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THE  
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Published Quarterly.

Διὰ τὰ ὁμοία νοσήσιν γίνονται, καὶ διὰ τὰ ὁμοία προσηρσόμενα ἐν νοσήσασιν διακρίνονται, . . . διὰ τὰ ἴσους ἔμετος παύεται.

*Similia Similibus Curantur.*

ΙΠΠΟΚΡΑΤΗΣ.

HAHNEMANN.

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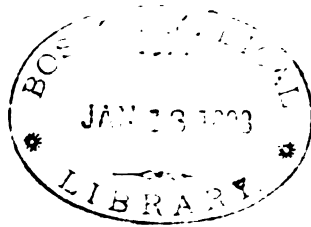
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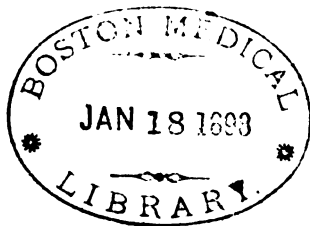
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NORTH AMERICAN

# JOURNAL OF HOMŒOPATHY.

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AUGUST, 1869.

No. LXIX.

## Original and Translated Papers.

ARTICLE I.—*History and Pathogenesis of Cyanuret of Mercury* by DR. DE MOOR, d'Alost. (Translated from the *Bibliothèque Homœopathique*.)

*Synonyma*: Hydrocyanate of Mercury, Cyanhydrate of Mercury, Prussiate of Mercury, Mercurius-cyanatus, Hydrargyrum-cyanatum, Hydrargyrum-borussicum, Blausaures Quecksilberoxyd, Cyanquecksilber.

It crystallizes in four or six-sided rectangular prisms, is without smell and of a metallic, styptic, disagreeable taste; does not change when exposed to the air, when heated it decomposes into cyanogen-gas and Mercury; dissolves easily by ordinary temperature in eight parts water, with more difficulty in alcohol. Nitric and sulphuric-acid diluted dissolve it without decomposing it; it is a haloid salt, composed of one atom of Mercury and two atoms of cyanogen.

1st case of poisoning, observed by Dr. Kapeler (*Orfila, Toxicologie generale, I., 334.*)

M—, living in Paris, of an athletic constitution and enjoying usually good health, is always morose, taciturn without any cause for his sadness. He preferred solitude to any kind of pleasure, he had shown at several occasions a disgust for



life and took at last 23 grains of cyanuret of Mercury. *Immediately afterwards* repeated vomiting of stuffs mixed with blood, frequent and copious stools and severe pains in the whole abdomen; patient takes some diluent drinks. 4 days after the accident Dr. Kapeler is called in and finds the patient lying on his right side, supported on his arm; his face is serious, animated, the eyes fixed, the conjunctiva injected. The patient acknowledges the poisoning. The exterior of the body shows nothing remarkable, with the exception of the scrotum, which is of a dark-blue color, as also the penis, which is in a semi-erection; severe headache, strong palpitation of the heart, pushing back the hand applied to the chest, pulse moderately, frequent, rather slow, but full and hard; respiration free; light cough; the chest resounds well everywhere; the lips, the tongue, the interior of the cheeks are full of ulcers, covered with a grayish-white membrane; great thirst; the salivary glands are swollen and tumefied; abundant saliva flows steadily from his mouth exhaling the odor of mercurial ptyalism; difficult deglutition; nausea with continual desire to vomit and vomiting after drinking; the stomach is soft without pain on pressure; patient is tormented by frequent desire to stool, preceded and accompanied by tenesmus; but he has only little stool, and what passes is mixed with blood; has not passed any urine. (20 leeches to anus, veal-tea for drink and emollient gargles.) On the fifth day the same state, also the sixth, only the palpitation is more strong and violent, (venesection and albuminous drinks and gargles.)

As the night was without sleep and restless, he got in the morning a bath of 28° R., and palpitation and pulse are less strong, salivation somewhat diminished, mouth and fauces the same. The patient is quiet, self-possessed and answers readily all questions, complains about no pain except in his mouth; slight convulsive motion in his extremities.

On the eighth day general debility, frequent fainting, continued convulsive motions of the extremities, drowsiness; awakes easily; pulse small, slow; less vomiting without any pain in the stomach; suppression of urine continues; scrotum and the semi-erected penis of the same deep-blue color. In the evening slow, but hard pulse, extremities cold; no vomiting, but continual fatiguing hiccup; no urination.

Ninth day same state, extreme prostration, repeated swoons, continual hiccup, neither stool nor urine, and at noon the patient dies during an attack of fainting.

Autopsy 8 hours after death. External appearances: Athletic constitution; size 5 feet  $1\frac{1}{2}$  inches; color of the skin pale-white; superior and inferior extremities contracted in such a manner, that the body rests on the back as on a pivot; the muscles red, fully developed and full of thick layers of fat; larynx, trachea and bronchi contain a whitish mucus, so copious that a part of it runs out through the nostrils; the pleura, otherwise healthy, contain some ounces of a pinkish serum; the lungs are healthy and when cut into, abundant serum flows out.

When the skin, muscles and bloodvessels are cut through, some pale and very fluid blood runs out; the vena cava inferior is filled by a very voluminous, elastic and very tenacious clot; the heart full of fat, a little larger than normal, very little blood in both ventricles, a fibrinous clot in the right auricle.

The jawbones tightly closed; the cavity of the mouth exhales a peculiar fetid odor. The inside of the mouth and of the gums full of ulcers, covered with a gray skin; the tongue larger than natural, ulcerated on its edges and covered with a gray tough layer, dry and harsh to the touch and difficult to remove. The pharynx is sound, in the middle of the œsophagus a red marbled spot of the size of a dollar, darker in the centre than on the outside. The peritonæal cavity contains some yellowish serum; epiploon large and full of fat; the stomach of moderate size and without any change outside, the bowels distended with gas. The gastro-intestinal mucous membrane is of a brown-red color near the small cul-de-sac and pylorus, and near the cardia and large cul-de-sac of a deep red color, greatly puffed up and all the vascular ramifications fully developed; the duodenum and jejunum also puffy, darkened, in some places even blackish, in others somewhat gangrenous, especially near the cœcal valve; the redness is of the same character in the cœcum, rather pale in the colon ascendens, of a deeper red again in the transverse, then pale again in the descendens, to be intensely red again in the rectum. Through the whole length of the intestinal tract the mucous membrane

is puffed up, and in some places, especially in the small intestines, granulated and rough; anywhere an abundant serous infiltration can be observed in the submucous cellular tissue. The pancreas is very voluminous, hard and dry, it tears easily and gives a noise under the scalpel; the enlarged liver shows no alteration, the gall-bladder contains a black-green fluid, stringy and sticky; the spleen small without any change.

