercles would vanish. Then consumption would be curable! This is the most advanced doctrine of cure in this nineteenth century.

A Case of Hydrothorax.—In May, 1866, Mr. T., an Irish laborer, about sixty-four years of age, came to me as a stranger, on the recommendation of one of my patients. He looked stout, of good color—a little weather-beaten, and complained of not feeling well. Like many others, he said “he had a sort of something over his heart.” He came two or three times, walking a mile to visit me; but the most careful examination revealed nothing serious. In a few days after this I was called to see him, saying he was very sick. I obeyed the summons, and now I discovered signs of dropsy. One of his feet and the ankle were œdematous. He could not any longer lie down. The action of the heart was as if working in water, and the chest seemed to be filled so high that he could breathe

but very short. His urine was stopped and the skin dry, &c. The case was therefore now becoming urgent and alarming. I immediately put a folded wet sheet, four thicknesses around his chest, and covered it with three thicknesses of flannel. I then commenced the use of Apocynum in appreciable doses as follows: I put about three teaspoonsful of the tinct. in a tumbler of water, ordering him to take a tablespoonful every hour. Next day he was considerably relieved. He sweated profusely, and began passing water freely. The urine increased rapidly until it reached full eight quarts in twenty-four hours. He all the while improved. But the large doses of Apocynum nauseated him after a few days, and I substituted Apis. I renewed the pack from time to time, till he was heartily sick of it. He recovered. He was particular to say he had great faith in me, over and over, and after he recovered he paid me promptly, and assured me he should never forget me. That he was cured was the main point. Since winter came on he complained of a slight return of his old trouble, but one or two prescriptions put him all right.

ARTICLE LVIII.—*Tincture of Aconite in the Treatment of Epidemic Cholera.* By DR. CRAMONTY. Translated from the *Bulletin de la Société Médicale Homœopathique de France*, by Dr. John Davies, of Chicago.

EPIDEMIC cholera being a malady that is rapid in its march and too frequently fatal in its results, points to a treatment, prompt and energetic. As in all pestilential or miasmatic diseases, simple remedies and hygienic measures are the prophylactics, as Sulphate of Quinine in intermittents, Belladonna in scarlatina, so in Asiatic cholera we recommend the same principle to be applied in the treatment of this disease.

Following out this same principle or rule, the worst cases of true cholera and the most formidable symptoms of fever have disappeared in those attacks which come on very suddenly, producing a state of collapse in a few hours, also in those irregular forms which are considered by all schools as incurable.

Considering the short time the mode of treatment has been used in Paris, during the epidemic of the past year, we think it has not been sufficiently recognised, nor have the few trials we have made with it in general practice, determined its relative value.

Asiatic cholera presents symptoms in such a decided manner, and possesses so many striking characteristics, that an error in diagnosis is nearly impossible.

We all recognize this disease on seeing it for the first time, and cannot but view it as one of the most fatal scourges of mankind. We shall not attempt then to speak of its history nor of its symptoms—its progress or prognosis. All these questions having been described by others; we shall speak of the more important pathological changes which we have found in the special phenomena of this disease.

These consist *in the alteration of the blood and the acceleration of the pulse*, which last, according to Boerhave, the renowned physician, is the only essential characteristic of fever. Other equally eminent authorities, headed by Broussais, considered it a violent congestion, or a sluggishness of the digestive apparatus, while Professor Serres thinks it a phlegmasia which settles upon the glands of Brunner and of Lieberkuhn. Their antiphlogistic treatment strongly coincided with their theories.

The blood, we say, as it is derived from its source, may be arrested in the capillaries; and then accumulating, it produces that sanguine stasis and *cyanique* color which we all observe. It is diffuent as in certain asphyxias, in the last stages of typhoid fevers, and in eruptive fevers also, as it is manifest in the exanthemata of scarlatina, and in the appearance of the skin in yellow fever. Becquerel has demonstrated that the relative proportion of liquid elements to the solids is materially changed. It is black—tenacious—in color, a pale yellow—not red, only becoming so slowly by being exposed to the air. If, for example, we take from a cholera patient, a few ounces of blood, and place it in a vessel, the density of the clot is considerable, compared with the small quantity of serum, distinguished by abundant blood-globules, but poor and serous. Therefore we do not find that the “buffy coat” in the surface

of the clot is a proof that inflammation exists, because there can be no acceleration of the blood without fever, and *vice versa*, also the fibrinous coat never acts a secondary part in the process of inflammation.

In cholera, as in all continued *pyrexia*, the patient is exhausted by the *fever*, which has been overlooked by the physician, his attention being directed to the manifest phenomena, such as vomiting, cramps, and diarrhœa.

The febrile symptoms commence by a chilliness, affecting the extremities of the arteries and veins, particularly the peripheries of the body; then follow the suppression of the functions of the skin, and the diminution in volume of insensible perspiration which indicate to every physician the nature of the disorder.

That which engages our attention most in this disease is the specific poison which accelerates the pulse, disturbs the whole economy, irritates the nervous system, and increases the contractions of the heart. What renders the pulse scarcely perceptible at such times we do not know. That the blood, deprived of its water, circulates with more difficulty in the blood-vessels, during the last contractions by their natural elasticity, which in consequence lessens the vitality, we have not denied. But the practical idea we wish to establish as the essential feature of this disease, and the only one we have to guide us in our treatment is the *acceleration* or the *augmentation of the pulsations*; in a word it is this which we all characterise as *la fièvre*. That which we have advanced is not a hypothesis; for we can well remember in the cholera cases we examined when under our supervision in the charity hospital, in 1854 and in our private clinique in 1865, that the increase of the pulse more or less coincided with the degree of the disease, and not with the anguish or suffering; because the pulse frequently disappeared at this moment. The observations which accompany this paper, and which have been made in accordance with these principles will amply prove the correctness of this mode of reasoning.

At the commencement of the epidemic of 1865, we did not appreciate the value of these symptoms, and had the misfortune to lose four cases (two females and two children); to

these we had given the remedies prescribed in the books for similar cases, which remedies were said to be the most efficacious in such circumstances.

This is therefore the reason for our presenting this theory of the treatment of cholera: Our experience and observation establish the fact that the *tincture* of *Aconite-nap.* is the grand curative agent of inflammatory diseases and the regulator of the circulation.

We have prescribed from fifteen to twenty drops of the tincture of Aconite in six to eight ounces of distilled water—a teaspoonful of the same to be taken every ten, twenty, or thirty minutes, according to the intensity of the symptoms. Under its influence, the patient begins to revive, the circulation of the blood returns to its normal condition; the pulse rises; the internal heat ceases; the thirst is allayed, and the vomiting and diarrhœa arrested. At the same time the bluish cast of countenance disappears, the cadaverous expression changes to a natural one, the agitation of mind and body is replaced by a tranquil condition; the fear and dread of death is transformed to joy and hope, and the patient recovers in three to four hours.

The following cases will better demonstrate the value of this remedy in the different forms of cholera than any further remarks, and will fully substantiate the views we have advanced.

CASE I.—Mad. M., thirty-four years of age, west M. V., proprietress rue de Paris à Bellville. Oct. 19, 1865, two hours after dinner this patient was seized with coldness and general chilliness, which continued more or less during the night. On the following morning she was attacked with incessant vomiting of the ingesta of the previous day. At the same time the chills which had disappeared, returned with greater intensity, accompanied with frequent vomiting, diarrhœa, and violent colic.

On our arrival two hours afterwards, we observed the following phenomena: the face swollen and of a bluish cast; the eyes sunken; the tongue white and coated; there is coldness over the whole body, accompanied with chills; the pulse 120, feeble and fluttering; the voice very weak and indistinct;

urine suppressed. She had no cramps, but vomiting very freely, with characteristic rice-water discharges. She had, besides, an intense burning pain or colic in the epigastric region.

We prescribed Camphor, and for a drink an infusion of very warm peppermint. At five o'clock in the evening the patient was much worse; she slightly recovered, but the vomiting and diarrhœa continued, the pain increased, and the hollow expression of the eyes and purple hue on the face became more marked; the pulse 130.

We discontinued the Camphor, and prescribed a few drops of Veratrum-alb. in solution, and barley-water for a drink.

Oct. 21st. The patient has had a restless night, vomited three times, and had three movements of the bowels. A new train of symptoms set in to render the case more complicated, viz., severe pains and cramps of the lower extremities. We continued the Veratrum in alternation with Cuprum.

Five, P. M. The patient's condition the same as before; intense burning pain at the pit of the stomach; pulse very feeble, but the number of pulsations the same.

We continued the Cuprum, and substituted Ars. for the tinct.

Oct 22, nine, A. M. All the symptoms are more formidable. The mind is clear, but moral faculties are feeble. The discoloration of the skin is general. The pulse is failing, and runs as high as 130 to 150 per minute. The collapsed stage is more confirmed.

Our anxiety is great; four of our patients having died at this period with these same symptoms. This poor girl having precisely the same phenomena. At this crisis we were led to the idea that the febrile manifestations indicated the tincture of Aconite—hence we prescribed fifteen drops in eight ounces of water—a spoonful of the solution to be given every fifteen minutes, and for a drink a small swallow of Seltzer-water.

When we returned at three o'clock in the afternoon, the countenance of the patient was changed for the better. She seemed more like herself, and as she expressed it, every spoonful of the medicine went right to the spot.

We continued the remedy.

Oct. 23. Improvement continues. The patient has not had any discharge from the bowels or vomiting. The cramp and the burning sensation at the stomach have ceased. She denies food; we permitted her to have chicken soup, and prescribed the same remedy in quantity as heretofore directed, and for a drink, gum-arabic water, or sweetened water, *ad libitum*.

Oct. 24. She said she had recovered her appetite. We prescribed the same diet.

Oct. 25. She rises at any hour and does not consider herself a patient. She insists that we give her a more substantial diet. We still prescribed chicken broth.

Oct. 26. At our visit this morning, Mad. M. is sitting up and completely cured.

CASE II.—M. T., aged seventeen, on his way to a distant town. This young man has had an enlargement of the chest for twelve years. He does not remember having had any other derangement.

Friday, Oct. 20, 1865, 12, m. This patient was attacked with cutting pains in the bowels and severe diarrhoea, yet it did not prevent him finishing his journey.

In the evening he reached his home, where he was put to bed without having eaten any food, and as soon as he had laid down he was seized with chills, followed by fever. He slept but a moment ere he was awakened with colic, frequent desire for stool and copious vomiting. He laid down again to sleep, and had two hours peaceful slumber, but about three in the morning he was taken with very severe cramps in the calves of the legs; vomiting of greenish fluids; white stools, and his face had that sharp cadaverous expression characteristic of the disease.

On our arrival, Oct. 21, 1865, we entered into a small room occupied with two beds; the one to our right contained the remains of a little boy who had died of cholera, who, two days before was under our care, but to whom we had not given Aconite because we had not recognized it as a *specific* agent in this formidable disease. On the other bed to our left, and opposite the bed of our little patient deceased, was to be seen a young man, aged seventeen, who was in a state of

collapse, livid, sunken eyes; tongue cold; pulse scarcely perceptible; thirst intense; respiration difficult; voice almost inaudible; urine suppressed, with a sensation of extreme anguish at the pit of the stomach; excessive vomiting and rice-water discharges every ten minutes, together with such violent cramps that it appeared impossible the patient could survive.

We prescribed Camphor, *intus et extra*, and for drink, an infusion of very warm peppermint.

When we returned at noon, the patient had somewhat revived, but had not passed urine. This symptom added to the others, resulted in vertigo and *diplopie*. He saw two objects, and could not distinguish them on account of the mist before his eyes.

We discontinued the Camphor and substituted Belladonna, with Veratrum, giving barley-water as a drink *ut supra*. The next day, Sunday, Oct. 22, the day of the funeral of his little cousin, the patient was in a deplorable condition. He was attacked with bilious vomiting; white stools; persistent cramps; confused state of mind; feeble voice, and pulse varying, 130 per minute.

We prescribed reluctantly for this stage of collapse—Arsenicum, and directed the Seltzer-water to be given in small quantities occasionally.

At this crisis, we were overwhelmed with anxiety, for the reason that we could not bear the thought of losing another patient in the same family.

As we returned in the evening we thought of the wonderful effects of Aconite in the case of Mad. M.

The pulse was hardly recognized, and marked 140; the livid appearance of the skin in general, and the the anxiety depicted upon the countenance was extreme, also the vomiting and diarrhœa equally persistent, but not quite as frequent.

We discontinued all other medicines, and prescribed fifteen drops of the tincture of Aconite in eight ounces of water, a teaspoonful to be given every fifteen minutes—drinks the same.

Oct. 23, Monday morning. The expression of features of this young man is very much altered for the better. He has had no vomiting—no discharges from the bowels; the pain in

the epigastric region is very much improved; heat of the body is almost normal. He passed urine during the night, his pulse is stronger, and he finds that the medicine has worked a very desirable change.

We now prescribed the Aconite every hour.

In the evening his convalescence was marked. He had partaken of a little soup. Prescription: *ut supra*.

Oct. 24. The patient asks for more to eat. We gave him soup in small quantities at a time, and continued the medicine, but at longer intervals.

Oct. 25. He ate his food as usual—the 27th he is up. The 28th his health is established, and we cease our visits.

CASE III.—Oct. 22, 1865. Mad. M—, has had chills followed by great heat and violent headache. Returned in the evening, thinking she was not dangerously sick. But in the night she was attacked with vomiting, diarrhoea, and cutting pains in the bowels, with slight cramps in the extremities. We were called in the next day and observed these symptoms: The tongue white, cold and thickly coated; the face slightly livid; the eyes sunken with a bluish circle surrounding them, pathognomic of cholera; the pulse averaging 100 per minute.

For these symptoms we prescribed Ipecac., and as drink, sweetened rice-water. The next day, she was very little better. In view of these symptoms, we gave Nux-vomica.

Oct. 25. Patient's condition the same; pulse 110. We now decided that although the vomiting and diarrhoea were the most prominent symptoms, the cause of the same was the *febrile condition*, for which we had, in similar cases prescribed Aconite with the grandest results; and in like manner we cured the patient before us.

ARTICLE LIX.—*The History, Preparation and Therapeutical Uses of the Citro-Ammoniacal Pyrophosphate of Iron, Named in Brief Pyrophosphate of Iron.** By E. N. CHAPMAN, A.M., M.D., Professor of Therapeutics and Materia Medica, Professor of Clinical Obstetrics, and Physician in the Long Island College Hospital.†

It is only a few years since any attempts, successful at least, have been made to obtain the pyrophosphatic ferruginous salts. No earlier than the year 1847, M. Persoz published a noteworthy memoir on the signal advantages that might be attained, in his estimation, from the medicinal employment of the Pyrophosphate of Iron. This salt, which has presented almost insuperable difficulties from its insolubility, was discovered by him to be rendered sparingly soluble by association with the pyrophosphate of soda.

Subsequently, in the year 1849, M. Leras (Inspecteur d'Académie à Quimper et Docteur des Sciences) presented to the Institute at Paris a paper on this preparation—the Pyrophosphate of Iron and Soda—in which he claimed for it marked superiority over all the other forms of Iron; particularly in regard to its more ready and certain absorption. Leras's salt is, in solution, of a white color; has an unpleasant saline taste from the soda, and possesses but feeble powers as a tonic. The solubility of the iron is slight by this chemical union. Only two and a half grains of each salt are contained in a fluid ounce of the preparation.

Following the appearance of M. Leras's memoir, attempts were made by several chemists to render the Pyrophosphate of Iron soluble by the intervention of some other chemical agent, but unsuccessfully. In 1857, M. Robiquet discovered that by associating the Pyrophosphate of Iron with the citrate of Ammonia, a preparation was attained that was, according

* The historical portion of this article is gathered from the *Journal de Chimie Medicale*, May, 1857; *Journal de Pharmacie et de Chimie*, October, 1858; and the *American Journal of Pharmacy*, September, 1857.

† *Boston Med. and Surg. Journal*, 1862; *Journal de Chimie Medicale*, May, 1857; *Journal de pharmacie et de Chimie*, 1858; *Amer. Jour. Pharmacy*, 1857.

to his assertion, tasteless ; soluble in almost any proportions, in water, and unchangeable by keeping. He also claimed that the iron existed in a latent or disguised state, by a peculiar chemical union, which better fitted it for absorption, and enabled us to administer it in connection with many agents that were incompatible with all the other salts of this metal. He stated that no precipitate was caused by cinchona, vegetable bitters or astringents, Ammonia and the Carbonate of Potash or Soda ; and that the iron could not be detected by ordinary reagents. Having procured, through the kindness of my friend, Mr. E. Fougere, a sample of Robiquet's syrup from his agents in Paris, I found it of a straw color, with a slightly greenish cast, neutral to test paper, and nearly devoid of taste excepting from the sugar it contained. Ammonia turned this syrup to a black color immediately, but carbonate of soda or potash only caused this change by standing several hours. The dark hue remained permanent, without the formation of a sediment. All vegetable infusions or tinctures containing tannin caused a precipitation of iron, either directly or after a few hours, excepting the wine of bark, which being added to the syrup in an equal or less proportion, no change was observable in ninety days. When the wine was added in excess, an inky-colored mixture was formed, and this the more rapidly the greater that excess. In fact, contrary to the assertions of Robiquet, tannin was found to be as sensitive a test for iron in his salt as in any of the others of this metal. One drop of his syrup added to twelve ounces of water containing a small proportion of tannin, caused a notable change in color. We must, therefore, in prescribing the Pyrophosphate, avoid the same articles in combination that are incompatible with any of the martial salts, excepting the wine of bark in a less or equal proportion of the syrup.*

The first attempts in this country to manufacture this new salt failed to conform to all the steps of the process. In the *American Journal of Pharmacy*, Sept., 1857, the editor states that "the want of clearness" in Robiquet's paper "leaves one

* Robiquet's syrup contains about one grain to the drachm.

in doubt in regard to the mode of making the preparation ;" that the neutral citrate of ammonia would not dissolve the Pyrophosphate, but that it was requisite to add the ammonia in excess.

Robiquet's formula is as follows:—dissolve by heat in a neutral solution of the citrate of ammonia a determinate proportion of the Pyrophosphate of Iron. When this becomes clear, allow it to boil for a few minutes; filter and add sugar. This syrup should be of a straw color, with a slightly greenish cast, and devoid of taste. By rendering the citrate of ammonia alkaline, "a reddish-brown solution, with a slight ammoniacal saline taste," is obtained.

It will be found that the pyrophosphate will dissolve readily in the citrate of ammonia, with either the alkali or the acid in excess. In neither case shall we have a tasteless syrup, or one that possesses the advantage of the genuine salt. The alkalinity or acidity of the preparation would render it objectionable in many cases of disease; the first gives it an elegant and unsightly appearance, and a repugnant taste, which destroys its great recommendation—tastelessness—that so well adapts it for captious stomachs and for the case of children; the second might cause in certain habits gastric derangement, disorder the digestion and produce griping, flatulence and purging. It is requisite, in testing the claims of any new remedy to our notice, to have it conformed rigidly to a fixed standard; especially where, as in the present instance, iron, that would be efficacious in any combination, enters into the formula, and our object is to discover whether a particular ferruginous salt has any advantages over others. Having used extensively, both in private and public practice, for the last three years, this new preparation, and having observed in it powers over and above those possessed by iron singly, I was anxious to discover whether it was possible to conform strictly with the formula of Robiquet. By the kindness of Mr. E. Fougere, Pharmaceutist of the Long Island College Hospital, who had supplied me with this syrup, conforming in color and tastelessness to the imported article, I was allowed the opportunity of witnessing his mode of preparation.

The Pyrophosphate of Iron, a white and tasteless powder,

resembling prepared chalk, was obtained as a gelatinous precipitate in the reaction between the Pyrophosphate of Soda and the Tersulphate of Iron in solution. A given proportion of citric acid in solution is neutralized by liquor ammoniæ, as shown by test paper, when the Pyrophosphate is added, and the liquid boiled until the salt is dissolved. We now have the Citro-ammoniacal Pyrophosphate of Iron in solution; from which we may obtain the solid salt by evaporating to a thick consistency, and then spreading the product on large plates of glass. It takes the form of lamellæ of greater or less thickness; these, when thin, are flaky, brittle, and of a yellowish-green color, but when more massive, are of a duller and deeper green, and of a resinous appearance. This salt, which has a slightly saline taste, may be made into pills, or dissolved in water in any proportion, by the aid of heat. The solution does not require any addition to disguise it, as the saline taste is trivial and not unpleasant, though sugar and a flavoring ingredient may be added to suit the caprices of patients. Syrup completely conceals the iron and renders the preparation tasteless. This may be made of any desired strength. I usually give from three to five grains of the Pyrophosphate three or four times a day.

The solid salt contains its ingredients in the following proportions to the hundred parts:—

Pyrophosphate of iron (anhydrous)	- -	48.8
Citrate of ammonia (neutral)	- - - -	34.66
Water in combination	- - - - -	16.54
Total	- - - - -	100.00*

The 48.8 parts of the Pyrophosphate contain 7.27 of metallic iron. It is a sesqui-salt, represented by the formula $2\text{Fe}^2\text{O}_3, 3\text{PO}_5$, and formed by the reaction between three equivalents of the Pyrophosphate of Soda $3(2\text{NaO}, \text{PO}_5)$ and two of the tersulphate of iron $2(\text{Fe}^2\text{O}_3, 3\text{SO}_3)$.

The Citro-ammoniacal Pyrophosphate of Iron affords certain marked advantages over the preparations of iron hitherto in use. Its tastelessness, in solution with sugar, and elegant appearance, in our day, when the nauseous doses of the older

* See American Journal of Pharmacy, January, 1860, p. 39.

practitioners will not be tolerated, is an important item in the case of children, or adults even, when the employment of a remedy is demanded for a period of time. There is every reason for presenting our medicines in as palatable and pleasant a form as possible. In addition, there are many persons of a nervous, delicate organization, particularly females, who cannot take the ordinary preparations of Iron. They disorder the stomach—in their language, are too heating—and thus not only fail to be assimilated, but, by perverting the gastric and intestinal secretions, seriously interfere with the digestion. Hence, instead of enriching the blood by new materials, we are merely cutting off the original supply, imperfect as it is, and making the gastric surfaces a centre of morbid irritation. We observe a similar but more complete abeyance of the nutritive functions, in most patients much reduced by an exhausting disease. However much iron may be indicated, it cannot be borne, much less appropriated by the absorbents, until the digestion is restored by bitters and stimulants.

A marked peculiarity in the Pyrophosphate of Iron is the fact that it will, scarcely ever, in any of these cases disagree; and very frequently patients who cannot tolerate the ordinary forms of Iron, will bear this well, and receive great benefit from its use. Like the others it may fail to add to the blood a richer pabulum, from some fault in the vital processes of nutrition; yet unlike these, it will not aggravate the disorder for the relief of which it was given. Where the digestive powers are unimpaired, it matters little what preparation is selected, as far as its tonic action on the blood is concerned; since all—certain chemical reasons to the contrary notwithstanding—will fulfil this indication satisfactorily. The new salt will supply the iron to the blood-globules as promptly, but not more so, than the others.

It has, however, another and more important property, which has entirely escaped attention; that adds new virtues to the iron and bestows on this special compound advantages possessed by none other in the *Materia Medica*. These arise from the pyrophosphoric-acid. This acid, or the element, phosphorus—which, has not been definitely determined by chemists—exists alone in a free state in the great ganglionic

nervous centres. According to Frémy, the Phosphorus is combined with the brain-fat, forming what he calls the oleo-phosphoric-acid. This, by boiling for some time in alcohol or water, splits up into olein and Phosphoric-acid. This brain-fat, cerebriic-acid or cerebrin, is the protein-body of the nerve-centres, and its great peculiarity is the amount of phosphorus it contains. Frémy makes it 9 parts to 1000. There are many other protein-bodies with specific properties that affect peculiar vital transformations, such as, for example, the nitrogenized element in the gastric juice, the pancreatic secretion, casein and the albumen of eggs or blood. This nitrogenized element, by its presence, without any chemical union with the other ingredients, forms a great diversity of new compounds from the same plasma: as, for example, the various secretions from the same blood.

It is, at the present time, tolerably well established (Virchow, Kölliker, Bennett,) that all life starts from and is sustained by the agency of cell-growth, and that even morbid actions form no exceptions, but are carried on by the same organic forces. These cells, in their walls, nuclei and contents, contain a peculiar and distinctive protein-body; and being distributed universally in the solids and fluids of the body, are the great vital factors—the pervading life-force—by which organic functions are manifested. Formerly, it was thought that the peculiarities of this nitrogenized, albumenoid substance or protein-body, were due to the nitrogen in its composition, but it has since been found that phosphorus and sulphur are usually present. Both of these are contained in the albumen of the egg or of the blood, and in the casein of milk—fluids that contain every element necessary for the development of living creatures. Milk is the most perfect type of the various constituents and their proportions that should exist in our diet.

Nitrogenized elements in Albumen (Mulder).

Carbon	- - - -	52.97
Hydrogen	- - -	6.81
Nitrogen	- - -	15.11
Oxygen	- - - -	23.54
Sulphur	- - - -	1.57
Phosphorus	- - -	.40

Nitrogenized elements in Casein.

Carbon	- - - -	53.61
Hydrogen	- - -	7.11
Nitrogen	- - -	15.47
Oxygen	- - - -	17.99
Sulphur	- - - -	1.11
Phosphorus	- - -	.74

It thus appears evident that phosphorus holds an important place amongst the other elements that contribute to cell-life and nerve-power; but as all nitrogenized food contains it in the same proportions as it exists in the human organism, we cannot select a better remedy for defective nutrition than these ready-formed products. We should naturally suppose, what I have found by experience, that animal food would be the proper agent to restore flesh to an emaciated patient, since it contains each constituent necessary to its formation. At least, I have not found the phosphoric-acid to add anything to the iron in such cases. Phosphoric-acid united to a base—lime—exists in all the fluids and solids of the body. The phosphate of lime is formed in the vegetable from the elements in the soil; whence we derive it directly, or secondarily, through animals who have fed upon them. The phosphatic salts are received as such, and are probably carried through the blood to the solids, particularly to the bones, without suffering decomposition and re-construction; excepting, perhaps, in a small ratio. It scarcely could be requisite, when the supply presented to the stomach is always so abundant, to administer any phosphatic salt for the purpose of adding the phosphate of lime to the blood and thence to the bones. The defect of this saline in the bones is not due to the lack of the elements in the food, but to a fault in nutrition. When this is obviated, the common articles of diet will supply all the materials required. We conclude, therefore, that phosphorus is not demanded medicinally to build up the nitrogenized tissues of our bodies, nor are the phosphates to form the bones, since they are all presented to the blood in great abundance.

Phosphorus is regarded by therapeutical writers as a cerebral stimulant, exalting nerve-power directly, but the action of the heart indirectly, and only in a moderate degree beyond the normal tension. Of all the organs, the reproductive are most sensibly affected; a fact satisfactorily accounted for in the male by our knowing that the semen contains, according to Kölliker, over two per-cent. of a phosphoretted fat. As throughout nature, nothing is without a use, and every element has an importance, though we may fail to discover it; so we may safely conclude that phosphorus must exist in the

nervous centres and the spermatic fluid as an integral constituent in their chemical composition. Probably it plays an important part in the normal excitability and is intimately connected with the manifestation of mind, and the generation of the nervous influence.

In many conditions occurring in disease, there might be a lack of this constituent, in a due proportion; precisely as there is of iron in anæmic states of the blood, when our only resource would be to present it in some assimilable form to the system, as there are no substitutes for the elementary bodies. In the case of phosphorus, here has always lain the difficulty: undergoing a slow oxydation or combustion at ordinary temperatures, even when floating on water, its substance would be burnt in the stomach, and a small particle adhering to the mucous surface would occasion irritation or inflammation. It could not be absorbed as phosphorus, and could only be remedial by the phosphorus and phosphoric-acids that are formed. These would undoubtedly combine in the stomach with earthy or alkaline bases, and be reduced to the state of the phosphates existing in the food. These, we know, suffer but little change in the blood, being found unchanged in all the solids and fluids, but particularly in the bones. From them, however, in normal, healthy nutrition, the phosphoric-acid in the nerve-centres must be derived. Should there be a great depression of vital power, the acid is not liberated from its combination, in the same manner, as, we know, the iron is not, from the materials for digestion. The iron set free by assimilation in the blood is appropriated by the hæmatin; the phosphorus by the brain-fat. In hydræmia we give the Iron in an easily assimilated form; one that does not tax the vital powers in separating it from a chemical combination, and straightway the blood begins to regain its color, and strength and vigor are infused into every organ. When a certain stage of recuperation has been attained, as shown by a more florid blood and a stronger pulse, the iron will be readily appropriated from the food, which, normally, is the source whence it is always obtained. The fault, originally, lay not in the absence of iron in the substances presented to the blood, but in an imperfect elaborating power, which failed to assimilate it. In like man-

ner, I think, phosphoric-acid may, from the same defect, not be separated from its compounds, and thus the ganglionic nervous centres be wanting in their normal stimulus. Hence would arise many nervous and neuralgic diseases, and nervous complications in many forms of debility. It is necessary for us to pass the phosphoric-acid into the blood. This we can only do by giving it in a saline state, with a base that would be assimilated, and thus set it free. This is accomplished by the iron, which we know, in ordinary medicinal doses, is used up in the blood; in other words, is appropriated by the hæmatin, and cannot be detected by any tests. It is a natural constituent in the red globules, and, consequently, not being foreign to the body, behaves precisely as any of the other elementary principles that form its structure. Strictly speaking, it is a food, and must be supplied as much as starch, sugar, oils and flesh.

It is the experience of most practical men that far greater benefit arises from the use of Cod-liver oil than any other oil in a variety of diseases; particularly such as are marked by a defective assimilation and a cachectic and depraved nutrition. Most patients, though they may derive no permanent benefit from its employment, improve in appearance, and gain, often in a remarkable degree, in weight. This is, I may say, universal when their digestive powers are sufficiently strong to appropriate the oil. Its manifest good effects have been ascribed to the Iodine which it contains, though this exists in an infinitesimal ratio, much too small to act medicinally, according to our ideas of the dose of this element requisite to affect the system. The phosphorus and phosphoric-acid, present in a much larger proportion have been entirely overlooked; whereas, they probably constitute the main difference between it and ordinary oils. This may be more apparent by comparing the following analyses by Dr. De Jongh:

COD-LIVER OIL.

	Pale.	Pale Brown.	Brown.
Iodine,	$\frac{274}{1000000}$	$\frac{406}{1000000}$	$\frac{288}{1000000}$
Phosphoric-acid,	$\frac{813}{1000000}$	$\frac{782}{1000000}$	$\frac{536}{1000000}$
Phosphorus,	$\frac{212}{1000000}$	$\frac{114}{1000000}$	$\frac{74}{1000000}$

We thus see that phosphorus and phosphoric-acid together, are found in a greater proportion than 1 part to a 1000, and that this much exceeds that of Iodine. Since the proportion of phosphorus in the nerve-centres and in the protein-bodies of the cells is small; even this amount, apparently so trivial, would be ample to supply their deficiencies, and thus correct faults in nutrition.

It is thought by physiologists that oil is only formed into an emulsion in the intestines by the pancreatic juice; thus absorbed, and eventually deposited in the cellular tissue in its original state, without experiencing any chemical change. When required by the wants of the system, it is retaken into the circulation, oxidized or burnt in the tissues, and thus becomes the source of animal heat.

Now it is a recognized therapeutical fact, that certain combinations of remedies give a direction and a sphere of operation to their constituents; differing, often notably, from that of the articles when used singly. For instance, the action of the Iodide of Iron is not expressed by that of Iron + that of Iodine. By their union not only are new medicinal properties developed, but the Iodine, which is speedily passed off through the kidneys, leads the iron, as it were, to seek an exit by the same channel; though the ordinary salts of this metal must be given in very large doses to be detected in the urine. Besides, it must be recollected, that the phosphorus in the oil of the cod, has been united with it by a vital chemistry; and hence will be readily absorbed and deposited in the fat-cells, unchanged. Cell-life, being dependent on a protein-body, which contains a certain, though small, proportion of phosphorus, will be stimulated, by which means emaciated patients will gain largely in fat. When this oil is, in the process of life, burnt in the tissues, the oxydized phosphorus will both stimulate the nervous centres and the cell-life of every organ, and thus the activity of all the functions will be strengthened and invigorated. This liberation of phosphorus will be slight compared with that set free in the blood by pyrophosphate of iron; since the iron is immediately assimilated and appropriated in the processes of nutrition by the red-globules of the blood. Hence we discover the rea-

son why the oil will augment the deposition of the fat, and, when oxydized, will augment the activity of all the various functions, and why the stimulation from the oil is far less than that from the pyrophosphate of iron. Thus these two medicines afford a means of introducing Phosphorus and its acids into the system, a point otherwise difficult to be attained; and secure certain peculiar medicinal results through the nature of their combinations.

Practical, clinical facts, the only reliable foundation for medical practice, confirm, in my experience, the views thus presented on a therapeutical and physiological basis.

We have employed the Citro-ammoniacal Pyrophosphate of iron, in certain conditions, with the most marked and gratifying results.

Whenever the blood becomes thin and watery, there are, almost invariably, troublesome attendant symptoms, seriously retarding the restoration of the patient to health. In all, there will be a lack of nerve-power, from the hydræmic state of the circulation. Hence, could we, temporarily, augment the stimulating properties of the blood, whilst we are administering the Iron, we should prepare the way and present the conditions required for its assimilation, which otherwise might be impossible. Experience has taught most physicians this practical fact, and the indications have usually been fulfilled by the simultaneous use of wine and Iron. We have found the Pyrophosphate singularly appropriate under these circumstances, and as superior as a natural excitant must ever be over any substitute we may devise. Persons who have been over-worked by mental application and prostrated by disquietude and care, or persons who have a shattered nerve-power from some constant source of bodily suffering, have a thousand anomalous symptoms dependent on an imperfectly generated nerve-power—such as wakefulness, trembling spasmodic movements, palpitations, &c. For this class of symptoms, the Pyrophosphate of Iron often affords relief in two or three days; and thus prepares the way for the ultimate cure that may be expected from the martial salts. Many times, patients have expressed wonder at the calming and tranquillizing effects of the medicine; not only in mere

functional aberrations and irregularities, but also in cases where actual disease existed in the nerve-centres. In both instances, the stimulation is immediate and transient, and can be of no avail, except by removing irregular nervous distribution; whilst the Iron is appropriated more readily by the organic forces now freed from a great source of disorder. A lady in this city, with spinal meningitis in the cervical region, had great feebleness and trembling, but especially paroxysms of an asthmatic shortness of breath, that greatly interfered with the aëration of the blood. The first trial with this remedy removed, in a few days, the severity of the symptoms; so much so, that the patient was enabled to leave her bed. Her breathing was hurried only on exertion. The remedy becoming less potent in subsequent attacks, and then eventually quite useless, was abandoned, and other means were resorted to with the same ill success. The patient, after being under my care, without benefit, for three months, moved into the country, and nothing has been heard of her since. In other instances of anæmia, where time showed an organic basis for the nervousness, a temporary advantage has been gained by this form of iron; showing the stimulation afforded by it to the brain and spinal marrow. This stimulation, although only temporary, is of permanent value in all functional disorders of the nerve-power, where, in the mean time, we can rectify the states on which they are dependent. This is shown markedly in anæmia and chorea united.

ARTICLE LX. — *Veratrum-Viride in Cerebral and Cerebro-Spinal Affections.* By E. M. HALE, M.D., Professor of Materia Medica and Therapeutics in Hahnemann Medical College. Chicago.

THE experience and investigations of the last four years have convinced me that we have in *Veratrum-viride*, a remedy for diseases of the brain and central nervous system, which far exceeds in efficacy Aconite, Bryonia, Belladonna or Glonoine, upon which homœopaths have been wont to place reliance.

For several years I have been in the habit of resorting to the administration of Verat.-v., whenever in the course of, or at the onset of a fever, a decided tendency to the brain manifested itself. It has been the custom of homœopaths to alternate Belladonna with the Aconite, or leave the latter and give the former alone, in each case. Such was my practice for many years or until I became acquainted with the virtues of Veratrum-viride. I am better satisfied with the use of this medicine in all forms with cerebral symptoms, than with my previous use of Aconite, Belladonna, Bryonia, or any other remedy.