The sub-renal capsules and the kidneys enlarged; the tissue of the kidneys pale and discolored; the left kidney less than the right one; the bladder small, contracted containing a small quantity of milky urine; the semi-erected penis and the scrotum nearly black. The brain and spine were not examined. Caventou analyzed the blood and fæces, and found that the coloring matter is of a darker hue than is natural to the blood, and in spite of strict examination he could not discover any Mercury in the blood or fæces. Ollivier concludes: 1) that the cyanuret of Mercury is absorbed, and that this absorption is quicker in the cellular tissue than in the mucous membranes. Tiedeman and Gmelin found this poison in the blood of animals, who had swallowed it. 2) Its immediate action is only for a few moments on those parts, with which it comes in contact, and it can therefore not be considered essentially irritant. 3) It produces death by its action on the cerebro-spinal system, as the general convulsions and the excessive functional disturbance in the circulatory and respiratory organs demonstrate; it weakens directly the contractile force and the irritability of the muscles, as the general depression proves, which we see after every convulsion. 4) When death follows quickly, it appears to be caused by the complete cessation of the movements of the heart and of the respiration: but when life continues sometimes after the poison has reached the stomach, the intense inflammation of the gastro-intestinal mucous membrane may be the cause of death.

2d case, reported by Dr. Moos.

A student, 19 years old, took in order to kill himself, on 3d December, at 10 o'clock in the evening, after having drunk three glasses of beer, two grains of cyanuret of Mercury in another glass of beer. For eight hours before he had not taken solid food. Immediately nausea, incessant vomiting

and strong desire to stool, soon afterwards liquid stools. The vomiting and diarrhoea alternated for about ten hours, so that he had about 30 to 40 vomitings and stools. He felt also: bitter taste, severe belly-ache, increased at every stool, vertigo, headache, great chilliness.

Dec. 4. 11. A. M. The features cyanosed, the pupils greatly dilated, the extremities very cold; the pulse feeble, 130 in the the minute, the tongue clear; the stomach not tympanitic nor sore to the touch. The lungs and heart intact, only the beats (impulsion) and the sound very weak. He urinated during the stools. In the evening vomiting had entirely stopped, he had two liquid stools, mixed with blood, without passing water; pulse 130, small, cyanosis a little diminished.

Dec. 5. Morning. The patient has slept the whole night; when awaking, severe headache; nausea and thirst increased, great difficulty to swallow, as the whole mucous tract of the throat is intensely red. Neither stool nor urine; pulse 102, irregular; pupils a little contracted. Slept a great deal during the day.

Dec. 6. Rested well, pulse 90; tongue heavily coated, nausea, but neither vomiting nor stool.

Dec. 7. During the night 20 to 30 vomitings with very bitter taste, the vomited matter consists of dirty-white mucus of alkaline reaction without particular smell; tongue moist and coated; bladder empty, no stool; pulse 88; great epistaxis; headache and vertigo. Injections were followed by dark faecal stools; slightly mixed with blood; pulse 90; slight epistaxis.

Dec. 8. Morning. During the night two violent vomitings with a great deal of dark blood; a stool of dark faecal matter; little thirst; no appetite; tongue heavily coated; vesicles on the left edge of the tongue and on the left side of the velum palati; deglutition difficult; pulse 90, regular; slight epistaxis; neither urine nor perspiration. About 10 o'clock nose bleed and passes urine in bed; the urine is of acid reaction, its specific weight cannot be determined on account of the small quantity; microscopic examination reveals numerous cylinders entire or broken with detritus of fine grains; no globules; it contains a good deal albumen.

Every day up to the 17th once or twice epistaxis and vomit-

ing. He passes a great deal of urine. 15th–21st, state the same, till now, when the tongue is for the first time clean again; taste and appetite normal; pulse 88, intermittent. The patient fully recovered.

3d case, reported by Thibert.

10 grains of cyanuret of Mercury promptly produced death. Symptoms were: violent irritation of the stomach; inflammation throughout the buccal cavity; suppression of urine; the urine in the bladder was full of albumen.

4th case, reported by Tonderin. (*Archiv für Med. Erfahrungen*, 47, p. 460)

A workman, complaining of spasmodic vomiting and pains in the liver, due to a swelling of the liver. After taking 20 drops of Prussic acid (Vauquelin's preparation) extremely copious salivation with fetid mercurial breath and softening of the gums. In examining the acid, it was found, to contain a quantity of Mercury.

The same author, to get rid of his dog, made the following experiment (*ibid.* 462.)

The dog got lean, staggered when walking, suffered from twitchings of the tendons, his eyes were bleared, he ceased to eat and to drink and remained for several days in such a state, with extended paws, squatted in a corner. He got a drachm and a half of cyanuret of Mercury (in order to kill him,) after having wiped from his mouth the saliva. After a few minutes efforts to vomit and vomiting of white, mucous masses, strongly smelling after Prussic acid, mixed with a great quantity of straw and herbs. The animal fell in agony, during which the respiration and beating of the heart could hardly be perceived. After several minutes he tried to raise himself up, but fell over, vomited and laid down again. The respiration became stronger, the temperature of the body rose and the beating of the heart more sensible, he raised his head and looked stupidly around. Thus passed half an hour, during which he tried several times to rise. Had an evacuation from his bowels. After an hour he got up, marched with a firmer step, drank his milk and had fully recovered after a few days, during which he took several doses of oil with turpentine.

## SYMPTOMATOLOGY according to DR. KARL HENKE.

1. General malaise, increasing to fainting and unconsciousness.

General and severe chilliness.

The skin icy cold, (after eleven hours.)

The extremities very cold, (after 13 hours.)

5. The skin soon recovers its former heat, (after 19 hours.)

Nightly fever with sleeplessness and severe headache.

The pulse small, 70-76 in the minute, (11 hours.)

The pulse quicker and stronger, 90 to the minute, (after 19 hours.)

The pulse weak, 130 to the minute with very cool extremities and cyanotic color of the face.

10. The pulse small, 132 to the minute, after frequent vomiting and diarrhœa, blood-tinged stools, (after 24 hours.)

The pulse irregular, 102 to the minute, (2d day, morning.)

The pulse 92 to the minute, (2d day, evening.)

The pulse very slow, but full and hard; the beats of the heart strong, respiration free, slight cough. (4th day.)

The chest resounds well. (4th day.)

15. Lungs and heart free, only the impulse and the sounds of the heart are weak. (13 hours.)

Great thirst.

Excessive thirst, but the drink is immediately thrown up again.

Restless night with irritability and incessant talking, deliria furibunda. (1st and 2d night.)

Good sleep during the night, but when awaking severe headache, nausea, increased thirst, strong redness of the fauces and difficulty of deglutition. (2d day.)

20. Severe headache with nightly fevers and sleeplessness. (After 3 days.)

Severe epistaxis with headache and dizziness.

Headache, vertigo when sitting up, surring in the ears. (2d day.)

Severe headache with palpitations so strong, that they lift up the hand which is laid on the chest. (4th day.)

The face is pale, somewhat bluish and out of shape. (After 11 hours.)

25. The face cyanotic. (After 13 hours.)

The face looks very sober, the eyes staring with injected conjunctiva. (4th day.)

The pupils greatly dilated. (After 13 hours.)

The pupils are contracted. (2d day.)

Eyes collapsed. (After 11 hours.)

30. Severe epistaxis (4th day), which returned up to the 15th day.

At 5 A. M. epistaxis with straining to urinate, during which the urine passes in the bed.