In the first edition of "New Remedies," I expressed an opinion that the Veratrum-viride would prove of greater efficacy in some cases of fever, than any other medicine.

Several cases were given, some contributed by my colleagues, others by myself, which appeared to form the truth of such opinion. Many cases were quoted from allopathic authorities, which proved as far as human testimony could, that this medicine certainly possessed great curative power in some diseases of the brain and nervous system. The *second* edition of "New Remedies" has been greatly enriched by new observations relative to the toxical and pathogenetic action of the drug, also by numerous clinical cases from homœopathic sources, which show clearly its curative action in certain diseases of the cerebral and cerebro-spinal system. I would call attention in particular to the case of poisoning of a child, reported by Dr. Burt.* In this case spasms of a peculiar character occurred, with rigid jaws, body bent backward, arms rigid and thrown above the head, *with* vomiting, &c.

I would ask the physician who likes to investigate the action of medicines, to compare this case of poisoning with the cases of diseases treated with the Veratrum-viride, reported by Dr. Fisher† and Dr. Williams. In those cases the symptoms were notably similar, and doubtless proceeded from the same pathological condition of the brain or spinal cord. Aconite, Belladonna and other medicines were powerless, while Veratrum certainly saved the lives of the patients.

* *Materia Medica of New Remedies*, page 1030.

†—*Ib.* page 1039 and 1040.

If we compare the prominent *symptoms* occurring in the course of each disease as basillary meningitis, acute hydrocephalus, cerebro-spinal meningitis, and irritation of the base of the brain in teething children, or from about any cause, we shall find that *Veratrum-viride* has *caused* the majority of them.

We find the following symptoms have been *caused* by *Veratrum-viride*:

Dizziness and pain in the head *with* dimness of vision, dilated pupils *and* vomiting.

Rigidity of the jaws, (trismus) spasms with violent shrieks, in which the whole body was bent backward, the arms rigid and extended above the head (opisthotonos), *with* dilated pupils *and* vomiting.

Constant aching pain in the back of the neck and shoulders so violent he could not hold his head up. Contortions of the muscular system, particularly of the face, neck, fingers and toes.

Head drawn to one side, mouth drawn down at the corner, convulsive twitching of the facial muscles.

Tonic spasms; shocks like galvanic shocks, frequently of such violence as to precipitate the patient out of bed. [These last symptoms rigidly picture forth a choreic condition. They were observed by an allopath, (Dr. Coe,) and yet other allopaths* report cases of very severe chorea cured rapidly by the *Veratrum-viride*. Will they ever see and acknowledge the truth?]

Without reporting in detail all the cases in which I have used the *Veratrum-viride* successfully since the publication of my work, I will briefly enumerate some of the most important.

1. Two cases of *cerebro-spinal fever*, with high inflammatory action, preceded by a congestive chill, and attended by delirium, vomiting, dimness of vision, dilated pupils, intense headache, with pain in the cervical region; rigidity of the neck, the head drawn back to a great extent, or to one side, flushed face and great restlessness. In the first of these cases after *Belladonna* had failed to cause any improvement,

* New Remedies, 2d Edition, page 1086.

Veratrum was given with prompt results. In the other case, the Verat. alone controlled all the symptoms.

2. Several cases of *basilar-meningitis* in some of which Belladonna, Sulphur, Zinc and Glonine, so highly recommended by Dr. —,* were all given without the slightest benefit, but were benefitted by the administration of Veratrum-viride.

3. Many cases of *cerebral irritation* similar to those I used to treat with Belladonna and other remedies, but which in spite of all I could do run into hydrocephalus. Knowing the utter uselessness of trying the old remedies over again, I resorted at once to Verat.-v., and had the satisfaction of seeing the ominous symptoms rapidly disappear in a few hours, leaving the children in excellent condition.

I cannot in this short paper give all the symptoms which I consider as indicating this medicine. Some of them are mentioned above, the others are those we have been accustomed to consider as indicating the use of Aconite, Bryonia, Belladonna and Glonine.

I will remark *en passant* that I value Sulphur tincture or 30th more highly in brain affections, than any of the last named medicines. I believe Sulphur hastens and increases the curative action of Veratrum-viride in such cases.

Dose.—In cases occurring in adults I usually prescribe the *first* decimal dilution in doses of three to five drops every hour, in some cases, or ten drops of the mother tincture in a few ounces of water, a spoonful as often as seems requisite. For children the *second* dilution administered in the same manner, is quite sufficient.

I would urge it upon my colleagues to study carefully the toxical effects, pathogenetic action, and clinical results, which have followed the use of Veratrum-viride, and then boldly test its value in the diseases above mentioned.

If their experience coincide with my own, they will be highly gratified, and have the satisfaction of curing a greater number of patients than they have been able to cure with the medicines usually given.

The physician should be satisfied that the tincture he

* U. S. Medical and Surgical Journal, Vol. II., page 40

prescribes is pure and reliable. A good deal of the tincture of *Veratrum-viride* sold in the pharmacies is almost inert.

ARTICLE LXI.—*Opposition to Homœopathy in New-York.*
The Anniversary Address before the Hom. Med. Society of New-York, April 10, 1866. By B. F. BOWERS, M.D. President. Published by the Society.

LADIES AND GENTLEMEN,—

Our last anniversary was held during the excitement of war and the clash of arms. Truth and justice were confronted by that sum of all villainies, slavery, and forced into a war, which threatened the national life, and disturbed the civilized world. Discomfited, the enemy of equal rights in its dying struggle, inflicted a wound in every loyal breast, and filled the land with woe, by the hand of the assassin, striking down him, the highest and best, our chosen leader.

Now, we can rejoice together, and give thanks to God, that the conflict is over, and right is triumphant. At immense cost of blood and treasure, it is proved beyond all peradventure, that we have a country, and the people honest and intelligent, with stout hearts and strong hands, will establish impartial liberty and universal justice, not upon the sands of compromise, but upon the rock of principle.

Conservatism in medicine, like conservatism in politics, is intolerant of change, and the most beneficent reforms, both political and medical, sweeping away only time-honored abuses, are blindly resisted as destructive radicalism. Be it ours, gentlemen, while enjoying and diffusing the blessings of liberty, faithfully to labor for the triumph of that great reformation in medicine inaugurated by him, whose birth we this day commemorate,—the immortal Hahnemann.

The axiomatic principles lying at the foundation of republicanism, that all men are created free and equal; that governments derive their just powers from the consent of the governed, and the corollary: no taxation without representation, are fraught with blessings to mankind; and yet they are destined to overthrow principalities and powers, and to meet the most

determined opposition. So homœopathy, the gift of the beneficent Creator, for the healing of his dependent creatures, a great innovation, because the greatest improvement ever made in medicine, must overthrow errors and encounter opposition somewhat proportioned to the blessings it confers.

On former occasions we have been interested and instructed by eloquent discourses on the introduction and early history of homœopathy in this city. Its trials and its triumphs are well known to most of you; but the spirit and the manner in which it has been opposed by a majority of the profession here, has never so far as I know been set forth in a succinct and connected form. The importance of the subject and the interest of the public in a right understanding of it must be my apology for bringing forward on this occasion, matters which to some may seem stale and unprofitable.

Let it be remembered that the law looks upon all regularly educated physicians as equals. It requires of every one a prescribed course of study and a rigid examination by legally appointed censors, before admission to the duties, privileges and honors of the medical profession. It aims to give, and in return requires such a knowledge of the science and art of medicine as shall qualify the physician properly to treat the sick committed to his care. It seeks further to protect the public against ignorance and unskillfulness, by making every practitioner liable to prosecution and punishment for malpractice. Moreover, every true physician is bound to increase his skill and improve his art, by careful observation, by study, by reflection, by earnest devotion to his work. A trust is committed to him, a duty is imposed on him; in the fear of God and in love to his neighbor, let him do the duty and execute the trust. The profession ever jealous of its honor and the rights of individuals, has a code of medical ethics, regulating the conduct of its members to one another and to their patients, to prevent misunderstandings, to settle difficulties and to punish offences, intended to secure courtesy, harmony and justice in professional intercourse. There is a state medical society and county medical societies in every county, auxiliary to the state society, all established by law, to secure the interest of the public and the profession, and to exercise a salutary influence in medical matters.

“The regular medical profession includes all those who have pursued the course of medical studies prescribed by the laws of the state, and complied with all the professional requirements of the medical colleges and medical societies which the state has established. The diplomas held by the homœopathic physicians of New-York, afford proof that they have passed these ordeals.”

Both Webster and Worcester, following Johnson, give this definition of regular, “instituted or initiated according to established rules, forms, or discipline.” “A regular doctor,” “at regular physician.”

While there are diversities of gifts, there will be differences in skill ; while there are doubts and uncertainties in medicine, doctors will differ, and there will be occasion for mutual kindness and forbearance, and opportunities for mutual assistance and good offices.

Having complied with the requirements of the law, the physician is entitled to all the rights and courtesies which belong to his profession. He is authorized to act on his own responsibility, and to treat each case according to his best judgment. Often he cannot obtain counsel, when he would gladly divide his responsibility.

Shall the physician conscientiously exercising his profession, honestly working for its improvement and curing his patients to general satisfaction, be told by any other physician, or by any number of physicians, his peers before the law, perhaps his peers in the sick room, and perhaps not, his patients must judge of that, your opinions and practice differ from mine, therefore I denounce you to the public as a quack and will hold no professional intercourse with you, nor with any physician who will? and shall they be upheld in such a course? If so, what becomes of his professional rights so carefully hedged about and secured by legal enactments?

The morality of invading the rights, maligning the characters, and trying to destroy the business and reputations of their professional brothers, cannot be considered doubtful. The expected effect, if not the avowed object of such plans being to secure to their authors all the honors and emoluments of the profession, and to ruin those thus attacked, throws suspicion

upon their motives. It is said, "Brutus is an honorable man—so are they all, all honorable men." The more is the pity, for when honorable men descend to compass private, selfish ends, by dishonorable means, the vicious are emboldened by the bad example of better men, and the public morals are corrupted. Men habitually join hands and do collectively, what individually they are both afraid and ashamed to do.

What would be thought of a combination of business men, to destroy their rivals in business by misrepresenting and ridiculing their business, impeaching their honesty, enticing away their customers, refusing to recognize them as business men, or to hold business relations with any business man who would so recognize them on the pretext that they were presuming on the ignorance and credulity of the people, practicing gross deceptions and were utterly unworthy of public confidence, when in reality they were worthy, upright, honorable men, trained to and thoroughly understanding their business, enjoying the confidence and respect of the community and provoking envy only by their success! If such conduct on the part of merchants and business men generally, would be considered highly dishonorable and unjust, why should similar conduct on the part of physicians be held less so?

So long ago as 1831, Philip E. Milledoller, M.D., Felix Pascalis, M.D., Abraham D. Wilson, M.D., Hans B. Gram, M.D., were appointed by the Medical Society of the City and County of New-York a Committee "to investigate the subject of the existence of a secret association of medical men in New-York, said to be for purposes derogatory to the profession and injurious to the public." They presented a full and interesting report which was approved almost unanimously by the Society, consisting of 290 physicians, in which they say: That it originated in *selfishness* and has been continued for the purpose of advancing the pecuniary interest of, and making professional reputation for its members, without submitting to fair open competition which decided talents and honorable minds never wish to avoid.

"By its influence in curtailing a free intercourse with the profession at large, it produces in the minds of its members, a false estimate of their own characters, and an erroneous im-

pression of the characters of those who are uninitiated into their mysteries. An association like the one under consideration, is also to be reprobated, inasmuch as it tends to an unjust monopoly of the emoluments and honors of the profession. Your Committee do consider the combination of men so well calculated to create a monopoly in the profession, as opposed to the spirit of the excellent code of medical ethics adopted by the Medical Society, and destructive to the etiquette which in a refined community has ever governed the physician and gentleman."

"An association of the magnitude of the club under consideration, by acting in concert, by accepting favors from other physicians, who act in good faith, and not reciprocating them, can collect a much larger portion of public patronage, and wield a greater influence than they are justly entitled to by their real merit. Almost all the professional offices in the City of New-York, leading to practice or conferring reputation, are monopolized by the secret association."

"In regard to the important subject of consultations, they well say: "If your committee understand the nature of a consultation, it is not intended to be merely the assembling together of men who see eye to eye, in order to avoid responsibility and to increase the expenses of medical attendance, but would rather judge, that their utility in reference to patients mainly depends upon the free interchange of the opinions of men of skill and independent minds, who would not be so much impressed with a deference for each other, or their own interest, as to forget the most important concern, the patient's safety."

By way of palliation of the association, they say: "allowing some of these gentlemen to be in general good and clever men, yet we must not forget that human nature is weak, that there are such things as besetting sins, and that in a trading community *coveteousness* is apt to be most predominant."

The New-York Academy of Medicine is said to be the public expansion of this secret exclusive association, called the Kappa Lambda Society, inheriting the spirit and quite overstepping the footsteps of its illustrious predecessor.

As homœopathy attracted more and more attention, physicians, one after another, investigated and adopted it, the prac-

tice became more and more popular until the allopathic doctors became alarmed at its progress and determined to put it down.

The county medical societies in the country, in some cases attempted to turn out members who became homœopathists, and refused to admit homœopathists to membership. But as the homœopathists were among the most intelligent and popular physicians, having enjoyed the respect of their associates, and still retaining the confidence of their patients, this course was found to be unpopular, and rather injured the old school than the new.

In this city the homœopathic physicians were so well known and respected as men of science and skill in their profession, and their clients were so numerous and influential, that it was not thought politic to attempt to turn them out of the medical society, where they have rights which can be legally maintained and where it is necessary to proceed in a legal way against a member.

Instead of this, the plan was adopted of forming a new voluntary association from which homœopathists should be excluded, and in the language of a prominent and learned member of the Academy, "the least savor or tincture of homœopathy will not be recognized by us of the old school," and so the New-York Academy of Medicine was formed in 1847, for the purpose of putting down homœopathy.

It was understood that the members of the Academy would not consult with any homœopathic physician, nor with any allopathic physician who would consult with a homœopathist.

One of the first resolutions after the formation of the Academy, was in these words: That any member of this Academy who shall consult with any homœopathist, or other irregular practitioner, shall be considered to have forfeited his membership.

The first president of the Academy, the late Dr. Stearns, delivered his inaugural address, Feb. 3d, 1847, which was published by order of the Academy. In the New-York Commercial Advertiser, March 8th, 1847, I find the following extract from that address:

"When I attempt to analyze the doctrines taught by Hahne-

mann, I am promptly met at the threshold with the avowal of principles which astonish and confound, and very naturally induce the inquiry, do I possess the faculty of reason, and what is its import and design? Is it not to investigate truth, to direct us in our walk in life, to enable us to choose the good and to reject the evil; to preserve health, life and happiness! If the fundamental principles of the Organon be true, then have I given an erroneous definition of reason, for it meets those principles with a decided contradiction. Reason teaches me that the power of any remedial agent essentially depends on the number of grains, ounces or pounds, of which that agent consists. But Hahnemann contradicts this position, and maintains directly the reverse, and asserts that the power of that agent is increased precisely in proportion to the sub-division, the comminution or dilution of its component parts. To illustrate this, I will cite a very analagous case: If one pound of gunpowder will propel a canon ball one mile, the millionth part of a grain would carry it around the globe, and produce the greatest possible destruction of human life. The same remarks are applicable to steam, and to all the other agents of similar power. Well might Hahnemann forbid his pupils to reason or to theorize on his principles.

“They have hitherto rigidly adhered to his injunction. In attempting to explain the precise objects which he intended to accomplish by such an extraordinary publication, I can arrive at no other conclusion, than that the whole of his Organon was prepared for the express purpose of ascertaining how far he could successfully practice deception and imposition upon the credulity and prejudices of the community; for I do sincerely believe that he had too much common sense to believe in the truth of the doctrine that he promulgated.

“Poisons and narcotics constitute the corner-stone of the homœopathic edifice. Deprived of this their whole system of materia medica would be demolished. The alleviation of pain by *narcotics* gives to their practice all its popularity. No man in the full exercise of his reason can believe in the truth of this strange doctrine; and if he attempts to practice upon the principles which that doctrine inculcates, he must possess a most depraved moral faculty.

“I have often heard it asserted, that the clergy are advocates of homœopathy, but this charge is too inconsistent with their profession to admit of belief. Their duty to God, their fellow-men and themselves, is of so holy a character that they should be placed beyond the reach of such calumnious charges. How can they patronize a practice which impairs health, destroys life, and which must necessarily injure their own usefulness as guides to eternal happiness? How can a religious man support a system which places reason and common sense at defiance, and which rests exclusively on the vagaries of a visionary enthusiast?

“If the clergy, like Hahnemann, repudiate reason, how are they to prove the truth of our holy religion, the existence of God and a future state of retribution? Such reasoning would give peculiar delight to the infidel and atheist. The general avowal of such principles would subvert all true religion and civil government, lead to consequences appalling to all reflecting minds: I therefore earnestly solicit all who persevere in propagating this new doctrine to pause and consider.”

This address and its publication by order of the Academy, I think affords conclusive evidence that Dr. Stearns and the society did not begin to have any correct idea of homœopathy—were not likely ever to have, and were not in a very amiable state of mind. All these allegations against homœopathy were denied at the time, and Dr. Stearns was publicly challenged to the proof, without calling forth a reply.

A few quotations from “an appeal for scientific truth against empiricism,” published in 1848, will show that there was no improvement, either in the intelligence or the temper of the opposition. “The time, we proclaim, is come, when we must arm, muster, and be doing. Homœopathy can, and homœopathy must be exposed and eradicated. It has trifled too long with the confidence in, the respect for, the security of our profession, with our honor and the safety of mankind. The system which is based upon absurdities the most preposterous—fallacies and inconsistencies, the most gross, results the most lamentable—pretensions the most arrogant—the system which by its prospective advantages and profitable vogue, *seduces daily into its ranks the intelligent and respectable* from beneath the banner of the just cause

—which claims to have laid for the principles and machinery of the science and art of medicine the only definite foundation—*—*which decries the present one and taunts with prejudice and error its votaries—*—*which offers, in its stead, a blind reliance upon the vis medicatrix of nature and the public credulity, in its infinitissimal doses of oyster shell, or under the guise of potency, secretly prescribes poisons, and adopts, *mutate nomine*, the most cherished resources of the art which it professes to oppose and despise—*—*which offers in evidence of its success, diagnoses the most erroneous, prognoses the most false, and presumed medicinal agencies and boastings the most unfounded—*—*which maintains, in defiance of all common, correct theory, experience and observation, that bloodletting, is at best a dangerous remedy, and doubts whether it is even a remedy at all—can and must be exterminated. It is true that time will do this, as it has done with every one of its congenerous predeceasary empiricisms; but there seems no good reason why its fate should not be accelerated by the application to its roots, without delay, of the sharp axe of truth; and time and health, aye, and life be spared in the interim. . . . Has not the Academy, which may be fairly taken as the expression of the sense of the higher minded and better informed among us, very properly placed them (homœopathists) amongst the irregular practitioners of every grade—has it not eschewed all professional fellowship with them, refused to consult with them, and excluded them from its body? And do gentlemen hesitate, after this public and approved demonstration of professional sentiment, to lend their individual aid to the exposure of its real character, and to lessen its spread and influence? If they do, they do not act up to the spirit of its institution—they do not do their part towards performing one of the highest duties, not only of its associates, but of every member of the regular profession, &c. As to persecution, even if it were truly urged, it is what *they merit*; *what the public safety requires*; *what the professional duty demands*; and when the accusation is well founded, their appeal to it is in vain. . . . Ought we to care for the cry of persecution raised by these unprincipled and mercenary persons, when we can show conclusively that health, and life, and money have been sacrificed

to their mendacity, selfishness, &c. There are for homœopathy the two horns of the dilemma. Mistaken but honest credulity on the one hand—venality and deceptiveness on the other, &c.” This last idea was more tersely expressed by another prominent member of the Academy who said: “a homœopathist must be either a fool or a knave.”

The following passage in a letter of the domestic secretary of the Academy, in 1849, shows that things were still in a very bad way with the old school. He writes: “There was a time, sir, when that profession conferred honor and men venerated, loved and confided in their physician. How is it now? The term is almost a laughing stock—synonymous almost with ignorance, temerity, petulance, and envy—aye, and with poverty. Regular practice is decried—mercenary folly and falsehood flourish under a thousand different names. *The public has lost its confidence in legitimate medicine* and throws itself blindly into the arms of renegades, pretenders and empirics, and listens greedily to every absurdity which is offered to its embrace, &c.”

It does seem hard that poverty should be added to contempt; but the way of transgressors *is hard*, and curses, like chickens, will come home to roost. The hardest thing of all to bear is, the consciousness that respect has been forfeited by one's own demerit.

The spirit of the opposition to homœopathy, it seems to me, is well illustrated in an old report of an interesting case of congenital blindness, cured in a way not considered regular in the schools of that day. The patient had become of age before he was cured, and the case excited quite a sensation. His neighbors were curious to know how he was cured; some believed in the cure and some did not, saying this is not he that was born blind. The patient said, I am he, and related how he was cured. But some would not believe until his parents were called and examined. They said, “this is our son, and he was born blind; but how, or by whom his eyes were opened, we know not. He is of age, ask him. He shall speak for himself.” They were afraid to say more, for there was a combined opposition to such practice, and threats had been made that if any one should confess their belief in this great

physician, he should be put out of the society. Finding the case was clearly proved, and there was no use in denying it, the opposers again called the patient and said to him: "Give God the praise; we know that this man is a sinner."

This seems to have touched the patient, and he answered, whether he be a sinner or no, I know not; one thing I do know, that whereas I was blind, now I see. Then they asked him again how he was cured, and finding that he had full faith in the one who had cured him, and was surprised that they did not believe in him too, they insulted and then excommunicated him. Respectable, intelligent, influential, sanctimonious, regular Pharisees could say of him who was without sin, "We know that this man is a sinner." It is believed by many persons that even so late as the middle of the 19th century, there will still be found a good deal of human nature in man. The self-righteous Pharisee bearing false witness against his neighbor, and synagogues organized for the purpose of putting down the truth, are not exclusively of the past.

Observe the striking similarity in the conduct of the Pharisees in this case and that of the allopathists of the present day. They eagerly bore testimony to a fact as true within their personal knowledge, which was absolutely false; but as for the truth itself, they could not see it. So say the allopathists, any one who practices homœopathy must have a most depraved moral faculty, must be either a fool or a knave, and at the same talk about our holy religion.

A few facts will show that they have been determined to prevent all investigation of the subject. In 1839, the speaker was one of the physicians to the New-York Dispensary in Centre-st. The next year he was turned out for examining homœopathy. Being then an experienced allopathic physician, he did not practice homœopathy in the Dispensary, but thought it worth examination, and used it in his own private practice. This is the first instance, so far as I know, of the removal of a physician from a public position, merely on account of his medical opinions.

When the Demilt Dispensary was established, a liberal gentleman offered a donation of \$500, if they would allow

homœopathic treatment to such as desired it. The offer was rejected.

The Prot. Half Orphan Asylum has been exclusively under homœopathic treatment for the last twenty-four years with the most gratifying results, having had an average mortality as compared with all the other asylums in the city, of only one to three; and yet the only notice apparently which the allopathists have taken of the medical treatment in that Institution, is one instance, where a medical journal, edited by a member of the Academy published a scandalous, malicious, false communication, to prove the published report a gross misrepresentation of the facts intentionally made to show a favorable result for homœopathy, and this the editor introduced with encomiums, apparently in love with the lie.

There have been homœopathic dispensaries in successful operation for many years in different parts of the city; the treatment has also been used with the best results in the Institution at the Five Points, and in the Home for the Friendless. All these institutions offer opportunities for obtaining a knowledge of homœopathy, which seem to have been studiously avoided by the old school. During the prevalence of the cholera in 1849, great exertions were made to obtain homœopathic hospitals for its treatment; the application was sneeringly rejected, although the cases publicly reported, showed the great superiority of the homœopathic treatment in that disease.

Petitions have been presented to the proper authorities at different times, numerously signed, asking for the admission of homœopathic treatment into the hospitals and public charitable institutions, which have uniformly been opposed and the object defeated by the old school. It is an entire mistake, if the public suppose the the allopaths understand homœopathy; they will not investigate the subject. That branch of the profession have undertaken to decide the questions at issue between them and the homœopathists without investigation, assuming to decide by reason, what can be known only by experience. We hazard the opinion that there is not a single member of the Academy who could pass a respectable examination in homœopathy, for the very good

reason that they do not understand it, and will not learn, and yet they condemn it and vilify those who practice it. When and where, and by whom has homœopathy been tried and proved to be worthless?

“First promulgated in 1796,” seventy years ago, “it has steadily, though slowly advanced, encroaching everywhere, step by step, upon the domains of allopathy, receding at no point, ever gaining new adherents in the profession and never losing one by relapse or retrocession.”

It is asked with an air of superiority, “has not the Academy the expression of the sense of the higher minded and better informed among us, placed them (the homœopathists) amongst the irregular practitioners of every grade eschewed all professional fellowship with them, refused to consult with them, and excluded them from its body? as if the Academy had any authority in the premises, or was any better, or essentially different from other trades-unions, got up to promote the pecuniary interests and personal advantage of the associates.

If it shall appear that the members of the Academy, instead of taking a bold manly stand and opposing homœopathy and homœopathists in an honorable legal way, have chosen to imitate the conduct of those who get behind a shelter which they think will protect them, and call names, make faces and throw stones at opponents whom they dare not face in a fair field, their action will be of little consequence except to themselves.

The medical profession is not an aristocracy created for the benefit of a caste. It is a public necessity, and is regulated by laws made by the government to promote the efficiency of the profession and secure the public welfare.

The New-York Academy of Medicine is merely a voluntary association, having no power except over its own members, and no authority to confer or take away the licence to practice medicine. There is no obligation resting upon any one to join it, and only the honor in being connected with it. Some of the old school physicians of high standing refuse to join it, and for good reason decline all connection with it.

But the county medical societies established many years

ago have authority conferred upon them by the people to grant the license to practice, and also, for cause, to procure its revocation. Every regular practicing physician is required by law to join the county society where he resides, and thus they are all brought under the authority and protection of the law. Some of the allopathists have arrogated to themselves the title of regular physicians, and so persistently called those who practice homœopathy irregular, that many are deceived, and suppose that in point of regularity, they have an advantage over us. This is quite a mistake, on the contrary we have quite an advantage over them.

By the definition of regular it may be seen that a regular physician is one initiated, brought into the profession according to established rules, forms or discipline; regular refers to the manner of getting in, those who come in by the door are regular, those who climb up some other way, are irregular. Every regular member is not necessarily and always a worthy member; but should he become intolerably bad, a disgrace to the body to which he belongs, it will be necessary for the credit of the body to take the legal steps to get rid of him. Regularity does not apply to practice, inasmuch as the law places all methods of practice, past and present, at the discretion of the physician to whom it has given its diploma. In the old school the greatest variety prevails, there is the heroic treatment and the expectant, bread pills and placebos, the hobby of the hour and the empirical expedient, some give larger doses than others dare give, some give none, and assert that medicine never cures. One says if the doctors would throw their physic into the sea it would be all the better for their patients, but the worse for the fishes. Every one feels at liberty to try whatever may be recommended by others, or which he thinks may be useful. The teachings and the practice of the allopaths are various and discordant in different ages, countries, and schools, and often in the same school at the same time.

Homœopathists are agreed on the law for the selection of the remedy, *similia similibus curantur*, like cures like; they agree in giving one simple remedy at a time in the smallest dose sufficient to cure, and they agree in the necessity of

learning the curative properties of drugs by provings upon the healthy. These principles furnish practical rules for the guidance of all homœopathists, and produce an essential uniformity. Homœopathists, therefore, are not only regular in their initiation into the profession, like the allopathists, but they have certain uniform general principles for their guidance in the discovery, selection and administration of remedies which the allopathists have not.

At the time of the formation of the Academy, I believe all the homœopathic physicians of the city were members of the County Medical Society, as were also the physicians who formed the Academy. The County Society has power to prosecute any member against whom specific charges are preferred of gross ignorance or misconduct in his profession, or of immoral conduct or habits; and if he is convicted, he may be suspended for a time or expelled from the Society, and declared forever incapable of practicing in this state. If the members of the Academy believe what they say about the homœopathists, why did they not prefer charges against them, and have them declared incapable of practising? That they did not, is evidence that they do not believe their own assertions.

They hoped to succeed in putting down homœopathy by refusing to consult with homœopathists, over-awing the aspiring and the dependent in their own ranks, threatening and refusing to graduate students who intended to practice homœopathy, and attempting to frighten the people by telling them that if they would employ pretenders, they must take the consequences of their folly, they would not help them.

The attempt to put down homœopathy by oppression, is an attack upon the right of the people to decide and choose for themselves in medicine, as in politics and religion. It is an evidence that those who attempt it are behind the age; they do not learn by the experience of the past. It can never permanently succeed under free institutions. An intelligent free people will not submit to have any system of medicine imposed upon them by any authority short of the authority of truth. Mrs. Partington was a nice woman and very handy with her broom, but somehow she never could

sweep out the Atlantic Ocean; and our allopathic brethren will find it up-hill work to put down homœopathy; the laws of nature are against them, and persecution only makes the matter worse for them.

In case of an invasion of the cholera, the people here in New-York, with such reports as come to us from Europe of the comparative results of the treatment of cholera last year, as in Smyrna for example, deaths under allopathic 65 per-cent., under homœopathic treatment, 7 to 8 per-cent. (and the reports are similar all over), will hardly consent to be dragged into hospitals to undergo allopathic drugging, as in 1849, under the pretence that "homœopathy is looked upon as a species of empiricism, their medical advisers conceiving that the public authorities of our city would not consult either their own dignity or the public good, by lending the sanction of their name or influence to homœopathy or any other irregular mode of practice" which might reduce this dignified regular rate of 65 per-cent. of deaths to a much less imposing number.

To secure the rights of homœopathists and the rights of the people generally, the government has placed homœopathy on the same legal foundation as allopathy, establishing homœopathic medical colleges, and medical societies with the same authority and the same privileges as the allopathic. We, however, have a decided advantage over them, for we study and know what they know, holding to the maxim, "*Fas est et ab hoste doceri*, it is well to learn even from an enemy," while they shut their eyes and exclaim, no! *no fas est*, and obstinately refuse to examine what is peculiar to us as not worth knowing.

The present hostile attitude of the profession is wholly due to them. For example, the anxious friends of a patient of mine may wish to have the opinion of a member of the Academy whom I am willing to meet and treat with the courtesy due to a gentleman, and required by medical etiquette; but the Academy will not permit him to behave like a gentleman in the matter; it sanctions his visiting and prescribing for my patient, without my knowledge, and while he knows that I am still in attendance, refusing to receive

information essential to the patient's welfare, and intentionally violating common courtesy to insult me.

Not with any satisfaction, but with unfeigned sorrow do I rehearse the conduct of physicians which I cannot but consider highly exceptionable. I would not judge unjustly, I will not speak unkindly, for the honor of the profession in which I have labored so many years, is dear to me. To it I owe my life, saved on more than one critical occasion by its resources, and especially to homœopathy do I owe the last twenty-five years of almost uninterrupted health and activity, and above all, and better than all, by it I am enabled in my limited sphere, and in my humble way, to heal the sick, to relieve the sufferings of my fellow-creatures, to go about doing good. I love my profession; I know from long experience in both systems, that homœopathy is of unspeakable importance to mankind. I believe it is to be an important agent in working out the physical improvement of the race, I have no fears for the result. We have fought the battle of the wilderness, we have flanked their position, and can afford to fight on this line until the enemy surrenders.

In reviewing the conduct of our allopathic brethren, let us remember that it is better to bear with them, than to be like them, and work on in full faith of the good time to come, when they too shall see the light, and walk uprightly, in the acknowledgement and love of the truth.

The Report of the Special Committees of the Homœopathic Medical Societies of the Metropolitan District shows how homœopathy is opposed. Take for example the following extract:

The refusal of the Sanitary Committee of the Board of Health to grant a hospital to the homœopaths for the treatment of cholera, and the circumstances attending it, presents a case in which a proper regard for the truth involves the unpleasant duty of publicly exposing its opposite.

Apparently, as an answer to the statement of the Special Committees of the Homœopathic Medical Societies of New-York and Brooklyn, and as a justification of the course of the Sanitary Committee, at a public meeting of the Board, the above anonymous communication was read by the chairman

of the Committee and published with the transactions of the Board. This paper demands a careful examination.

It commences: "We have heard a great deal lately from enthusiastic homœopaths about their wonderful success in the treatment of cholera. It is well to know what experienced and honest physicians of the same school think upon this subject."

Bating the insinuation that "experienced and honest physicians of the same school" will be found to think quite differently from their enthusiastic brethren here, this is very well. In the presence of a disease which carries off more than fifty per-cent. of all the cases treated in the usual way, it is well that the public should know, and that the Sanitary Committee should heed, what honest and experienced physicians of the homœopathic school think upon this subject. Any attempt to distort facts and pervert opinions in relation to it is inexcusable. Prejudice and ignorance should give place to candor and truth.

Let the public judge of the candor, intelligence, and honesty with which the claims of homœopathy are treated by men from whom we have a right to demand justice. It is proper to remark that it is especially the relative success of the homœopathic treatment, in comparison with other methods that we claim. To prove that such a claim is not sustained by what experienced and honest physicians of the same school think upon this subject is the object of the paper read. It goes on with an appearance of great accuracy: "In the *British Journal of Homœopathy*, vol 7, p. 177, we read: 'We cannot help deprecating the boastful tone we so often hear assumed by homœopaths on this subject. It argues a singular callousness of feeling in any one who has had much experience in this disease, not to be penetrated with a profound sense of the comparative importance of the homœopathic art in arresting or greatly modifying this terrible plague.'" This quotation unmistakably condemns homœopathy. It purports to be given in the words of the author without omission or change. It touches the heart of the question *apparently*—the comparative impotency of the homœopathic art in cholera, that is, its impotence compared with allopathic treatment. Whereas, immediately after speaking of the boastful tone, &c., the author says: "That our success is greater, much greater than that of our allopathic colleagues, we have no doubt whatever; and this statement is confirmed by our statistical returns." Why was this explicit opinion, confirmed by statistical returns, of the greater, much greater success of homœopaths omitted?

The author continues: "Still that is saying very little, and it *would argue* a singular callousness of feeling in any one who has had much experience in the disease, at all events as it appeared among us, not to be penetrated with a profound sense of the impotence of *our art* in arresting or greatly modifying this terrible plague. Surely the presence-chamber of the King of Terrors is the last place for man to boast." The author says: "*The impotence of our art*"—*the medical art*. Why was this changed to homœopathic art? If quotations may be thus garbled and the language changed, what author or what truth is safe?

The next quotation is garbled in the same way and with the same design. "In vol. 13, p. 329, we learn that Dr. Gerstel reported to an allopathic Austrian medical society that he had treated three hundred cases of cholera of a most inveterate character, with a loss of only thirty-two. A proposal was made to him to practice under the *observation* of the District Superintendent, Dr. Nushard, in order to establish satisfactorily the success of homœopathic treatment. 'An offer which I declined,' says Dr. Gerstel. The reason for this may be found on p. 331, where Dr. Gerstel continues: 'Although I had many cases of choleraic diseases under my treatment during the epidemic, I had not any of real cholera.'" The meaning intended to be conveyed by this language is obvious. Dr. Gerstel reported great success in the treatment of cholera; in consequence of this, a proposal was made to him to practice under the observation of Dr. Nushard, to test the success of his treatment. This proposal Dr. Gerstel declined, because he had not treated any case of real cholera, and was afraid to meet the trial. The quotation is made from the following narrative:

"In 1819 homœopathy was prohibited in Austria by a decree of the Chancellor's Court. In 1831, cholera was successfully treated by homœopaths in Austria; and Dr. Gerstel, in less than three months, treated near three hundred cases in different villages in which it had shown itself of a most inveterate character. The results, most of them officially certified, showed only thirty-two deaths; and Dr. Gerstel's petition, that a portion of the hospital should be placed under homœopathic treatment, elicited considerable discussion in the faculty. Owing to a breach of etiquette, Dr. Gerstel says, neglecting to pay a visit at the right time to a person of importance, his petition was unattended with any result. 'A proposal was made to me to practice *under the control* of a District Superintendent, Dr. Nushard, in order to establish proofs of the success of the homœopathic treatment, an offer which I declined.'