Epistaxis once or twice daily, alternating with vomiting for six days.

The tongue pale, (11 hours), yellowish on the back. (19 hours.)

The tongue clean. (After 19 hours.)

35. Tongue heavily coated. Nausea, but neither vomiting nor stool. (3d day.)

Vesicles forming on the left edge of the heavily coated tongue and on left side of the fauces. (5th day.)

Styptic disagreeable taste. (After 11 hours.)

Bitter taste after frequent vomiting and diarrhœa.

Lips, tongue, the inside of the cheeks covered with a quantity of small ulcers, covered with a grayish-white pellicle.

40. The whole mucous membrane of the fauces strongly injected, with dysphagia. (2d day.)

The mucous membrane of the mouth is affected, the gums swollen and covered with a white membrane, on the edge of the gums a violet border, the tongue swollen, the mucous membrane of the mouth and fauces arborescent (covered with striated or insulated exudation? (The 2d day.)

The state of the mouth gets worse, on the arcus faucium and on the tonsils a grayish-white superficial membrane has formed also a round ulcer on a gray basis on the inside of the right cheek, with sharply cut borders and a vividly injected areola, (3d day.) The ulcer in the mouth spreads on 4th and 5th day, covers itself with a gray exudation, and the taste is disagreeable and metallic; disgust for food. After a while similar diphtheritic membrane round the anus.

Salivary glands swollen.

Profuse salivation with the peculiar mercurial fetor.

45. Deglutition very difficult. (4th day.)

Scratching in the throat, which is red, arborescent, and deglutition painful. (After 19 hours.)

Nausea and continual inclination to vomit.

Nausea and vomiting.

50. Vomiting after drinking.

Bilious vomiting.

Vomiting and epistaxis alternate once or twice a day.

At night twice vomiting with discharge of a quantity of dark blood.

During the night 20-30 times vomiting with increase of the bitter taste; the vomited matter consists of a dull-white mucous mass of alkaline reaction, without any peculiar smell. (4th day.)

55. Vomiting and diarrhœa alternate for 12 hours, so that 20-30 times vomiting and stools happen.

Great thirst with vomiting and foul-smelling green mucous stools.

Vomiting of matter mixed with blood, copious diarrhœa and severe colic. (Immediately.)

General chilliness, followed by nausea, vomiting, diarrhœa, and colic. (Immediately.)

Sensation of burning in the stomach with great thirst. (19 hours.)

60. Epigastrium and abdomen painful to pressure. (19 hours.)

Severe colic, increasing after every stool.

Two thin, bloody tinged stools, without passing any urine. (19 hours.)

Slimy diarrhœa with tenesmus during the night.

Constant tenesmus, but very rarely followed by stool, which was mixed with blood. (4th day.)

65. Tenesmus severe followed by thin stools. (After 10 minutes.)

After great labor six fluid, foul-smelling stools during eight hours.

No stool the 2d, 3d, 4th day; after an injection two feculent, dark colored, slightly bloody stools, but no urine. (4th day.)

A feculent stool of dark color. (5th day.)

Constipation followed by diarrhœa.



70. Retention of urine for five days.

The bladder is empty from the second to the fifth day.

No urination.

The urine, collected on the seventh day, reacts sour. Microscopic examination reveals numerous straight or twisted urinary cylinders with finely grained detritus, no blood-corpuscles.

Chemical examination gave much albumen.

The scrotum and the half-erected penis are of a dark-blue color. (4th day.)

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ARTICLE II.—*Uterine Diseases.* By EDWARD W. AVERY, A.M.  
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I COMMENCE with hesitation the contemplation of a field wherein has been waged for so long a time, an incessant and acrimonious polemical warfare, which, apparently, has resulted in nothing satisfactory to the majority of the profession. From the days of Lisfranc and Recamier, gynecologists have experimented and speculated in reference to uterine disease; so decided and earnest has been the dispute, that those who have not been deeply interested have become weary of the multitude of words, and assert that the difference of opinion is in regard to an entirely innocent member of the organism; that disease of the uterus is decidedly rare, and that specialists have been mounting on swiftly coursing hobbies. Egyptian history and the specula discovered amid the ruins of Herculaneum indicate that female diseases prevailed in those remote days. We are unable to discover that the customs and habits of females since that time have tended to lessen the liabilities to affections of the uterus. The earnest investigator will discover that facts fully equal the representations made by those versed in diseases of the female organs. Nearly all ailments have been dealt with in various ways at different times, and, finally, received the treatment which met with the approval of the profession; or have been considered entirely incurable. Uterine disease is now passing through this probationary state in the Allopathic ranks; and, I opine, that it is destined to be placed in the class which is not benefitted by treatment.

Thomas, having weighed the opinions of his predecessors and learned from experience, says: "Treatment will result in pain, may result in danger, and may absolutely aggravate the symptoms." Scanzoni says: "We do not remember a single case where we have been able to cure an abundant uterine leucorrhœa of several years standing." Thomas again says, speaking chronic of corporeal metritis: "It really constitutes one of the opprobria of gynecologism. Finding, that after centuries of the application of leeches, escharotics, actual cauteries, astringents and alteratives, that uterine disease is almost as incurable as at the beginning; it is not strange that such representative men of the old school pause, and question whether, after all, they are pursuing the right course. The difficulty evidently is, that experiments have been guided by the assumed hypothesis that topical treatment only can be beneficial. The Allopathists, disclaiming any law for the selection of remedies, should not allow preconceived notions to circumscribe their field of investigation. I am unable to ascertain what produced the impression that local treatment only could benefit uterine disease. As well might we rely upon injections for the cure of Cystitis. The adherents of the local treatment admit, that constitutional remedies will remove a chronic ulcer of the leg; yet deny that they effect in the least, a diseased uterus.

Thomas says: "This organ is subject to so many physiological changes, and is so liable to be displaced, that remedies do not have a good opportunity to produce permanent effects." The uterus, however, is not brought into requisition by the laws of the economy as much as the bowels or bladder; and yet, we know that the old school, by internal remedies, relieves diseases of these organs. The displacements of the uterus are, without doubt, the effect and not the cause of inflammations of that body. If the organ is perfectly normal there are no reasons why it should change its relation to surrounding parts. In one case only would the normal uterus change its natural position, namely, where the perineum is ruptured, thus depriving it of the base of the original support. The uterine disease, once removed, the organ, unless bound down by adventitious membranes, or pressed upon by the new position of

the internal parts, resumes its normal relations. The gynecologists of the allopathic rank appear to be satisfied with their success in treating one variety only of uterine disease, namely, cervical-endo-metritis. Cervical metritis, endo-metritis and metritis appear to have baulked their most zealous and skillful practitioners.

In cervical endo-metritis even, where the patient is unable or unwilling to remain quiet—for weeks and sometimes months—the success of treatment is not flattering. A woman fond of society will be very sure, despite the physician's injunctions, to pursue her round of pleasures. Those relying upon manual labor for a livelihood cannot remain quiet.