In this account it is not said that Dr. Gerstel reported his success to the Medical Society. But it is said that cholera was successfully treated by homœopaths. That Dr. Gerstel treated near three hundred cases, and that the results, most of them officially certified, showed only thirty-two deaths; that Dr. Gerstel's petition, that a portion of the hospital should be placed under homœopathic treatment, was unattended with any result; and that the proposal which he declined was not to practice *under the observation*, but *under the control* of Dr. Nushard. Dr. Gerstel was desirous of practicing under the observation of his allopathic brethren, and had asked permission to do so; but the proposal made to him to practice under the control of an allopathist, under the circumstances, was an insult, and he did not think it necessary to give any reason for declining it. It is just the difficulty between us and the Sanitary Committee now. We wish to practice under the *observation of allopathists*, that they may see and learn our treatment and its results. They require us to practice under the *control of allopathists*, that our success may be prevented. We respectfully decline to go in on such terms.

The narrative continues: "In 1830, Dr. Gerstel says, the cholera epidemic was of still greater benefit to homœopathy. It raged with violence in Vienna. The prohibition of 1819 still hung over us Austrians. The allopathic physicians were, as formerly, still groping in the dark. Dr. Fleischmann, who had met with such success in Gumpendorf, was commissioned to lay before the court a report upon the cholera, and the best mode of treatment, in accordance with his experience. The immediate result obtained was the removal of the prohibition to practice homœopathy in Austria in 1837. About the year 1842, the College of Physicians of Vienna held informal meetings for the discussion of any subject that might be brought before them. Dr. Gerstel determined to introduce the subject of homœopathy, which he thought would be well received by the younger members of the profession, as it had been so successful in the treatment of cholera. And he says: "Although I had many cases of choleraic disease under treatment during the epidemic, I had not any of real cholera; still I could not allow the opportunity to pass of fulfilling my intention," &c.

This last remark of Dr. Gerstel, made in relation to the epidemic of 1842, and showing that he carefully distinguished between choleraic disease and real cholera, is garbled to suit the purpose, and made to read: "*I had not any of real cholera,*" instead of "*during the epidemic I had not had any of real cholera*"—torn from the context and applied to the epi-

demic of 1831, to contradict the report of Dr. Gerstel's success, and given as the reason why he declined the proposal to practice under the control of Dr. Nushard, made eleven years before this occurred. All the dates necessary to the right understanding of the subject are carefully excluded, and the great success of homœopathy in the epidemic of 1836, the *Report* which Dr. Fleischmann *was commissioned to lay before the Court*, and the consequent *removal of the prohibition*, in 1837, to practice homœopathy in Austria, are ignored.

The next quotation, where Dr. Sten is censured for putting the homœopathic mortality in cholera so low as eight and a half per-cent., is almost correctly quoted. The old design to give a false impression appears in the following: "In vol. 12, p. 698, we read: We are sorry to learn that the cholera has, in Dr. Tessier's wards, shown so maglinant a type." These results were so bad that Dr. Tessier "has never published them." In a short paragraph speaking of Dr. Tessier's services in the Hospital Beaujon, it is said: "We are sorry to learn that the cholera has, in his wards, as well as in the other hospitals in Paris, shown so malignant a type. One great cause for the increased mortality in all the hospitals, as compared with the last epidemic, is the decidedly contagious character the disease has manifested. It thus spreads from bed to bed, and attacks patients already suffering from serious diseases." There was no especial malignancy in Dr. Tessier's wards as the writer would represent, and the great mortality is accounted for.

"In order to prove that Dr. Tessier has every advantage," says this paper, "we quote from page 693," and goes on to quote the arrangements in the Hospital St. Marguerite, although the malignant cholera spoken of appeared in his wards in the Hospital Beaujon. This only shows how everything is perverted to the one purpose of maligning homœopathy.

The paper proceeds: "Dr. Tessier subsequently published a treatise on cholera, reprinted by Ruddle (Radde), of New-York. On page 102 we read "Homœopathy seems comparatively powerless in the severer forms of cholera. The cures under this treatment are generally cases of diarrhœa and simple cholera; the number of deaths generally corresponds to the number of cases of algid and ataxic cholera." During the epidemic of 1849, I (Dr. Tessier) only saw one case of either of these forms recover; hence I resorted to the regular treatment, after conviction that the homœopathic was inefficient except in very few cases." Whether this quotation gives the opinion of Dr. Tessier, or is garbled purposely to misrepresent it, may be learned by consulting the work, where Dr. Tessier says, page 102: "This method (the homœopathic) is

brilliantly successful in cholera and simple cholera." Page 203: "In those forms of cholera where medical treatment seems to have at all any effect, the Hahnemannian is preferable to the ordinary methods, and is both more scientific and more efficacious." Page 106: "As regards the black or ataxic cholera, I am sorry to say that I cannot propose any effective mode of treatment." Page 107: "Hahnemann's method has seemed to me more efficacious than any of the other methods of treatment. Under the Hahnemannian method about one-tenth recovered more than under any other. Hahnemann's method enables us to establish the therapeutic indications and the modes of treatment in cholera upon a scientific basis." Tessier speaks of resorting to the regular treatment in cases of algid and ataxic cholera, but he says the most powerful allopathic treatment was equally inefficient. He thinks the remedy for these incurable cases of cholera should be looked for, and may yet be found in the homœopathic method.

Thus, we think, it is conclusively shown that there is a deliberate attempt to conceal the opinions of the writers quoted, and, instead, to palm off opinions directly opposed to theirs. The Chairman of the Sanitary Committee described the paper "as being an epitome of various eminent homœopaths' opinions. The document he had read came from highly educated physicians." We do not object to the witnesses cited by the Committee; we only insist that their testimony shall be received as it was actually given, and not as it is garbled and forged for the occasion; and we hold that the Committee are bound to the conclusions fairly proved by their own witnesses. In justice to the "eminent homœopaths," and the "highly educated physicians," from whom it purports to come, we brand the document a forgery. Coming before the public with a quasi endorsement by the Sanitary Committee, it becomes a duty to expose its true character.

It presents an example of the honesty and intelligence, shall we say, or of the ignorance and malice, with which homœopathy is opposed. Persons whose prejudices are stronger than their judgment, are ready to believe what they wish to be true. It is not creditable to the Sanitary Committee, who officially boast of their knowledge of homœopathy, and who are expected to be well informed on such subjects, that they were taken in by this paper, while the non-medical members of the Board rejected it.

Judge Bosworth protested against basing any action of the Board upon it, and spoke of it as attacking both the homœopathic practice as a system, and the homœopathic physicians as a class. President Shultz regarded the communication as

a mere bundle of opinions, collated by an allopathist, to show that, in acute cholera, homœopathy is impotent. He desired to kick the document out.

On another point, also, we are indebted to the good sense and correct judgment of the non-medical members of the Board. Judge Basworth charged the Sanitary Committee that they had refused the homœopaths a separate hospital wherein they might treat cholera in their own way, and had offered them a chance to practice only on conditions which no homœopathist could accept. We leave the subject, commending to whom it may concern the divine command: "Thou shalt not bear false witness against thy neighbor."

What the homœopaths think on this subject may be known from the following resolutions adopted by the Homœopathic Medical Society of the County of New-York:

Whereas, This society has heard with surprise and indignation the statement of Professor Willard Parker, M.D., at the recent meeting of the Allopathic State Medical Society, as reported in the daily papers, in defence of the course pursued by the Metropolitan Health Board (of which he is a member) toward the homœopathic physicians of this sanitary district—statements so entirely at variance with the facts, and calculated, if uncontradicted, to injure the homœopathic fraternity in the public estimation, that this society feels called upon emphatically to declare those statements to be without foundation and to place the stamp of reprobation on the attempt to extenuate the exclusiveness, favoritism and injustice of the Board of Health; therefore,

Resolved, That the assertion of Professor Parker to the effect that the Metropolitan Health Board had offered fair and reasonable concession to the homœopaths who offered their services in the treatment of cholera; and especially, that they, the homœopaths had been challenged to a fair trial of their treatment in genuine cases of cholera, from which challenge they are asserted to have ignobly shrank, are utterly untrue; that on the contrary, the urgent and persistent appeals made by them through various societies and committees and by memorials, petitions and personal applications, to have the charge of even one of the six proposed hospitals (subject of course to the inspection at all times of the Board of Health) were discourteously refused; and that the meagre concession of a few beds in the Five Points and Battery Hospitals, which was finally granted, was coupled with such conditions, restrictions and imputations, as necessarily to preclude its acceptance, as has been fairly set forth

and published in the report of the Cholera Committee of this Society, in August, 1866.

Resolved, That the homœopathic physicians of this city and district, having enjoyed in a large degree the confidence and patronage of the wealthy and intelligent portion of the community, stand ready, as they have done from the first, to take their full share of responsibility in the care and treatment of the sick poor; that they desire only a fair opportunity, under the strictest supervision, in the public hospitals or elsewhere, to demonstrate the relative advantage of their method in the cholera or any other epidemic; but that they will never consent to entrust the preparation and administration of their prescriptions and other details of treatment to those whose uniform conduct towards them has been characterized by opposition, unfairness, and discourtesy.

Resolved, That the persistent falsifying of facts in regard to homœopathy and homœopathists and the endorsement and circulation by the Sanitary Committee of garbled and forged extracts from the writings of homœopathic physicians, misrepresenting their statements and opinions, is a prostitution of official station and influence to partizan purposes which calls for public rebuke.

Resolved, That a copy of these resolutions be sent to the Governor of the state, Lieutenant-Governor, and Speaker of the House, and President of the Board of Health.

GEO E. BELCHER, M.D., President.

Henry M. Smith, M.D., Secretary.
New-York, March 13, 1867.

At the meeting of the Board of Health as reported in the "World" of the 5th inst., Judge Bosworth said: "That paper states, that the Sanitary Committee had made garbled and false extracts from homœopathic works. If the gentlemen making the charges would refer to the books and give the quotations as they say they are, so that the Board could see that they were garbled and false, then he would be in favor of filing such a communication, but he was opposed to putting on file a paper like that presented."

Dr. Stone, (excitedly) "I tell you that every word that was in the report of the Sanitary Committee came from homœopathic writers in the form in which it was presented in them; and what is more, Dr. — publishes a book on Cholera and quotes the very authors. The homœopathic authors *themselves* deny that homœopathy is useful at all in the 'cold' stages of cholera."

This is not true. With all due respect to the Hon. Chairman of the Sanitary Committee of the Board of Health, I affirm that the quotations in question are garbled and false, and that the homœopathic authors themselves do not deny that homœopathy is useful at all in the cold stages of cholera.

This is a simple question of fact, easily settled by any one who will take the trouble to refer to the passages cited. And it is a perfect demonstration of the sad fact that the most confident assertions of honored and honorable allopathists in relation to homœopathy are utterly unreliable because they will not take the trouble to examine.

The very first passage quoted reads thus.

CORRECT.

British Journal of Homœopathy, Vol. 7, page 177.

"We cannot help deprecating the boastful tone we so often hear assumed by homœopathists on this subject. That our success is greater, much greater than that of our allopathic colleagues, we have no doubt whatever; and this statement is confirmed by our statistical returns. Still that is saying very little, and it would argue a singular callousness of feeling in any one who has had much experience in the disease, at all events as it appeared among us, not to be penetrated with a profound sense of the impotence of our art in arresting or greatly modifying this terrible plague. Surely the presence-chamber of the King of Terrors is the last place for man to boast."

GARBLED.

"In the British Journal of Homœopathy, Vol. 7, p. 177 we read:

"We cannot help deprecating the boastful tone we so often hear assumed by homœopathists on this subject. It *argues* a singular callousness of feeling in any one who has had much experience in the disease, not to be penetrated with a profound sense of the *comparative* impotence of the *homœopathic* art in arresting or greatly modifying this terrible plague."

ARTICLE LXII.—*Report of a Case of Acute Hepatitis.* By ALLAN M. RING, M.D., Resident Physician, Five Points House of Industry.

THE following case is chiefly of interest, as it illustrates clearly the great influence Bryonia has in controlling acute inflammation of the liver. This remedy was suggested to me by my esteemed friend, Dr. B. F. Joslin, of this city, who has, I believe, used it in a number of cases with much success.

January 28th, 1867. Mrs. C., aged fifty, widow, has had several children; in very comfortable circumstances; of a nervous temperament; rather below medium height; gray eyes, brown hair; complexion somewhat sallow. About a week ago she went out when it was very chilly and raining hard, and got drenched completely through. For the past few days she has felt unwell, very slight exertion would fatigue her, but still she has attended regularly to her household duties. Last night after retiring, she was seized with a very severe pain in the region of the kidneys, entirely preventing sleep or rest; early this morning she placed a mustard-plaster over her kidneys, but with no relief. At 2, P. M., I was requested to visit her. I found her sitting up in an easy chair; skin very hot and dry; cheeks much flushed; pulse small, weak and rapid, 98 per minute; eyes heavy, and lids half closed. There is considerable swelling of the right side in the hypochondriac region; when she moves the pain is very severe. No nausea, but feels dull and heavy. Gave Acon. 3, to be taken every hour.

Jan. 29th. Patient seems highly improved; countenance is rather brighter; pupils act well to the light; pulse stronger, and not so frequent, 85 per minute; skin more natural, but pain very intense; tongue dry, and some thirst present. Pulsat. 3, every three hours.

Jan. 30th, 9, A. M. Patient evidently much worse this morning, passed a very restless night; she complains of a severe headache, chiefly frontal; countenance looks dull, and has a very dingy appearance; pupils act well; pulse 85, rather full; skin dry, but not unnaturally hot. The pain seems now to occupy the whole of the right hypochondrium,

and extended to the right shoulder, rather dull in character, but very intense on pressure. She has a hard hacking cough; respiration is very difficult. Bowels irregular. Acon. 3, Nux-vom. 3 every hour in alternation.

Jan. 30th, 2, P. M. Patient seems to be rapidly growing worse; cries out with the pain in the region of the liver. Says that she feels as if something was "drawing her right side all up." Pulse greatly accelerated, 100 per minute, full and hard. Bry. 3 and Acon. 3, every hour.

Jan. 31st. Spent a very restless night, could obtain no sleep; face much flushed, but pulse more natural than it has been since the attack, 75 per minute; tongue moist, but much coated in the centre. Eyes slightly tinged with yellow; cough very troublesome. Bry. 3, every hour.

Feb. 1st. Patient passed a very poor night, fell into a doze about 4, A. M., which lasted but a short time; pain still dull and gnawing; not quite so much difficulty in breathing; countenance seemed a little more anxious than it has. Scarcely any jaundice noticeable; skin dry; pulse 75 per minute, rather feeble. Had several very severe chills early this morning, and "feels," she says, "as if something had given away about her liver," which leads me to suspect abscess. Bry. 3.

Feb. 2d. Patient passed a very good night; towards morning had a peculiar rumbling sensation, with great pain in her bowels. Pain in the right hypochondrium much less severe; had no more chills; countenance rather animated; pulse small, 75 per minute. Bry. 3.

Feb. 3d. Patient had a comfortable night. I find her this morning sitting up in an easy chair, seems to be rapidly improving; jaundice entirely gone; bowels constipated. Bry. 3, Nux-vom. 3.

Feb. 4th. Slept well last night, and says she feels quite comfortable this morning; cough very slight; pulse 70; skin natural. Bowels were moved last evening. Pain in the right hypochondrium still annoys her. Bry. 3, every three hours.

Feb 5th. Still improving. Bry. 3.

Feb. 6th. Pain in the right hypochondrium almost entirely gone, but complains of severe throbbing headache; pulse 85 per minute, full and strong; bowels regular. Bry. 3, Bell. 3, every three hours in alternation.

Feb. 12th. Visited patient this afternoon, she is looking bright, and says that she feels quite well, pain all gone; pulse 70 per minute. No more medicine.

March 6th. Met Mrs. C— in the street to-day, when she informed me that she never felt better in her life.

General Record of Medical Science.

1. *Alternation of Remedies. Discussion in the Philadelphia Homœopathic Medical Society.*

DR. BUSHROD W. JAMES then read an interesting paper on the *alternating* of remedies, (the paper of Dr. James appears in another part of the present number of this Journal;) and a spirited discussion then ensued on the subject of alternation.

DR. JEANES did not limit himself in the alternation of remedies. It is necessary to give medicines one after another, in order to remove the ever-varying chain of symptoms that manifest themselves in disease. There may be, and doubtless there are in our profession, some men who, by close application and by their peculiar adaptability to the practice of homœopathy, are able to individualize so completely as to be able to cure with a single remedy, but there are not many such. Out of all the gifts provided by God, in nature, we have three or four hundred remedies, with the symptoms peculiar to each. Are we sure that we will be able to meet each case out of our *Materia Medica*, imperfect as it is and must necessarily be? We are not sure that the symptoms recorded are all correct. False symptoms have undoubtedly crept in. The doctor was not willing to concede that even the Hahnemannian provings were entirely correct. They are better indicated and more free from errors than others, but certainly not entirely correct. He did not wish to prejudice the minds of young practitioners against the *Materia Medica*. Far from it! He wished them to be most careful of it, but he was sure that they would find themselves sometimes obliged to alternate. He had had a patient suffering a whole day from irritable bladder because he persisted in using *Sarsaparilla* alone, and his patient was not relieved until he alternated another remedy with the *Sarsap.* We may try to settle this question logically, and it may thus appear that one remedy will cure, but logic will often lead us astray, as it does in the idea promulgated that diminution of quantity produces corresponding diminution of effect, or that there is a point where diminution leaves no power to produce effect.

Why may not the effect of one remedy homœopathic to a disease be hastened by the action of another remedy. We should not attempt to give utterance to dogmas, but in all things seek to find the truth. We should be careful how we place too much weight on our observations of laws or the action of remedial agents. We may at one time believe to be truth what at another we would discard as error.