Although we here have a class of diseases which rely for cure, almost wholly, upon homœopathsists, and although we believe that our remedies are adequate to their complete removal, yet, our art is not so perfect as to admit of self-congratulation. Proving of drugs and clinical cases are required. In the absence of correct drug-proving nothing will serve so much as clinical experience. There close discrimination is absolutely essential. He who observes the minute points will be the better enabled to differentiate. Before noting the subjective symptoms, I should always be in favor of physical examination. Thus shall we be prepared to speak correctly of the disease with which we have to deal; and we can compare more confidently the results of treatment with those of the old school. Many diseases of the nervous system so simulate inflammations of the uterus, that, unless fortified by touch and sight, we may be deceived. I do not think that, in any case, pathology can be ignored in the administration of remedies or the proving of drugs. The objective symptoms, as well as the subjective, assist in making up the totality.

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ARTICLE III.—*Anæmia.* By DR. J. KAFKA, (Hom. Therapy, Vol. 2, p. 669.

THE *anæmia vera*, the poverty of blood in consequence of lost blood, consists in a diminution of the quantity of the blood without any simultaneous change in the normal composition of it. The *anæmic spuria* is a disease of the blood, wherein the

number of the red corpuscles of the blood is more or less diminished, whereby the blood turns paler and is changed in different modes quantitatively as well as qualitatively.

In the normal state the regeneration of colored blood-corpuscles balances the loss, so that the percentage of red corpuscles in the blood and the totality of them between certain limits remains unaltered; but in disease this proportion becomes disturbed, more red blood-corpuscles pass away, than are newly formed, a state, which Vogel calls *Oligocythæmia*. The blood of anæmic persons is poor in colored blood-corpuscles, shows a small proportion of hæmatine and fibrine, but a surplus of serous constituents. Anæmic blood is thin, fluid, pale; the blood-cake small, soft, swims in a great deal of serum, its specific gravity is smaller, crassamentum is entirely wanting, or less tough and tears easily.

Anæmia is either a *primary* or a *secondary* morbid process. *Primary Anæmia* is either *constitutional* or *consecutive*.

The causes of constitutional anæmia are nearly unknown. We have here *Anæmia adnata*, *anæmia of evolution* and *anæmia of involution*.

*Anæmia adnata* is found in children, born of sickly weak parents, suffering from anæmia, tuberculosis, constitutional syphilis, cancer or other deprecant diseases, in children born too soon, in children delicate from birth, or whose mothers suffer from uterine diseases and hæmorrhages.

*Anæmia of evolution* is found in the periods of first and second dentition, after weaning or as a consequence of too rapid growth, or at the time of puberty, either when this is retarded and protracted or also when the sexual ripeness appears too early with elated imagination and irritability of the sexual organs. (Chlorosis.)

*Anæmia of involution* is observed at the climaxis, in early appearing marasmus and in senility.

*Consecutive anæmia* appears either in company or in consequence of such disturbances, whose causes are known, and which decrease *directly* the quantity or the quality of the blood.

The quantity of blood is diminished in *acute losses of blood*, as after venesections, operations, hæmorrhages, wounds or from chronic, frequently repeated hæmorrhages.

The quantity and quality of blood is diminished by *loss of fluids*, as in consequence of purgantia and diarrhœa, from continued or frequent vomiting, from profuse suppurations, from too long or too frequent nursing, from profuse blennorrhœas, profuse sweats, salivation, frequent pollutions, onanism and other sexual excesses.

Also by *loss of strength*, as, e. g. in consequence of muscular overwork (long marches, running) after severe, febrile or inflammatory diseases, especially when copious, serous, plastic, puriform or hæmorrhagic effusions took place; after some acute exanthemata, as measles, scarlatina, variola, &c., after frequent pregnancies, repeated at short intervals or frequent miscarriages.

*Consecutive anæmia* arises also from insufficient reparation of the red blood-corpuscles, whereby their regeneration and that of the hæmatin falls behind the normal consumption, as e. g. from insufficient and poor nourishment, fasting and hunger-cure; from poor stagnant water, from unhealthy climates, from too high degrees of cold or heat, from noxious atmospheric influences, as the moist air wanting in oxygen in vales or in swampy (malarious) regions or on the shores of large rivers, exposed to inundations; from breathing air pregnant with hydrocarbon in mines, from want of light in damp subterranean basements, from want of sleep and night-watching, from continuous and long-lasting pains and spasms, from depression of mind, from venereal excesses; and also in consequence of a diseased state in those organs, which are physiologically important for the manufacture and motion of the blood, as in diseases of the lungs, heart, arteries, veins, lymphatics, liver, spleen, kidneys, uterus, intestines; from inspiring dust or the metallic fumes of certain chemicals, noxious to the formation of the blood, as: Arsen., Lead, Lime, Phosphor, Copper, Quicksilver, Silica, Zinc. The abuse of Opium, Belladonna, Tobacco, Alcohol, &c., as also the abuse of some nourishment, as of tea, potatoes, &c., lead gradually to anæmia.

*Secondary anæmia* always accompanies other morbid processes, as tuberculosis, constitutional syphilis, carcinoma, scorbutica, scrofulosis, rhachitis, diabetes, puerperal fever, &c.; we find it also during the course of chronic articular rheumatism,

or of chronic exudative processes, as hydrothorax, hydropericardium, ascites, anasarca, hydrovarium, and in diseases affecting the brain and spinal marrow.

The *symptomatology* of anæmia shows us the skin, sometimes yellowish or grayish-white, or sallow; the lips, the gums, the palpebral conjunctiva, the ears are strikingly pale. The cutaneous veins appear delicate, bluish, thin and empty; the sclera of the bulbus is mostly bluish gray; the heat of the skin is mostly diminished, especially in the extremities, even under the axilla we find it below the normal. Sensitiveness to cold and predilection to heat and frequent chilliness are characteristics of anæmia. The muscles of such patients are soft and flabby, frequently they lose weight, especially when anæmia is combined with atrophy, hydræmia or subcutaneous œdema. Muscular power is constantly decreasing and the least bodily exertion produces great fatigue in the extremities. In ascending stairs or mountains, when dancing or running, anæmic persons turn pale, suffer from dyspnœa and palpitation of the heart, or faint away entirely. The pulse is small, weak, short and quickened. Characteristic is the increased frequency of the pulse after the least exertion, even when only rising in bed. If we are in doubt about the degree of anæmia, we need only request our patient to walk a little about the room, and from the frequency of the pulse we may judge the anæmia. Such palpitations are always combined with systolic blowing of the heart and of the large blood vessels; and the worse the anæmia is, the weaker will be the impulse of the heart, and in the worst cases, as in cholera, the second sound of the heart and arteries is entirely lost. The functions of the brain are mostly in a state of depression; anæmic patients are downhearted, out of humor, talk little and are inclined to melancholy; they sleep a great deal, are even in day-time sleepy, whereas they frequently complain of wakefulness during the night. The least bodily exertion produces darkness before the eyes, vertigo and surring in the ears, increasing even to syncope. Periodic pains in head, face, stomach, hip, &c., are frequent complaints (anæmic neuralgia) or toothache. The spinal nerves may also suffer, so that we either have sensory disturbances under the form of painful paroxysms or motory ones under the form of spasms.

The respiration is only attacked when too much bodily exertion is attempted; in consequence of faulty oxydation of the blood we find frequent yawning and sighing.

Appetite is either diminished or for unusual things, as coal, chalk, roasted coffee, or for sour and bitter things; digestion is weak, the patients are easily satisfied and suffer after eating from pressure and flatulency. Thirst is increased, sometimes normal; stool mostly retarded, the urine pale, watery, mostly copious with alkaline reaction. The genital functions of males suffer no change, but in women the menses become irregular, scanty or stop entirely. Profuse menstruation is the exception and is of evil influence on the general state of health. Leucorrhœa and sterility are frequently found in anæmic women. The secretion of milk is altered; the milk is fluid, watery, gives little sustenance, anæmics are therefore not fit to nurse, as their children will also become anæmic from the poor quality of their milk.

Most anæmic persons feel better at rest and in a horizontal position, whereas they tire right off when standing or after bodily exertion. They feel the worst during the morning hours; their sleep is not refreshing nor strengthening; the sensation of debility never leaves them, they are therefore doleful and out of humor, till they get during the day in a kind of artificial excitement, produced mostly by various stimulating nourishments, as coffee, tea, wine, beer, beeftea. This circumstance is of great importance for the diagnosis: whereas anæmic persons look pale and feel weak with an empty stomach, or yawn and complain of bad headaches and feel irritable, they feel mostly better immediately after eating, their color increases, they become more lively and active. We find only in exceptional cases anæmic persons complain of cardialgia or cerebral congestions after eating.

Diarrhœas, hæmorrhages of any kind, even when they are trifling, pollutions, even the coitus or nursing aggravate the anæmic state. Depressing affections of the mind or mental labor aggravate, whereas moderate corporeal or mental activity, pleasant society and amusement react favorably on such patients.

Intercurrent acute diseases aggravate badly, producing an

adynamic state, great prostration and sopor, with copious, serous and fibrinous exudations, they run a slow and tedious course and the convalescence is mostly extremely tardy.

Anæmia from acute loss of blood or fluids runs an acute course, all others may last weeks, months and even years. The restoration of health appears sometimes spontaneously, if the cause has been removed, but art can do a great deal in this disease. After acute loss of blood or fluids the watery and salty constituents of the blood are quickly repaired, but the regeneration of the red blood-corpuscles does not keep up with it. Thus a hyperæmic state is established, known under the name *plethora serosa*, with cerebral congestions, feverish excitement, strong palpitations, sleeplessness, &c. In high-graded anæmia the fat and muscular strength passes away, organs and tissues dwindle; the blood becomes richer in watery constituents and poorer in red corpuscles, œdematous swellings appear on different parts of the body, and serous transudations in its cavities. Such a *hydræmic* state we observe after great loss of blood and fluids, after long-continued disturbances of digestion, in diseases of the heart and valves, in Bright's disease, after severe acute diseases and exanthemata, in tedious intermittents and chlorosis, in far advanced tuberculosis, carcinoma, caries and other constitutional diseases; and should we be unable to restore the equilibrium, marasmus and exhaustion are the necessary consequence.

Another combination consists, wherein the blood is poor in red blood-corpuscles, but the richer in colorless blood-corpuscles, a state, which is mostly connected with diseases of the lymphatic glands, the liver, spleen or uterus and which is called *leucæmia*.

When the blood is poor in red blood-corpuscles, but gives a surplus of pigment, showing itself also in the tissues, we have the picture of a *melanæmia* before us, most frequently found in old and severe intermittent fevers.

After rapid evacuations from the bowels, as e. g. in cholera, we find with a high degree of anæmia also *inspissation of the blood*, characterizing itself by the highest degree of weakness and coldness of the extremities with simultaneous syncope



and want of the second sound of the heart and arteries. Such a state, if not soon relieved, leads to paralysis of the heart.

The prognosis depends on the different forms and degrees of the disease. The more the inducing causes are known and the easier they can be removed, the quicker and surer the restitution of the red blood-corpuscles can be promoted and harmony restored between consumption and regeneration of the colored blood-cells, the more favorable will be our prognosis.

Anæmia from evolution frequently allows a favorable prognosis, less favorable is the congenital anæmia and at the climax; anæmia senilis we consider the most dangerous.

Of consecutive anæmias those which are caused by loss of blood, of fluid and of strength, allow a more favorable prognosis, than if dependent on relations of climate, atmosphere or occupation. Anæmia from want of nourishment, ill-ventilated habitations, bad water, abuse of spirituous drinks or certain remedial substances, allow a more favorable prognosis, as when caused by passionate excitement, if we are only able to remove the cause. Most unfavorable is the prognosis, where the consumption and the regeneration of the red blood-corpuscles is simultaneously morbidly attacked, as it is the case e. g. in diarrhœa or hæmorrhages with simultaneous intestinal catarrh, in overworking the body with want of sufficient nourishment to support it, in lactation and grief—in frequent pollutions with simultaneously being crossed in love affairs, &c. Age has no influence on the prognosis; old people recuperate sometimes quickly after severe diarrhœas or dangerous diseases, when children and grown people of good constitution take a long time to regain their health. All depends on the consumption of the blood, which is brisk during youth and manhood and preponderates frequently over the regeneration, whereas in old age with equal regeneration the consumption is greatly diminished.

All sorts of intercurrent diseases during the course of anæmia aggravate the prognosis, inasmuch as then the already small stock of red blood-corpuscles more or less diminishes, as we see it in acute, febrile and inflammatory diseases, especially in typhus and intermittents. With a rapid destruc-

tion of a quantity of red blood-corpuscles the powers of life ebb away fast, and destructive suppurations and necrotic mortifications will be necessarily accompanied by high degrees of anæmia.

*Remove the cause*, is the first and most important step to cure anæmia. The dietetic treatment of anæmia regulates the life of our patients, so that the blood may regain its normal proportions. It is impossible to give general rules, as every case stands on its own merits. Before all we have to take care of the digestive organs.

If anæmic patients have a good digestion, and are soon hungry again after a good meal, if eating does not molest them, but rather makes them feel comfortable, we may allow them the most nourishing diet. They tolerate strong soups, which may be rendered even more nourishing by extract of beef, steaks or roast meat, if not too fat, eggs and farinaceous dishes, and all sorts of vegetables, which will not produce flatulency. Of fishes we recommend trout, salmon, pike, bass, &c. Stewed fruit is more easily digested than raw. They have to eschew all fats, fresh-baked bread, acids and the leguminous dishes. A good quality of beer is the most judicious beverage, during meal they may use some light wine, but all stimulants must be forbidden, if there is any erethismus, inclination to headache or congestions, sleeplessness, diseases of the lungs or of the heart, hæmorrhages, &c., although in most cases the careful use of diluted and sweetened beer is well borne. Anæmic patients must eat often and not too much at once. Just as well as an empty stomach produces with them frequent yawning, cardialgia, headache, abdominal gurgling, malaise and fainting, so also a repletion produces oppression, flatulence, nausea and vomiting or diarrhœa which can only aggravate their state.