Dr. JEANES instanced the case of a homœopathic physician, a man of abilities and the translator of a number of our most valuable books; a man who had done as much, perhaps, to advance homœopathy in America as any other, and who was at one time what might be called a most enthusiastic Hahnemannian. He had finally brought up in use of the largest doses, what might fairly be termed allopathic doses of medicines. He, Dr. JEANES, thought this question, like many others, should be left to the judgment and conscience of each physician.

Dr. LIPPE said that, in the paper of Dr. JAMES, Hahnemann had been quoted, but incorrectly. While Hahnemann did alternate, he did not alternate Rhus and Bryonia in typhus. He did say, however, that in a certain epidemic of typhus he gave Rhus or Bryonia where the symptoms indicated them, that is to say, following one remedy by the other as the symptoms change, thus alternating not *a priori*, but *a posteriori*.

Again, Hahnemann speaks of what he terms a frightful disease arising from a combination of *psora* and *syphilia*, and in which, because of our insufficient knowledge of remedies, we are to give the anti-psoric and the best anti-syphilitic we know of, viz., *Sulphur* and *Mercurius*. In his fifth edition he left this out. He does not say we are to alternate in acute diseases.

In the preface to the *Materia Medica*, *psora* and chronic diseases, he invariably says, and insists upon it, that we must give this or that remedy solitary and alone, and allow each dose to exhaust its action. "One dose of the decillionth will be sufficient to cure cases where *Aconite* is indicated, — will be sufficient to cure without further repetition."

With regard to Dr. HÆRING recommending alternation in his work on domestic practice, he would say that the book was not written for physicians, but for the people, and the people not being able to select a single, remedy judiciously and homœopathically in all cases, alternations had been recommended, not because they were approved of, but because, in this case, they were expedient. In his own practice, Dr. Hering does not alternate. Bœnninghausen does not alternate, although he has been charged with so doing. In croup he gives *Aconite*, *Hepar*, *Spongia*, one after the other, but there is no repetition of the dose. Changing the remedy is not alternating. Succession is necessary because symptoms will change. Who is so wise as to know what symptoms will arise on the third, fourth, or fifth day? In some diseases the symptoms change very rapidly, as in renal colic, where it is sometimes necessary to change the remedy in five minutes. Give the remedy which is homœopathic to the case. If the symptoms change, another will be homœopathic, and then give that; *but do not alternate?* Are we to be guided by principles or expediency? It is said that cures are made with alternate remedies, and it is doubtless true. Certificates of cure from the use of quack nostrums are published in the papers also, and they are doubtless true. They must produce some cures and alternates must produce some.

We must appeal finally to experience. Those who alternate never give a rule when and how to do it. They say it is better to alternate, but give no reason why. Had we the symptoms of medicines proved in alternation,

we might then alternate scientifically. Until this is done, it is a mere expediency. We first find out how drugs act on the human organism in alternation before we have a right to use them in that way. Let us discard, as a matter of principle, all alternation, and try to find in every case the true homœopathic remedy. We will thus gradually arrive at such a degree of proficiency as to be able to select the remedy on sight. If we may select one remedy for a certain set of symptoms and another for another set, we might have a separate remedy for each symptom or for each part of the body, and a dozen tumblers on the patient's bureau at the same time. If a physician must alternate as a matter of expediency, let him not lay it down as a principle.

Dr. C. A. LEECH said the subject was more interesting to his mind from its bearings upon other points than from its intrinsic value. He had discovered that we are all Hahnemannians; that we all believe in the same thing though regarding it differently. The fact is, we look upon different aspects of the same thing. Did Hahnemann alternate or did he not? It matters not! The test of experience is better than any theoretical teaching. If Hahnemann did, it is no reason why we should, and *vice versa*. We see in every event of life the evil fruits of blindly following leaders. He had seen alternated remedies do positive good. He had in some cases tried in vain to cure with a well-selected single remedy. He had attributed his failures to his own inability to correctly apply the law of cure, and to no other reason, and this must be the experience of all physicians. We are not sufficiently conversant with our remedies to be able to select at all times the true curative agent. Our materia medica is very imperfect. It is founded in truth and its basis is correct, but the detail of its symptoms, made by unskillful persons, must be very imperfect and incorrect. This is one chief reason why we are often unable to select the right remedy, and a strong reason why we should alternate.

It is said that Hahnemann used Rhus and Bryonia in a certain typhus fever, but it is claimed that he did not alternate. Dr. LEECH contended that he did, because he gave them in the same disease. If disease be a unity, modified by surrounding circumstances, why should not a single remedy suffice? How impossible is it to select a remedy that will cure certain chronic diseases, as rachitis, hip-disease, &c. We must select remedies that will meet the symptoms. In following out a beaten track, especially in the practice of medicine, we may be led into error. He thought there was truth in every error, and if we neglect that point of truth, or if we choose to believe that what has stood for thousands of years is altogether wrong, we are in danger of committing a grave error. Truth lies in a medium. It is most correct and most scientific to use the single remedy, but wrong to dogmatically insist upon it in every case. If there be no rule for alternating, there is certainly none for the dose. All other questions than *similia* should be regarded as outside issues.

Dr. FROST said: There are in the homœopathic ranks two classes—both successfully compared with the allopathic practice; one uses low preparations and alternates; the other uses the 30th and higher potencies and does not alternate. For such a general and wide division in both these

respects, there must be some common and radical reason. And this common reason will be found to be connected with the observance or disregard of the primary rules for the practice of homœopathy. The first rule is to give a single dose of the similar remedy, and to wait the expiration of its action before repeating the remedy or prescribing another; this precludes alternation, but does not preclude succession of remedies. Not to speak of the repudiation of the 30th potency, especially and finally recommended by Hahnemann,—those who give the low preparations *administer them in repeated doses*, without waiting for the expiration of the action of the first. That is to say, they prescribe repeated doses *a priori* and by rote. This violation of the first rule and principle of prescribing leads to another. The doses of these low preparations are repeated to such an extent as to compel the exhibition of intercurrent, alternate remedies, in order to antidote the bad effects of such repetition.

This necessity for antidoting the effects of the too frequent routine administration and repetition of drugs, is the real secret of alternation. The first deviation is thus seen to lead to, and in fact, necessitate the next in the downward course, which may thus be easily traced, step by step. First, the longer-acting, more profoundly-penetrating, potentized remedy,—such as is the 30th, for instance,—is rejected in favor of the material doses of the more briefly acting, low preparations, mother tincture, or actual drugs. Then the dose has to be repeated, *coup sur coup*; then these grosser substances, before even it is possible for them to penetrate into the more interior recesses of the system, and there quietly remedy the disorder in the very fountain from which it springs, stir up in the exterior organization aggravations more or less severe,—aggravations, finally, which must be allayed by other remedies, acting as antidotes, and, in like manner, often repeated, but in alternation with the former. The aggravations which thus arise are true drug-provings, and no opportunity is given for nature to react against them, and, if possible, make them useful in antidoting the original disease; since the doses from which they spring are so often repeated that the aggravations,—in danger of becoming *accumulative* rather than curative,—themselves require to be antidoted. The aggravation, sometimes very severe, which follows the exhibition of the 30th, or still higher potency,—not being antidoted by any alternate or intercurrent remedy,—and not being intensified and rendered cumulative by repeated doses of the same remedy,—is allowed to expend its entire force upon the original disorder to which it is homœopathic, of which it thus becomes rapidly and radically curative. Thus, finally, alternation, or the violation of the law of the single remedy, is shown to be a necessity for those who begin by using the low preparations in repeated doses.

Dr. LEECH asked: If, as you contend, the high potencies are more powerful than the low, why do you allow the low to be alternated and not the high?

Dr. FROST replied: Those who use high potencies do not wish to alternate; they have no need; they select their remedies carefully, and follow the true homœopathic rule by allowing the first dose of the similar remedy to exhaust its action. Then they make a new prescription,—which may

consist in the repetition of the remedy first chosen, or in the exhibition of another, more exactly homœopathic to the then existing condition of the patient.

Dr. LEECH still inquiring: *Why* those who use high potencies do not alternate?

Dr. FROST replied: If you must have it, those who know enough about homœopathy to use high potencies, know enough not to alternate; they are above it, for reasons already expressed or implied in my previous remarks.

Dr. JOHN K. LEE said that in his opinion Dr. LIPPE's defence of Bœnninghausen was rather lame. The use of Aconite, Hepar and Spongia in croup amounted to alternation. Aconite is given, and without awaiting its action, Hepar, followed again by Spongia. He thought Dr. FROST took the true ground. We should allow each dose to exhaust its action, and this shuts out alternation completely.

Dr. LIPPE said in explanation,—Bœnninghausen gave these directions, not to physicians, but to the people who applied to him by thousands for a cure for croup. His directions were to give a dose of Aconite, and after waiting a certain length of time, the patient being no better, Hepar was to be given, followed, after another interval, by Spongia. It was as good a homœopathic prescription as could be given to a non-medical public.

Dr. LEE expressed himself as better satisfied with the explanation. He thought there was but little difference of opinion in regard to this matter of alternation. Upon truly scientific grounds it is not right to alternate, but it is often a matter of expediency, or, as some might hold, necessity. If we are able to select the truly homœopathic remedy, we have no need to alternate, and it is only through our imperfect knowledge of the *materia medica* that we are obliged to do so. He did not like to hear our *materia medica* decried: it is the pride and glory of our school; a monument of the indefatigable energy and benevolence of its authors. It is reared upon a solid and immutable basis. It is not perfect, nor can it be expected that it should be so; but it is our duty to add to and endeavor to bring it as near perfection as possible. Let no one assail the work already done, but let each of us endeavor to add to and complete the noble superstructure.

Dr. LEECH wished to be understood that he did not assail the *materia medica* of Hahnemann. He distinctly said its basis is perfect; the superstructure alone imperfect. He did not wish to imbue the minds of young physicians with doubts as to the *materia medica*, but it is a fact that it is imperfect. The symptoms, particularly of modern provers, are very imperfect.

Dr. LEECH thought the present race of homœopathic physicians was not equal to that just dying out, and that this is owing to the modern method of proving remedies. A remedy is given to a class of students to be proved. Have they the proper amount of scientific knowledge necessary for such a work? Are they not likely to record more symptoms than arise, or to give symptoms that should not be attributed to the medicine? He regarded this as eminently wrong. The so-called objective symptoms are too much neglected, and the subjective too much regarded. Instead of saying, a

"feeling of soreness on swallowing," simply, the throat should be carefully examined and a correct detail of its appearance and condition given.

Dr. WILLIAMSON said that nothing could be further from his mind than to make a parade of his experience, but in regard to the matter of proving drugs, he had not been idle. He considered that which entitles our *materia medica* to the largest share of our respect is the great variety of its symptoms, and their distribution over so large a field that we may find there just what we want. If none but physicians became sick, he would approve of having no provings but those of physicians; but men, women and children are our patients, and if they prove drugs they give us the symptoms just as they occur, and just as they give us the symptoms of their ailments. It is charged that drug symptoms are mixed up with those of idiosyncrasies and dyscrasias. This may be true, but how often do we find a patient free from these,—a pure patient. We find diseases modified by the idiosyncrasies and dyscrasias, and we want a *similimum* for the whole condition of the patient.

There is a great difference between repetition, alternation and giving remedies in succession. It does not matter whether the symptoms of to-day are those produced by the medicine given yesterday in combination with those of the disease or not. If the patient needs further medication, we are required to find a remedy that corresponds with the symptoms of to-day. The best antidotes to potentized remedies are those that are most similar in their symptomatology. If we select a remedy nearest in accord with the existing symptoms, it will be the antidote to the one causing the aggravation.

The provings in our *materia medica* have been obtained from every age, sex, impressibility, temperament, &c. And hence the great variety of its symptoms. The best qualification for a prover is a *love of truth*, and not scientific attainments. There is no question but that those who alternate use low potencies. If those who use high alternate they will blunder. It is well known that those who use low potencies place most reliance on the tangible or objective symptoms, while those who use the high, have a due regard to the subjective, as the mental and moral symptoms. Some physicians never look at these, and of such it may be said,—there is no A in their alphabet. If a physician uses high potencies in alternation, selecting his remedies by the objective symptoms only, he will fail, and the converse of this is true. Homœopathic physicians are all desirous of reaching the same point—the truth—and there must be some allowance made for the circumstances under which one has to practice. Hahnemann secluded himself from the world and devoted his attention almost exclusively to chronic diseases. He had an opportunity of maturing his mind and selecting a remedy with great care. Physicians in general practice have no such opportunity. The leading object of the physician should be to secure the best interests of his patient, according to the best knowledge he has. It does not follow that he is the *best physician* who has the greatest knowledge of symptoms. The *worst physician* is he who only knows enough to do as he is told, without knowing the reason why.

Dr. LIPPÉ said it was due to the students of the Homeopathic College

who were kind enough to prove a remedy, that he should make some remarks. In his opinion, no student is fit to graduate unless acquainted with the method of proving medicines. Should he take the rich legacy that Hahnemann had bequeathed him without giving something in return? The proving of *Hydrastis* by the class was made in accordance with Hahnemannian principles. Each student was allowed to select what preparation he would use, from the tincture to the thirtieth. One dose was taken; its effects carefully noted, and the results carefully examined and compared. Whether the symptoms recorded be correct or not, the profession is a jury that will examine and pronounce the verdict on them. As to homœopathic physicians of this generation not being as successful as those preceding them, he regarded the question as of easy solution, and would say, you have departed from the principles of Hahnemann; you have gone back to tinctures; you have alternated, and you are not as successful.

Dr. WILLIAMSON said that if he placed a high estimate on the provings of women and children, he had a much higher regard for those of scientific men, and he rose to return his thanks, and moved that the thanks of this Society be given to the class for their able, copious and excellent provings of *Hydrastis*.

(This motion was carried unanimously.)

Dr. RICHARD GARDINER said that he had practiced allopathy for twenty-two years, to his sore regret, before he heard of homœopathy. As soon as he understood the latter, he put it in practice. He began with the use of the thirtieth potency, and believed that at that time no other potency could be had. After a time lower preparations were to be obtained, and he used them, even to the tinctures, for which, he said, he ought to be condemned. He believed he was as successful in allopathy as others, and in homœopathy, when he used the low preparations, as others who did the same. He had now for about fifteen years been using high potencies and the single remedy, and has better success than when he used the tinctures or the thirtieth.

The Society was then declared adjourned.—(*The Hahnemannian Monthly.*)

Reviews and Bibliographical Notices.

1. *A Lecture on Criminal Abortion.*—Delivered in the Hahnemann Medical College, by R. LUDLAM, M.D., Professor of Obstetrics and Diseases of Women and Children. C. S. Halsey, 147 Clark-St., Chicago. 1867. 8vo. pp. 17.

WE have read this production with the intention of extracting some of its startling facts and clear declarations of medical and moral principles; but there is no place to stop, and we can only avoid a beginning. We hope the author will continue his dissertations in college and in his studio;

and always, like the New-York auctioneer, have "a few more on hand of the same sort."

2. *The Ohio Medical and Surgical Reporter*, January, 1867.
Cleveland, Ohio: Beckwith & Co. Vol. I., No. 1. 8vo.,
pp. 32 (with 20 Pages of Advertisements).

THE Prospectus which announces and accompanies this new defender of the homœopathic faith presents its credentials in the manner following:

"It will be devoted to Medicine and Surgery, and the Collateral Sciences.

"It will advocate a *sound homœopathy*, and endeavor to enforce among the members of the profession a more rigid adherence to the practical doctrines of the system.

"Its matter will consist of original lectures and essays on the several departments of Medical Science.

"The Journal will contain Clinical Reports, Correspondence, Reports of Medical Societies, Essays on Diet, and articles generally interesting and instructive; to this end the pen of our leading writers will be laid under contribution.

"Each Number will contain 32 pages, printed with clear type, on good paper." It is further declared that the means of making the Journal permanent, are already in the hands of the publishers, and that these means will be energetically and judiciously used. Also, that

"The REPORTER will be in the hands of the profession, and absolutely independent of any party interest."

This promise for the future is well kept in the specimen number received. The following Table of Contents indicates the variety and importance of subjects presented:

ORIGINAL PAPERS.—On Rational Doses.—Hamilton King, M.D., Urbana, O.

The Difficulties of our Law in its Application to Practice.—Lewis Barnes, M.D., Delaware Co., O.

Cases from Practice.—A. S. Hinckley, M.D., Buffalo, N.-Y.

Proving of Electricity.—D. M. Brown, M.D.

Clinical Notes on New Remedies.—E. M. Hale, M. D., Chicago, Ill.

Homœopathy vs. Empiricism.—G. W. Barnes, M.D., Cleveland, O.

Clinical Reports.—T. P. Wilson, M.D., Cleveland, O.

Helminthic.

Editorial.—Salutatory—In Memoriam. Our Contributors. Slips from Correspondents. To Correspondents. Our Medical Collegea. Hom. Med. Society of Ohio. What is Oxaluria? Humorous. REVIEWS and Bibliographical Notices. Dr. H. Gross' Comparative Materia Medica, &c. New Remedies. American Homœopathic Review. Forthcoming Publications. Prospectus.

3. *Homœopathic Materia Medica of the New Remedies: Their Botanical History, Pathogenetic Effects and Therapeutic Application in Homœopathic Practice.* By EDWIN M. HALE, M.D., Professor of Materia Medica and Therapeutics in Hahnemann Medical College, Author of "Monograph on Gelseminum" and other Works. Second Edition, Revised and Enlarged. Detroit, Michigan: Dr. E. A. Lodge, Homœopathic Pharmacy, 51 Wayne-st. Henry Turner & Co., 77 Fleet-st., London. Henry Turner, Manchester, Eng. Wm. Radde, 550 Pearl-st., New-York. J. T. S. Smith, 105 Fourth Av., New-York. C. T. Hurlbut, 437 Broome-st., N.-Y. F. E. Bœricke, 635 Arch-st. A. J. Tafel, 48 North Ninth-st., Phila. Otis Clapp, Boston. H. C. G. Luyties, St. Louis. Beckwith & Co., Cleveland. C. S. Halsey, Chicago. Smith & Worthington, Cincinnati. J. G. Backofen & Son, Pittsburg. E. B. Sprague, Owego, N.-Y. 1867. 8vo., pp. 1144.