If their digestive powers are prostrate, we must regulate this chief-factor for the regeneration of the blood. As long as appetite is wanting, we must rely on weak soups or a light milk-diet, and only when they are able to digest it, we may pass on to stronger beef-tea, white meats, soft or poached eggs, light puddings. The smallest "too much" causes the patients great pains and throws them back for a length of time.

Refreshments, like ice-cream, lemonade, orangeade, soda-water with wine or syrups may be allowed, when the patients do not cough, have no diarrhœa nor cardialgia, in short when their abdominal organs are all right.

The relations of *motion and rest* are of great importance for the sanguification. Anæmic patients have generally a pale and flabby muscular fibre, wanting in energy, elasticity and endurance. All their muscles and muscular bodies are weak. The muscles of the trunk and of the extremities feel weak and easily tired, the muscles of the thorax attest it by the shortness of breathing, those of the heart by the hurried beat, those of the stomach by the weakness of digestion, those of the intestines by flatulency and constipation, those of the uterus by dysmenorrhœa and sterility. Thus the anæmic gets, when walking too much or too fast, dyspnœa, palpitation and increased development of heat, producing congestion to the head. Its secondary effects are over-fatigue and debility, muscular pains, spasms especially in the chest and calves, loss of appetite and of sleep. Muscular motion, on the contrary, proportionate to the strength and followed by rest produce a gradual invigoration of the muscular fibres, a quickened circulation, an amelioration of all functions and thus an increase of the total nutrition, for rest is to motion, what restoration is to consumption or income to outlay. Anæmic persons must only take short walks; as soon as they tire, feel dyspnœa or palpitations, begin to perspire, they have to rest, till they recover their lost outlay again. Muscular power can be easily judged by the pulse. The least increase is a sure sign, that power is still wanting and that much motion is still injurious. Neither must the known laziness of such patients be upheld, because too much rest or a total want of all motion produces a diminution of muscular energy, and after a while muscular atrophy and palsy.

A normal sleep of six or eight hours is a strict requisite for our patients, but they must not sleep all the time, as they would wish, for then it increases the paleness of their blood, the muscular fibre becomes more relaxed, and the generating of fat and of serous blood predominates. Voluntary wakefulness, whereby the normal hours of sleep are purposely shortened or entirely left off, must be injurious, for we here get a

physical and psychical exertion equal to the sum of sleeplessness—plus, excessive bodily and mental exertion.

#### ANÆMIA ADNATA.

As a consequence of maternal loss of blood during pregnancy or during birth children are born anæmic. If at the regular time such infants look well-nourished enough, but their skin looks light-yellow, their nails and lips are pale, their sclerotica bluish. They have little energy in their motions, their voice is weak, they do not sleep enough, have hardly any strength to nurse, and moan all the time.

A good wet-nurse is here the remedy, and if they are too weak to nurse, the breast-milk must be given them by teaspoonfuls.

Children, born before their time sleep continuously, they have a wrinkled skin, covered with woolly hair, an old look, soft nails, short hair, a head out of proportion to the body and very large fontanelles. We order to have such infants frequently aroused from their sleep, to feed them with a few spoonfuls of breastmilk, give them small injections of tepid milk or animal broth; and a tepid full-bath containing milk instead of water will help us to raise such infants.

In children born anæmic in consequence of morbid states of parents or of the mother alone, the disease is usually very obstinate, lasting during the period of dentition, and continuing often to that of puberty and longer. Such children cut their teeth late and with difficulty, suffer frequently from disturbances of the digestive organs and nerves, learn to walk or to talk at a late period, always look pale and bloated; have a big belly with emaciated extremities. Swellings of the spleen, liver and mesenteric glands (lacæmia) are frequently present; there is great tendency to softening of the bones and scrofulosis, to nasal, bronchial and intestinal catarrhs, to croupous processes and to meningitis basilaris. Such long-protracted states of anæmia lead frequently to tuberculosis, scrofulosis, rhachitis and atrophy.

A healthy wet-nurse is here also the first desideratum. Of equal importance is to regulate their sleep. For sleeplessness we recommend *Calc.* 6, or *Nux-v.* 3, or *Pulsat.* 3, or *Mer-sol.* 3, a dose every 2–3 hours. For restlessness, when they do not like to remain in their beds, want to be carried about, we give

*Arsen.* 3, *Bellad.* 3, *Ignat.* 3, *Nux-v.* 3, or also *Calc.* 3, *Sulph.* 6.

If they are easily frightened at the time of dentition and fall asleep again only with difficulty or not all, *Cham.* 3, *Coffea* 3, *Nux-v.* 3, will quiet them or *Natr.-mur.* 6, *Silic.* 6.

The remedies for eclampsia are too well-known to need repeating.

Alike to dentition, the formation of the bones is also very tardy: the fontanelles remain open, the cranial bones are thin and soft, thick cartilages arise at the ends of the joints and ossify very late, the spinal column and the long bones easily grow crooked. In such cases we have in *Calc.-carb.* 6-30 a sovereign remedy, regulating nicely the process of digestion and assimilation, improving the quality of the blood and visibly promoting the ossification. But if we have already to do with softened bones (osteomalacia), characterized by crookedness of the bones which are swollen and puffy, with disproportion of the ends of the joints, in which cases a jelly-like substance fills the loose and softened tissue of the bones, producing not only deformation, but also osteoporosis, (enlargement of the bony-cells and of the marrow-canals,) *Silicea*, 2-30, 2 doses daily is our sheet-anchor. What lime is for the retarded formation of bone, that *Silicea* is for the softening of the bones. It regulates also primarily digestion and assimilation, improves the sanguification and produces resorption of the jelly-like masses and perfect ossification. It does good service also in hereditary disposition, and like *Calcarea* may be used methodically in alternation with *Sulphur* 6-30. Should *Silicea* not suffice, we rely on *Phosphorus*, 3-6 with which we are very successful in such cases, especially if the children are weak and frail. It is self-evident, that every attempt, to make such children stand on their feet or let them try to walk, must be strictly forbidden. Nurses must not be allowed to carry them for hours on their arms, which is the frequent cause of spinal deformity. Their easiest position is on their backs, or give them fresh air frequently in a little wagon, where they can lie down easily. Country-air and animal food are two great adjuvants for the raising of such children.

As already mentioned, anæmia adnata in many cases de-

penda on a hereditary disposition from tuberculous, syphilitic, carcinomatous or other exhausting diseases of the parents or on chronic uterine disease of the mother, extends far over the period of dentition and evolution and plays an important part in accidental ailments. A single acute local ailment is in such cases frequently the beginning of a series of changes, which, based on a certain constitutional anomaly, will be observed on neighboring or kindred organs or systems. Thus we meet, e. g. after a simple nasal catarrh a blenorrhœa palpebrarum or a conjunctivitis bulbi with exquisite photophobia and ulcerations on the cornea, sometimes otorrhœa or bronchial catarrh or diarrhœa, in short a whole series of diseases of the mucous membranes. In other cases after a simple tonsillitis the tonsils become hypertrophic; infiltrations of the submaxillary glands, or of those of the throat, neck, axilla form with erysipelalous redness, giving us a whole series of glandular diseases. A simple pleuritis, pneumœnia or bronchitis is the beginning of consecutive tuberculous depositions in pleura or lungs; a simple intestinal catarrh gives the start to tuberculosis of the intestines or of the mesenteric glands; a sunstroke will be followed by meningitis basilaris. A mere cold or over-fatigue produces spontaneous limping, a fall on the knee white swelling, a fall or hurt on the tibia exostosis, a hurt on the nose, ozœna, &c.