WE have copied in full the title-page of this Representative Book by one of the representative men of the New Age of Medicine. It gives us pleasure to do this because the Book is one of the few which suggests new and hopeful ideas of the future, and of the evident onward march of real science. Of all the branches of human knowledge, therapeutics has progressed most slowly for one-third of the present progressive century. The art of *diagnosing* disease has improved more rapidly than ever before; the art of *curing it* has scarcely advanced during the whole of that time. Chapman's "Therapeutics" amused us in our boyhood. Eberle's "Therapeutics" gave us some little hope that the art of *curing disease* might yet become a respectable vocation: up to that time in our youthful pride and self-respect we did not acknowledge that the title "Doctor of Medicine" was an honor to anybody. Since those days of self-sacrifice and of hoping against hope, where has allopathic medicine furnished a work that has lightened the heavy burden of suffering humanity? These were the days of youthful hope and buoyant feelings—

"When life itself was new,
And the heart promised what the fancy drew."

Those hopes were not realized in any or all of the ponderous volumes with which medicine for many weary years tried to amuse us. The teachers said the *theories* they taught were not presented as unquestionably true; but, "A theory was just as necessary to amuse students as a *tub to amuse a whale*." (We forget who said this; but it was some celebrated eloquent teacher. The world has perhaps forgotten his name also.) The *practice* inculcated in those volumes, heavy, crude, massive, strong as its doses were,

has, long ago, been weighed in the balance and found wanting. Watson of England and Wood of America are still the best "embodiments" of allopathic practice of the middle of the nineteenth century. We have turned over them till our eyes were sore and our hearts were heavy. We were seeking for what was *not there*. "As well hunt in your garden for the devouring tiger of the desert; as well dive into the watery caves of mid-ocean to find subterranean fires." The New Age of Medicine was inaugurated by Hahnemann: but, like all other new dispensations its light penetrated but slowly the darkness which it at first only rendered visible. As medical education improves, physicians more easily apprehend the principle on which truly curative doses of remedies act in removing disease. A large number of curative agents have become well known through the interminable experiments and provings of Hahnemann and his collaborators; but the resources of therapeutics are not sufficiently extensive so long as a single incurable has a name inscribed in our Nosological Catalogues, or a single morbid condition continues to perplex the intelligent physician who knows all that medical art has hitherto done or is able to do. All the materials furnished by the three kingdoms of nature are the legitimate servants of homœopathy. Providence formerly entrusted them to the keeping of allopathy, but she failed to make good use of them. Homœopathy now comes forward and claims that the right of "eminent domain," over all the known and unknown territories is, as the lawyers say, henceforth vested in *her*, in "her heirs and assigns forever." She commissions her faithful votaries to bring into good use the treasures of the natural world, and even those of the *super-natural* world. The work progresses now with great rapidity. Observations, facts, *provings* of new remedies and *re-provings* of old ones accumulate upon our hands. At length the wealth of our crowded magazines becomes oppressive. It already rivals in its exuberant profusion the cave of "the Forty Thieves." All visitors who have the courage to look into it are astonished at the richness and magnificence of the place. The more *recently-proved* remedies are numerous also. It becomes necessary that these multifarious treasures should be stowed away in tangible and *usable* order; and it is necessary also that this should be done by one who is full of the subject, a devoted student of the American Medical Botany and *Materia Medica*. Such a man is the Author, Compiler, and Corrector of the work on *New Remedies*.

The work itself has often received our notice in the first Edition. We now take it as it reaches us as revised, much enlarged, and dedicated "to the homœopathic physicians of North America and England." The preface to the first Edition gives good reasons for an effort to collect and concentrate the more recent provings of indigenous remedies: 1. There was an idea in the world that the diseases of each country might yet be found particularly controllable by remedies indigenous to that country; 2. The experience of physicians of other schools had shown that many of these remedies possessed valuable powers; and they deserved to be brought into the service of homœopathic medicine. The author believes "that the experience of others, besides the homœopathic school, is often useful in

building our pathogenesis, and adding to reliable clinical knowledge." Without claiming that the work is "*complete*" in its present form, the author says he "will be satisfied if it is only pronounced by the profession eminently suggestive." The moderate verdict thus asked for will certainly be awarded in the high court of medical science for both hemispheres. Of the many claims of the Second Edition to favorable notice the following are prominent: 1. The reception of the First Edition was highly encouraging both in America and in Europe. 2. The co-operation of professional brethren enabled the author to greatly increase the bulk of the work and add to its value; thus the present volume contains nearly three times the amount of matter included in the former.

The First Edition contains provings of the following American remedies: *Æsculus glabra*, *Æsculus Hippocastanum*, *Aletris-farinosa*, *Apocynum-androseifolium*, *Apocynum-Cannabinum*, *Arum-triphyllum*, *Asclepias-Syriaca*, *Asclepias-tuberosa*, *Baptisia-tinctoria*, *Cactus-grandiflorus*, *Caulophyllum-thactioides*, *Chimaphila-umbellata*, *Cimicifuga-racemosa*, *Colinsonia-Canadensis*, *Cornus-circinata*, *Cornus-florida*, *Cypridium-pubes-cens*, *Dioscorea-villosa*, *Erigeon-canadense*, *Eringium-aquaticum*, *Eupatorium-aromaticum*, *Eupatorium-perfoliatum*, *Eupatorium-purpureum*, *Euphorbia-corrollata*, *Gelsemium-sempervirens*, *Gossypium-herbaceum*, *Hammamelis-virginica*, *Helonias-dioica*, *Hydrastis-canadensis*, *Leptandra-virginica*, *Nuphar-lutea*, *Phytolacca-decandra*, *Podophyllum-peltatum*, *Polygonum-hydropiper*, *Rumex-crispus*, *Sanguinaria-canadensis*, *Sarracenia-purpurea*, *Scutellaria-lateriflora*, *Senecio-urens*, *Sticta-pulmonaria*, *Trillium-pendulum*, *Urtica-urens*, *Veratrum-viride*, *Xanthoxylon-fraxineum*.

Several new provings have been obtained of remedies not included in the First Edition and hitherto little known.—The following are new articles:

"*Agave*, *Alans*, *Ampelopsis*, *Aralia*, *Asarum*, *Asclepias-incarnata*, *Cactus*, *Cerasus*, *Chelone*, *Cistus*, *Comocladia*, *Corydalis*, *Erechthites*, *Euonymus*, *Frasera*, *Galium*, *Geranium*, *Gnaphalium*, *Gymnocladus*, *Hedeoma*, *Hepatica*, *Juglans*, *Lachnanthes*, *Lobelia*, *Lycopus*, *Mitchella*, *Myrica*, *Nabulus*, *Nymphæa*, *Pulsatilla-nuttallina*, *Rhus-glabra*, *Rhus-venenata*, *Stillingia*, *Triosteum* and *Zizia*; *thirty-five* in all, two-thirds as many as were contained in the First Edition. Not only are these *new* remedies added, but new matter is added to every one of the other medicines, either in the new pathogenic observations or clinical experience. Of many of the first medicines new and valuable re-provings have been made. The other additions of the Second Edition are, the complete botanical description, natural history, and medical history of each medicine." Pharmacological observations and officinal preparations are given.

We have then in the present volume a new work, assuming a new character and rank in our literature. That rank and character may properly be estimated now, for the book is henceforth a fixture in all medical libraries which are to be honored by visits from the spirits of Hahnemann, Hippocrates or *Æsculapius*.

The first thought is of the territory which the author proposes to cover and the *amount of materials* he has accumulated. He gives us here the

medical character of about four score vegetable remedies. There are just five thousand and nine hundred more in the United States, (according to the books in 1840); of these we have two thousand four hundred in the State of New-York. (As officially reported in our State Legislature twenty-seven years ago); and we all know that our unflagging author will never rest until he has proved up the medical character of every one of these trees, shrubs, plants and vines in open court. The "Homoeopathic Materia Medica" has already been regarded as rather burdensome for weak memories and moderate intellects; its portentous future is indeed appalling. But we must not be alarmed at the sight of our accumulating wealth; though neither Cæsus, Plutus nor Mammon are able to furnish us sub-treasuries enough to hold it.

Dr. Hale's Book of New Remedies is a magazine of *important facts, original observations, trials, experiments, provings* of medicinal agents which have hitherto been imperfectly known. To this store-house all who wish to learn what can be done with any one of these agents must in future come. It is then an important volume of the "Documentary Journal" of the progress of reformed medicine. Its importance and value is, then, not likely to be *over-estimated* and any effort to *under-value* it will certainly fail. It would be desirable to have the same facts and truths in smaller compass, if we could so have them. If any body can be found who has the time and the genius to make this work and our other works on *materia medica smaller and yet available in practice*, we shall welcome him to any seat in the Temple of Fame that his modesty will permit him to accept. Until this "coming man" arrives the Book of *New Remedies* must have room.

We shall attempt no analysis of the work. Every page of every *proving* it contains is made up of facts and symptoms which to be of value must be seen in association with all other symptoms here grouped around them. Each group belongs to its kindred group just a "*One-half* of the tongs to the *other* belongs." We shall therefore make the best use of our space by making the following extract from an elaborate and highly valuable article on

HAMAMELIS VIRGINICA.

It would seem from the above cases, that Hamamelis is curative in several forms of hæmorrhage from the bowels.

1. That caused by portal congestion.
2. From ruptured vessels.
3. From ulceration of the bowels.
4. From a hæmorrhoidal vein.

In *dysentery*, Hamamelis is indicated when the amount of blood in the stools, is unusual in quantity, and amounts to an actual hæmorrhage. The blood in such cases is generally dark, in small clots or patches, scattered through the mucus. Dr. Dunn, of Illinois, (Illinois State Homoeopathic Association, 1858,) said he had not found Mercurius so effectual in the treatment of dysentery, during the past summer, as it had formerly been; but he had been highly successful with Hamamelis in cases of dysentery, in which the alvine evacuations were largely loaded with blood."

Dr. C. H. Lee found it useful in the following case:*

"A. S—, has had dysentery for nearly a week. I found him in a bad condition, emaciated and ghastly, with hippocratic countenance; bowels moved every fifteen minutes, of pure blood, with severe tenesmus and a crampy pain around the umbilicus just before stool. I ordered the family to keep the stools, in order to see how much blood he would pass in twenty-four hours, and to my astonishment, there was a little over a quart per day for three days; no appetite, great thirst, tongue coated brown and parched; calls a great deal for sour pickle. I gave him Arsenicum, Mercurius, Ipecac., and Colocynth, without beneficial effect. Finding in the "New Provings," article Hamamelis-virg., symptoms nearly similar to his case, I gave him the first attenuation every hour in water. Saw him the same evening. He was much better, bowels moved four times in the fore part of the day, but towards night no stools.

"Saw him the next morning, and found him much improved. One stool only through the night. Desired bread and milk. Continued the Hamamelis. Is now well."

In the so-called *hæmorrhoidal* dysentery, this remedy is almost specific alone, although it may sometimes have to be alternated with Aloes or Podyphyllum. In my practice benefit has accrued both from the internal and topical application. A few drops of the tincture or lower dilutions every hour or two internally; and an enema of one drachm of the tincture of Hamamelis to four ounces of cold water or starch water. The decoction of the bark (one oz. to one qt. of water) is even better than the above preparation for an enema, both in dysentery and bleeding hæmorrhoids.

In *diarrhœa*, the Hamamelis is said to have been found useful, but the indications for its use are not ascertained. It will require more extended provings and clinical experiments, to establish its applicability to diarrhœa. I would suggest that it might be useful in mucous and serous discharges.

It is in *hæmorrhoids* that the Hamamelis has achieved some of its greatest victories. It seems to have extraordinary powers over this disease, not only as externally manifested in the form of hæmorrhoidal tumors, but against the primary cause, which is often located in the portal system. It has been used in this affection from the earliest history of our country. The aborigines first imparted a knowledge of its curative virtues to the first settlers. It is mentioned as a remedy for piles, used *externally*, in the works of the early "*botanic*" physicians. When Pond first sold his extract, it was recommended particularly for this complaint. Dr. Hering was Pond's family physician, and was induced by him to try its efficacy in some diseases. In 1850, Dr. Hering informed Dr. Cushman, a pupil of Dr. Okie, that he had used it successfully in "painful and bleeding hæmorrhoids." Dr. Okie was then induced to test its virtues, and in a letter to Hering, published in 1853, he says: "I next made use of the Hamamelis in a number of cases of *painful* and bleeding piles. Those cases in which it has proved most beneficial in my hands, are characterized by burning, soreness, fullness, and at times rawness of the anus; in the back a weak-

* American Homœopathic Observer.

ness or weariness, or as the patients graphically express it, 'Doctor, my back feels as if it would break off.' The hæmorrhage is generally profuse, and I have in several instances seen this latter symptom cured completely, with shrinking of the overloaded hæmorrhoidal vessels so that the full, pouting look of the anus was changed to its own more natural, demure pucker, while the burning and itching, depending more upon cutaneous irritability, or some herpetic tint still remained. I have here, likewise, made a wash of the remedy, applying it externally, while giving it internally in the more dilute form. Mr. T., a highly respected agriculturist, somewhere in the fifties, had been troubled with painful and bleeding piles for a number of years. On examination, I found the anus surrounded with a crop of tumid hæmorrhoidal veins, bluish in color, and the whole anus encircled with a red, erythemic halo. I found that he suffered with 'backache,' has a 'pasty' mouth, digestion tolerable, was not much constipated. I gave Hamamelis, 1st dilution, six drops night and morning, and applied a lotion of one-third of the remedy and two-thirds distilled water. In a fortnight he called again, and I found him much relieved. I repeated the prescription, to be taken once a day, since which time he has remained well."

*Dr. Davidson** reports a case of "burning," painful hæmorrhoids in a lady, who had been subject to attacks of the piles for the last ten years. Her symptoms were, "great suffering from weight or pressure at the anus; hæmorrhoids protruding; great exhaustion from frequent hæmorrhage from the rectum; bowels constipated; severe frontal headache; restless nights; mouth parched and dry on awaking. Hamamelis 8th, ten drops in six ounces of water, one tablespoonful three times a day. The third day after, the hæmorrhoidal symptoms were much relieved, but she complained of severe pains in the back. Continued the medicine. Five days after, the hæmorrhoids painful and protruding. A new symptom had also developed itself. My patient wished me to examine her arms, as during the past two days she had suffered severely from a peculiar *pricking pain, from the wrist to the shoulder, which pain is increased on pressure.* On examining the arms, I found that the patient indicated the direction of the pain along the course of the superficial veins. Ordered Sach.-lactis, to be continued the next three days, when the pains had quite left her arms, but the hæmorrhoids were still troublesome. Hamamelis 6, thirty drops in six ounces of water to be used as a lotion. A pledget of lint, saturated with this, to be applied to the hæmorrhoids every night. Six days after she reported herself well. Six months after the same patient applied again. She was suffering from protruding hæmorrhoids, accompanied by severe inflammation. She also had catarrhal symptoms, and was very despondent. Hamamelis 6, was given as above, and the lotion used as before. She took only five doses, because,—'after the fourth dose she became very much alarmed by a pricking pain in the region of the heart.' The hæmorrhoids, however, were much relieved. Ordered Sach.-lactis. Two days after the pricking pain 'about the heart' was still very severe; it was also now felt in the

* Monthly Homeopathic Review, London.

courses of the superficial veins of both arms. These pricking pains continued for a period of ten days, increasing in intensity during that time. At length I prescribed Arnica 12th, three times a day. Two weeks after, the patient states that she feels better than she has done for years; and the piles, to use her own expression, 'have been completely vanquished.' I must not forget to record that while under treatment, this patient had been relieved by the Hamamelis, of a peculiar tightness of the chest, from which she had suffered from childhood."

This case presents some interesting peculiarities, namely: The apparent pathogenetic symptoms caused by the Hamamelis, simulating inflammation of the veins, and even the heart. The question might arise, would not the same pains, &c., have arisen during the course of an attack of inflammation of the hæmorrhoidal veins, had the Hamamelis not been administered? However, Hahnemann would undoubtedly have placed these symptoms in the pathogenesis of Hamamelis, and we may do the same; still, we would wish that further experiments would substantiate the reliability of these symptoms as purely belonging to the drug, in which case they would be very important, as indicating, unmistakably, its sphere of action.

Urinary Organs.—Scanty, high-colored urine. Irritation of the urethra, followed by a discharge and *ardor urinae*.—(Payne.)

CLINICAL OBSERVATIONS.—The Hamamelis has been found useful in *hæmaturia*. Several cases presenting the symptom "bloody urine" have been reported cured by this remedy.

"In hæmaturia,"—writes Dr. Preston—"China and Hamamelis are the principal remedies, unless there be ulceration of the prostate, or neck of the bladder, when these should be alternated with *Asterias-rubens*. In all hæmorrhages dependent upon scirrhus or carcinomatous ulceration, we have used Hamamelis to control the hæmorrhage, and *Asterias-rubens* to arrest the ulcerative process, and we have had more than ordinary success with these remedies in a number of cases. In *renal* and *urethral* hæmorrhage, China, *Cantharis*, *Mezereum* and *Terebinth* are recommended; but we have had cases of congestion of the tubuli uriniferi, following scarlatina and attended with discharges of black blood from the kidneys, when neither of them, nor *Digitalis*, *Hamamelis*, *Zinc*, or a host of others, had any good effect, but were cured in two or three days by the use of Gallic-acid, in three-grain doses, three times a day."

Dr. Belcher reports the following case, which perhaps can be classed among renal affections: "A lady, who, while pregnant, had albuminuria and general anasarca, with occasional vaginal discharges of blood. She was prematurely confined when about six and a half months advanced, and then had adherent placenta, which, until detached, caused her to flood so profusely as to be faint and fainting for four or five hours. About twelve or fourteen days afterwards she was attacked with dysentery, which lasted four or five days; about ten or twelve days after this with ague and fever; after this, flooding again, which last attack was controlled without difficulty by *Hamamelis* second, repeated every three or four hours."