It must be therefore of the greatest importance, to recognize in time such a hereditary disposition and to give it its full value. It is unfortunately too often the case, that anœmic or delicate children are not noticed by the parents, their ailings are put to account of dentition, evolution, too fast growing and professional advice is only requested, when the disease has fully developed itself. Every such case requires the most careful treatment, and the hereditary disposition must be taken in full account, in order to weaken or, if possible, to eradicate it. Thus, e. g. the cautious and methodical use of Iodide of Potash or of the Muriate of Gold would be advisable, if the diseases of the children rest on hereditary syphilitic base; Calcar. Iodine, Sulphur, Cod-liver-oil, if based on tuberculosis; Conium or Aur.-mur.-natr. if on carcinoma; Arsen. or Silicea, if chronic suppurations or blennorrhœas or colliquations of the parents

are the cause of the sickliness of the children. Here the family-physician can do his full share, for by discovering in time such hereditary disposition he can use his prophylactic remedies and prevent further inroads.

#### ANÆMIA OF EVOLUTION.

There are certain periods of life, in which the anæmic anomaly of the blood presents a pathological state, requiring a thorough medical intervention, sometimes rapidly, at other times, taking more time to accomplish it.

During the first days or weeks of life an anæmic state sometimes comes on in consequence of insufficient quantity or quality of the breast-milk, or by artificial feeding or from congenital or accidental diseases, highly threatening the existence of the infants or essentially obstructing their further development.

Some children are born plump and well nourished. But after a few days they turn pale and sickly, they cry and moan a great deal, sleep badly, the lips lose their red color, the sclera turn bluish, the features become strongly marked, the conjunctiva palpebrarum and the ears turn pale, the muscles flabby. In higher degrees the children get an oldish look, the muscles disappear visibly, and the neck and the extremities show clearly an atrophic state. An insufficient supply of healthy nourishment is most frequently the cause of such atrophy, which must be provided as soon as possible. If such infants urinate rarely and only a small quantity, if they do not fall asleep when nursing, become restless after nursing and moan, just try and put the tip of your little finger in their mouth, and they will try to suck it, a sure proof of insufficient nourishment. In examining the breasts of such nurses they are found flabby and withered and it is difficult to express some milk from the nipples, the mother or nurse looks pale and weakly and had either lost a great deal of blood during confinement or the pregnancy had been complicated with sickness: We may also find an abundance of milk in the breast, but it is watery, like whey, mixes easily with tepid water without forming wavy threads or muddy cloud. Such nurses have either lost large quantities of blood, passed through severe fits of sickness, or labor under mental depression, as from grief, jealousy, anger, cares, &c. &c., which render the milk qualita-

tively poor and insufficient to support the infant. A good healthy nurse will soon change the scene for the better. At other times the mother or nurse enjoys good health, the milk leaves nothing to be desired, and still the infants do not thrive. A local affection of the children may then be the cause, as an acute or chronic catarrh of the stomach or bowels, of the nose or bronchi, or flatulency, or disease of mesenteric glands, &c. &c., all of which has to be carefully studied and treated *pro re nata*.

After weaning and during the period of first dentition children often become anæmic in consequence of an acute or chronic catarrh of the stomach and bowels, reducing the children rapidly and which has to be treated with the utmost care. During the irritation of dentition constant sleeplessness, too copious salivation, or too frequent disturbances of the motory nerves (convulsions) may produce anæmia. To copious salivation is frequently joined chronic stomatitis or gingivitis. *Merc.-sol.* 3, two doses daily, cannot be too highly recommended for such a state, and if insufficient, we give *Calc.-carb.* 6, two doses daily, even when there is no local disease, but the gums look pale, and with the salivation we find a nervous erethismus; showing itself in crossness, crying, restlessness and sleeplessness. We have already spoken of convulsions in another chapter.

At the time of the second dentition anæmia is not so frequently observed, but if present, is mostly congenital or consecutive.

Children growing too fast sometimes become anæmic, suffer from muscular debility and a remarkable softness of the capillary vessels, so that they are liable at the time of puberty to epistaxis and hæmoptoe after bodily or mental exertions or in hot weather. Such symptoms are of great importance, should the children come from a family, where tuberculosis is at home. The so-called habitus tuberculosus, used to be a great terror to parents, laymen and physicians on account of the consequent tuberculosus, but unprejudiced observation proves, that judicious dietetics, educatory and remedial measures avert anæmia in consequence of too fast growing; and that even hereditary tuberculosis may be kept from breaking out, as we have already shown in other places.



If we have only anæmia without great muscular debility and without any further complication we rely on the methodical use of *Ferr.-met.* 1 in 2—3 doses per day, and witness mostly a favorable result. Lately we are in the habit of prescribing *Syrupus-ferratus s., Ferri-sacharatus*, a few tablespoonfuls per day with the same result. It is easily digested and children love to take it.

We find iron still useful, so long as muscular debility is not preëminent, but as soon as this is the case, we prescribe *Chinin-sulph.* 1, 2—3 doses daily; and should this not suffice in relation to the anæmia, we are in the habit of alternating both remedies, giving Chinin one day and Ferrum the next, or Ferrum in the morning after breakfast, just before dinner a dose Chinin, in the afternoon Iron and in the evening Chinin. For frequent epistaxis in anæmic persons *Croc.* 3, a few doses daily, has done us good service. With predominant debility *China* 1 and *Phosph.* 3 are important remedies to stop very intensive hæmorrhages. When the sputa of such patients turn bloody, we have to look at the cause of it and the accompanying symptoms. Should too great exertions, as immoderate walking, running, dancing, ascending mountains be the cause of it with simultaneous vascular agitation, we prefer *Aconite* 3 in solution, a dose every  $\frac{1}{4}$ — $\frac{1}{2}$  hour with a cold wrapper round the chest. If the same causal momenta are present, which have overworked the lungs, as e. g. too long talking or loud reading, too long playing on wind-instruments, &c., with oppression of the chest and danger of pneumonia, we immediately apply *Phosph.* 3 in solution, a dose every  $\frac{1}{2}$ —1 hour with the cold wrapper on the chest. Excessive hæmorrhage must be treated according to the rules laid down in another chapter. Excessive mental application or the abuse of alcoholic beverages needs *Nux-vom.* 3, a dose every  $\frac{1}{2}$ —1 hour; in fact the entire treatment of tuberculosis pulmonum finds here its full application.