Dr. Payne asserts, and proves his assertions by experiments with the *Hamamelis*, that it has had a specific influence upon the mucous mem-

branes of the urethra, bladder and uterus. He says: "I have had a vast number of cases of *ardor urinae* in the female, and *urethral irritability*, and this remedy in doses of one or two grains, three or four times a day, affords almost immediate relief." * * "I have also used it in a great many cases of *catarrh* of the urethra, in connection with diseases of the prostate gland, and have found it in doses of from one-fourth to one-half grain, a most serviceable remedy. A gentleman who came under my charge with *catarrh* of the bladder, of several years' standing, was entirely relieved in the course of ten days by the use of one-sixteenth of a grain of Gelseminum and one-eighth of a grain of Hamamelis, every three hours."

"A lady who had been treated by several physicians for diseases of the bladder, with injections of Nitrate of Silver and other caustics, and the case pronounced a cancerous affection of the bladder, was entirely cured by the use of Hamamelin and Gelsemin, in four months."

These cases have some value, but would have more had the Hamamelis been used singly. It was evidently homœopathic to every case.

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4. *Clinical Homœopathy.* The Annual Address delivered before the Massachusetts Homœopathic Medical Society, April 12, 1865. By HENRY B. CLARKE, M.D., of New Bedford. Cambridge: John Wilson & Son. 1867. 8vo., pp. 14.

THIS Address presents the subject of *Clinical Medicine* in a clear and interesting manner. The leading idea presented is expressed in the following paragraph:

"Now, what seems to me needful and feasible is an attempt, by systematic co-operative effort, to utilize the clinical experience which every practitioner necessarily acquires, and which, in his own hands, becomes so invaluable, to the end that a body of practical observations shall be constantly accumulating, which, while it may incidentally advance our knowledge of etiology and pathology, shall mainly serve to complement and confirm the teachings of the *materia medica*, contribute to the settlement of the question of the dose, and thus commend our therapeutic doctrine to the regard of the scientific world."

The value of clinical experience is universally admitted. The author desires to render the experience of individuals available for the use and advantage of the many. Let us have more co-operation, more combined effort.

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5. *The American Homœopathic Record.*—February and March, 1867. Vol. 1. No. 1. J. T. Smith & Son, 105 Fourth Avenue, New-York.

THIS *Prospectus* Number of a proposed periodical sufficiently displays the purpose contemplated to assure us of its great utility. The proof-sheets

received contain: 1st, the Prospectus,—Organization,—Registration,—Statistics, &c. 2. Bibliography,—List of Homœopathic Periodicals beginning with 1835 and reaching to 1847.

3. List of Periodicals, New Books, Pharmacies, Colleges, Insurance Companies, Societies, &c. A condensed prospectus will be seen in another page.

6. *First Annual Report of the Homœopathic Free Dispensary.*
Leavenworth, Kansas. January, 1867. Leavenworth, Daily Bulletin Office.

WE announced not many months ago the establishment of this frontier Dispensary, with some of the hopeful thoughts its first prospectus inspired. It is sufficient here to say that all the promises of that day have been fulfilled. The Institution is a success, and has already the confidence of the public. Number of patients treated, 161,—patients visited at their homes, 6,—number of prescriptions given, 538.

Dr. M. Mayer, the attending physician, makes an appeal to authors, publishers and others for donations of books for use in the Dispensary. They may be sent by Mail or by the Merchants' Union Express. We hope this appeal will be generously answered.

7. *An Address to his Law Students* by JOHN W. EDMUNDS.
New-York: Wm. Cullen Bryant, 41 Nassau-st. 8vo., pp. 40.

WE have read few lectures on Medicine or Law so eloquent as this, and few on any subject display more good common sense. A brief extract will show that the author is acquainted with other professions as well as his own. Speaking of lawyers he says:

“And here I may stop a moment to consider one peculiarity of our profession, which is worthy of our attention. Although we are brought into daily collision with each other in the advocacy of our clients' rights on opposite sides, and though there is often professional rivalry prevailing among us, we do not, except rarely, experience those personal animosities with which other callings are afflicted. Among physicians, divines, soldiers, artists, and mechanics, professional rivalry is apt to lead to personal animosities; but not so in the profession of the law. Those who come most frequently into conflict are generally the most friendly to each other; and it is amongst the most eminent of the profession that the most liberal and kindly feelings obtain.

“This is owing partly to the fact, that thus each becomes better acquainted with the other's good qualities, and becomes fully aware of the forbearance he must display as well as demand.” We will not copy further: we know the rest. Let physicians “become *better acquainted with each other's good qualities*” by more frequent and friendly intercourse.

8. *The American Manual of Life Assurance.*—Answering all Questions necessary to a full Understanding of the whole Subject. By a Clergyman. Hahnemann Life Insurance Company, Cleveland, Ohio.

It has been supposed that the duties of a clergyman relate chiefly to the interests of the *future life*, though many have believed that they might properly give some attention to "the life that now is," especially in rendering death less terrible by providing for the interests of those dependents who must be left behind on earth. The present author seems to be one of these; and we agree with him. His Book is a good one; his subject is one we have often spoken of; his aim, he says, "is one and simple. It is to *popularize* Life Assurance." The widows and the fatherless have directed us to transmit to him their blessing.

9. *An Epitome of the Homœopathic Healing Art.* Containing the New Discoveries and Improvements to the Present Time, Designed for the Use of Families and Travellers, and as a Pocket Companion for the Physician. Revised Edition. By B. L. HILL, M.D., Prof. of General, Special and Surgical Anatomy, late Professor of Surgery, &c., in the Western Homœopathic College. Author of Homœop. Practice of Surgery, &c., &c. Detroit, Mich.: Published at Dr. Lodge's Pharmacy. 1867.

THIS is a small work of 142 24 mo. pages, which seems as well calculated to fill the demand for the best book in the smallest compass as any we have seen. It gives brief directions for preparing remedies, distinguishes the common forms of disease, and curing them by aid of proper remedies.

- 10: Dr. B. L. HILL's *Handbuch der Homöopathischen Heilkunde. Für Familien und Haus.* Detroit, Mich.: Dr. Lodge's Hom. Apotheke, 51 Wayne-st. 1866.

THIS is substantially a German version of the preceding work, slightly abridged. It is useful for German families and travellers. Germans generally know something of homœopathy, and they *all believe in it*.

Miscellaneous Items.

New-York Medical College.

THE Seventh Annual Commencement of the New-York Medical College was held on the evening of February 27th, and the degree of Doctor of Medicine was conferred on the following gentlemen:

S. W. Griffin, N.-Y.; G. W. Gunter, N. B.; Robt. Faulkner, M.D., Penn.; C. M. Arnold, Penn.; W. E. Jewett, O.; Wm. Brink, N.-Y.; Oscar Bingham, N.-Y.; Eli Van Ostrand, N.-Y.; Thos. C. Nelson, Ga.; E. R. Still, N.-Y.; Josephus Gunning, N. J.; C. E. Ismond, N.-Y.; S. A. Felter, N.-Y.; M. De La Montanyea, N.-Y.; H. R. Brown, N. H.; Levi Dodge, Me.; L. T. Greenlief, N.-Y.; E. W. Kellogg, Conn.; H. M. Bishop, Conn.; G. B. J. Mitchell, N.-Y.; G. N. Tibbles, Ia.; Joseph C. Butler, N.-Y.; E. G. Holcombe, N.-Y.; C. C. Job, C. W.: J. H. Green, N. J.; M. P. Trask, Mass.; C. P. Gettier, Md.; E. Van Ness Hall, Mich.; C. J. Yeomans, N.-Y.; S. E. Bissell, N.-Y.; Benoit Cetlinski, Poland; Thos. J. Pettit, N.-Y.; W. V. Kirk, N.-Y.; M. A. Raheem, Calcutta, E. I.; Alex. Wilder, N.-Y.; J. H. Osborn, Conn.; F. E. Baily, Mass.; A. C. Pope, Eng.; E. F. Hinks, Me.; J. J. Wallace, N. H.—40.

The valedictory was delivered by Prof. M. Semple. The college is in a very flourishing condition, numbering at its present session ninety-two matriculates.

Hahnemann Medical College. Chicago.

THE seventh Annual Commencement of Hahnemann College was held February 27th in the evening, at the Music Hall of the Opera House.

There was in attendance a large and appreciative audience.

Rev. Dr. H. W. Bishop opened the exercises by prayer.

Prof. A. E. Small, Dean of the Faculty, reported that the seventh session of Hahnemann Medical College had been attended by between fifty and sixty students, coming from the Western States and Canada. Many of these came when the pestilence was raging in our midst—when one after another of our friends were suddenly dropping into the grave. They came when a malignant enemy was staring them in the face; but, with pleasure it may be said, they did not become demoralized and desert the field. Where the battle waged the warmest, they preferred to remain. They attended about 500 lectures, given upon the various sciences of the curriculum of medicine. Twenty-six of the number having complied with the necessary requirements, and having been found duly qualified, were presented with the degree of Doctor of Medicine.

The graduating class were now called by the Registrar, Prof. Ludlam, and the degree of Doctor of Medicine was conferred upon them by Thomas Hoyné, Esq., President *pro tempore*—the President, Dr. D. S. Smith, now being absent in Europe.

The following are the graduates and subjects of their thesis:

Allen, Horace, Ill., Medical Electricity. Bathrick, F. W., Mich., Practitioner. Boardman, H. E., Wis., Diagnosis. Briggs, Jos. E., A. B., Mass., Etiology, Phthisis Pulm'lis. Burt, J. A., M.D., [*Adeum.*] Ind., Practitioner. Campbell, Jno. B., C. W., Hospital Clinica. Clarke, C. D., Ill., Cuprum Aceticum. Cooper, Horace T., Iowa, Cephalalgia. Coulter, Adrian B., Mich., Stillingia Sylv. Davis, George, Ill., Ovaritis. Dodge, Warren F., Ill., Pneumonia. Fairbanks, Chas. D., Mich., Ampelopsis Quinquefolia.

Hedges, S. P., Ohio, Abortion. Ingraham, Ed. H., Ill., Psora. King, John Edward, Iowa, Clinical Cases. Klemp, Herman F., Kan., Digestion. Luton, L., C. W., Inflammation. Mayer, M., Kan., Practitioner. Palmer, O. T., Col., Venereal Diseases. Smythe, Samuel S., Ill., Clinical Cases. Trott, Stinson E., Ill., Lichen Agrius. Vandervoort, M., Col., Homœopathy. Webber, Charles S., Minn., Lachesia. Westfall, B. R., Ill., Cerebro-Spinal Meningitis. Wheeler, Byron A., Wis., Heat, in its Physiological, Pathological and Therapeutical Significance. Wright, Henry B., Ill., Diphtheria.

Prof. G. D. Beebe, now delivered an able and very interesting valedictory address. (*Investigator.*)

Medical College of Pennsylvania.

THE commencement exercises of the above college were held in the Music Hall, March 2d, afternoon.

Rev. B. F. Barrett, pastor of the Swedenborgian church, opened the exercises by prayer.

The valedictory address was then delivered by Prof. J. C. Morgan, Professor of Physiology and Anatomy.

The degree of Doctor of Medicine was conferred upon the following gentlemen:

P. W. Andrews, Camden, N. J.; E. L. Anderson, Salem, N. J.; C. B. Barrett, Philadelphia, Pa.; O. P. Baer, Richmond, Ind.; W. D. Bollinger, Timber, Ill.; J. E. Cook, Carlisle, Pa.; D. J. Chaffee, M.D., Freeport, N.-Y.; C. B. Cloud, Woodbury, N. J.; C. B. Dreher, Pottsville, Pa.; E. Dudley, Burlington, N. J.; Rev. G. C. Gramm, Philadelphia, Pa.; J. M. Hable, Bavaria, Germany; F. T. Haines, Cin., N. J.; J. S. Hall, Augusta, Maine; Wm. D. Hall, Phil.; William J. Hawks, Pittsburg, Pa.; M. H. Harpel, Lancaster, Pa.; J. P. Johnson, M.D., Lancaster, Pa.; W. C. Leech, Cincinnati, Ohio; D. P. Liscomb, Pittsburg, Pa.; M. H. Walker, Germantown, Pa.; A. O. Longstreet, Lebanon, Ohio; J. H. McClelland, Pittsburg, Pa.; J. R. McClure, Marysville, Pa.; E. H. Packer, Peacham, Vt.; T. L. Pennock, M.D., Kenneth Square, Pa.; R. A. Phelan, A. B., St. Louis, Mo.; A. O. Pitcher, Mt. Pleasant, Iowa; G. A. Schmidts, Crefeld on the Rhine; A. B. Southwick, A. M., Waterville, N.-Y.; A. P. Skeels, Cairo, Ill.; C. C. Slocomb, Rutland, Mass.; A. Thompson, Union, Maine; C. H. Thompson, Pittstown, N.-Y.; W. T. Urie, A. B., M.D., Baltimore Md.; F. H. Underwood, M.D., Millbury, Mass.; W. T. Virgin, Mt. Pleasant, Iowa; M. M. Walker, Germantown, Pa.; H. C. Wood, Westchester, Pa.; A. E. Zeitler, Phila., Pa.—42.

Honorary degrees were then conferred on Rocco Rubini, Naples, Italy; Marquis de Nunez, Madrid Spain; and Rev. W. S. Hall, D.D., Philadelphia.

This old and flourishing seat of learning maintains its rank and ancient glory.

We notice that ninety-seven students were in attendance the past session. This shows that the believers in the *three fundamental principles* are increasing. Progress marks the age. (*Ibid.*)

Homœopathic Medical College of Missouri.

THE annual commencement exercises of this college were held in the Polytechnic Institute, Feb. 28th, evening. A large audience was present.

The students marched in and occupied the front seats. They were followed by the trustees and faculty of the college, who occupied the rostrum.

Prof. Walker announced the order of exercises for the evening. Prayer was then offered by Rev. Dr. Schuyler.

Prof. Helmuth delivered an opening address, setting forth the history of the college, and of the Good Samaritan and Freedman's hospital.

The degree of Doctor of Medicine was conferred upon the following gentlemen, by Mr. Silas Bent, *pro tempore* president of the Board of Trustees.

S. G. Merrill, Jackson, Mich.; C. H. Baker, Monmouth, Ill.; M. Ayers, Springfield, Ill.; H. M. Broderick, Ingersoll, C. W.; H. B. Shirley, Jacksonville, Ill.; J. R. Temple, Lexington, Mo.; F. W. Whitlock, Farmington, Iowa; J. W. Routh, Decatur, Ill.

The *Adeundem* degree was conferred upon C. W. Clark, M.D., Aylmer, C. W.; N. F. Prentiss, M.D., Freeport, Ill.; G. H. Stockham, Lafayette, Ind.

Prof. Franklin now conferred the hospital degree upon those students who attended the clinical lectures.

After the benediction, by Rev. Mr. Heath, the faculty, the graduates and invited guests repaired to the college hall, where an excellent banquet was in waiting.

This session has been a very successful one for this young institution, twenty-nine students having been in attendance.

The future is so promising that it has been deemed advisable to make preparations for a large class the coming term. The trustees have purchased the ground and will this summer erect a new college edifice.

The Western Institute of Homœopathy

WILL hold its *fourth* Annual Meeting in the City of Indianapolis, on the *third* Thursday in May, 1867.

The officers of the Institute are: E. C. Franklin, M.D., President; L. E. Ober, M.D., 1st Vice-president; D. H. Beckwith, M.D., 2d Vice-president; T. P. Wilson, M.D., Recording Sec.; E. M. Hale, M.D., Corresponding Sec.; G. W. Barnes, M.D., Treasurer.

Orator, Dr. T. P. Wilson; *Alternate*, Dr. E. M. Hale.

The following are the Committee to report:

Drug Proving—Drs. Barnes and Burt; Surgery—Drs. Mitchell and Allen; Anatomy—Drs. Helmuth and Colton; Physiology—Drs. Harper and Hinkley; Obstetrics—Drs. Walker and Sapp; Chemistry—Drs. Shipman and Hoffman; Pharmaceutical Preparations—Dr. E. M. Hale; Clinical Medicine—Drs. P. H. Hale and Blackburn; Pathology—Drs. Drake and

Comstock; Contingencies of Labor—Dr. R. Ludlam; Topical Applications—Drs. Cooper, Beckwith and Franklin.

E. M. HALE,

Corresponding Secretary.

Bond-Street Homœopathic Dispensary. 59 Bond-Street,
New-York.

THE Twelfth Annual Report of this Institution is received, and it brings us gratifying intelligence of its present prosperity contrasted with its humble beginning a dozen years ago. Commencing on its present site in 1856 its founder and present manager, Dr. O. Fulgraff, with his associates treated in that year 521 patients. Through successive years they have gained on the confidence of the people until, for the year closing February 1st, 1867, the following statistics are given:

Whole Number of Cases treated at the Dispensary	25,056
Out-door visits made	8,245
Prescriptions given	48,036
Total Number for 12 years:	
Cases attending at the Dispensary	104,375
Out-door Visits	36,060
Whole No. of Prescriptions given	249,460

Success is claimed for the operations of the year just closed in the treatment of several individual diseases. Some of these are: chronic catarrh; surgical combined with homœopathic medical treatment of diseases of the eyes; operations for cataract or strabismus, by Dr. C. Theo. Liebold; successful treatment at the homes of the patients, by Drs. Ermentraut, Campbell and Kuhn; and efficient dental services by Drs. Warner and Higgins.

The Bond-street Dispensary is now regarded by the people, as well as by an opposing Allopathic State and City government, as a permanent and indispensable Institution; and as such it is annually supported by a liberal public, as well as by the State and the City of New-York.

THE well drawn figure of the *SANGUINARIA CANADENSIS* which accompanies the present Number of our JOURNAL, was designed to illustrate the Article on that subject in the November Number. See Page 199.

NEW-YORK HOMŒOPATHIC MEDICAL COLLEGE HOSPITAL.—A copy of the charter is just received. It is a liberal one, highly advantageous to the New-York Hom. College.

NEW-YORK HOMŒOPATHIC INFIRMARY FOR WOMEN.—The Third Annual Report shows a new and strong organization just effected.

ERRATA.—Article on Malaria, By Dr. L. Bradley, in this Volume, p. 839, for "stated" read *sated*.

MICHIGAN HOMŒOPATHIC INSTITUTE.—The Eighth Annual Meeting will be held at Jackson, Mich. on Tuesday and Wednesday, 16th and 19th of June.

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