The anæmia, which appears at the time of puberty, is known under the name of *chlorosis*, and is mostly found in girls at the age of 12—24 years. The anæmia, which appears at that age in the male sex, is mostly caused by a too rapid growth or by such states, which show a waste of the red

blood-corpuscles, as after long-continued diarrhœas, great seminal losses; excessive mental or bodily exertions. True chlorosis is mostly caused by a too early or a too tardy evolution, and frequently we are unable to trace any cause. Unhealthy habitations, foul air, want of motion, bad food, faulty education, lascivious readings, erotic sexual irritations, overwork, &c., produce an anæmic state, which causes a watery blood, a state which belongs to consecutive anæmia. But we observe chlorosis frequently in girls, where no such cause could be given, and the physician can therefore easily distinguish chlorosis from consecutive anæmia. *In genuine chlorosis the patients are well nourished and the subcutaneous fatty layer is normally present*, whereas in consecutive anæmia the muscles dwindle and the fatty layer is gone. Congenital anæmia may creep along from children into the years of puberty and then break out in full force. Hydræmic symptoms, as œdema pedum, are only found in chlorosis, when combined with consecutive anæmia.

The sudden or gradual fading of the skin, lips, gums, palpebral conjunctiva and ears with simultaneous leaden heaviness of the feet, the getting easily tired in walking or ascending, the dyspnœa, the palpitations and remarkable quickness of the pulse after any exertion, the muscular pains after a little work, the dyspepsia, showing itself either by loss of appetite, or by diminution or alienation of it with desire for sour or for aromatics or for clay, the more or less severe neuralgias, manifesting themselves as spasms of the stomach, of the bowels or uterus or as neuralgia trigemini, the morose, irritable humor with disposition to weep, the dread of society, the love of solitude and the lassitude in thinking and conversation are all symptoms, usually found in chlorotic girls.

Many consider the want of, or a too scanty menstruation as a constant accompaniment of chlorosis. According to our convictions amenorrhœa is only found in delaying sexual maturity or with a high degree of chlorosis; whereas dysmenorrhœa appears mostly combined with difficult menstruation or with uterine neuralgia. These disturbances of the menstruation are in no way constant, as there are many chlorotics, where this function is perfectly regular or even in too great abundance.

The want of red blood-corpuscles, whose number may decrease according to Andral and Gavarret from 120—130 down to 28, produces constantly a paling of the menstrual flow; in amenorrhœa we may find instead of the menses only a discharge of a blenorrhœic fluid. The humming and surring sounds of the heart and veins (*bruit de diable* and *bruit de souffle*) are also not constantly observed, but they are always detected, as soon as the number of the colored blood-corpuscles falls under 80 (Andral and Gavarret.)

The urine of chlorotic patients is mostly pale and of specific lightness. Sometimes they pass large quantities of it, which anomaly always appears with great thirst, conspicuous muscular debility and disappearance of the fat; combining itself with hydræmia it gives us the picture of *polyuria* or *diabetes insipidus*. The stool is either normal or retarded. Intercurrent diarrhœic attacks aggravate the case rapidly in consequence of the rapid decrease of the weight of the body.

The sleep of chlorotic patients is hardly ever normal; mostly they love to sleep, feel lazy when getting up, tired and not strengthened by their rest. They are sleepy in day-time, falling easily asleep during any sedentary occupation. Hysterical affections, appearing either as psychical or corporeal hyperæsthesia, or as mental depression, or as exaltation, or in sudden changes of all such states with inclination to enthusiasm, sentimentality, melancholy, &c., are frequently found in chlorosis.

The course of chlorosis is mostly tedious. The more unfavorable the relations of life are, the more prolonged will be the course of the disease, for even under favorable circumstances we find it stubborn and liable to relapses. We sometimes find another form of anæmia, the congenital or the consecutive united with chlorosis, in which case the chlorosis often reaches a very high degree and even passes over in hydræmia. In such cases, or when the congenital anæmia passes over in a distinct diseased state, as tuberculosis, cancer, syphilis, &c., the chlorosis may end fatally; febrile diseases frequently take on a typhoid character in such cases. Generally, though, a genuine chlorosis can be cured, and we may therefore mostly render a favorable prognosis.

Sterility is a frequent sequel of tedious or high-graded chlorosis. The views of some physicians, that marriage hastens the cure of chlorotic girls, are not always confirmed, and we have seen cases, where the married state aggravated the disease.

In the treatment of chlorosis we have before all to distinguish between simple and complicated chlorosis. A simple chlorosis is caused either by a too early or retarded sexual development, or the causes are unknown.

Chlorosis with too early development shows itself by great muscular debility without simultaneous disappearance of the fat. *Phosph.* 3, 2—3 doses daily here effects far more than iron, allaying quickly the constant congestion to the organs of the chest and pelvis and improving the blood, whereas iron only increases the congestion and aggravates the whole state.

A suspicion of onanism is only then justified, when chlorotic patients lose flesh at the same time, are quiet and misanthropic, and love solitude. The exceeding sexual nisus must then be regulated by *Nux-vom.* 3 or *Calc.-carb.* 6, two doses daily, and such dangerous practice strictly prohibited. After the cessation of such spontaneous sexual irritation the patients soon recover their health again, especially under the simultaneous influence of good nourishment and pure air. But if we see only some amendment and symptoms of chlorosis are still more or less present, the application of Phosphorus is clearly indicated.

In simple chlorosis from retarded puberty or other unknown causes *Ferrum* is acknowledged by all schools to be *the* remedy, invigorating the blood, increasing the red blood-corpuscles and ameliorating the faulty nutrition. As soon, as complications are present, showing itself either as premature sexual evolution or as congenital, consecutive or secondary anæmia, the application of iron is questionable, unsafe, sometimes even deleterious. The dose, in which we give iron, is of great importance. Although the physiological pharmacodynamic proves, that iron produces a certain degree of chlorosis, though experience teaches, that in regions, where the water of springs containing iron is used as the common beverage, chlorosis is stationary at home, though all this proves, that iron can

only cure chlorosis according to the law of similitude, still repeated observations have demonstrated, that minimal doses have never cured chlorosis. Just as an intermittent needs stronger doses of Chinin, or syphilis of Mercury, so chlorosis needs the lower triturations of iron. Which preparation of iron is preferable, may be left to the individual choice. We have used *Ferr.-carb.*, *Ferr.-lact.*, *Ferr.-phosph.*, or *Ferr.-met.* with equal success. All depends on the mode of its application. We use all these preparations in the first trituration, begin with  $\frac{1}{2}$  grain doses, 2—3 times a day, and increase the dose by  $\frac{1}{2}$  grain every fourth day, as long as they do not produce oppression of the stomach or other dyspeptic symptoms. As soon as such symptoms appear, it is a hint that the dose was too large to be assimilated, we therefore decrease the doses again methodically, but continue the ferruginous treatment, till the patient is cured, which mostly happens in 6—8 weeks.

We sometimes see, that even  $\frac{1}{2}$  grain doses of the first trituration are not well borne and produce dyspepsia. In such cases, appearing in very sensitive erethic individuals, we prefer the second trituration, methodically applied.

The same success we saw from Syrupus-ferris-sacharatus, given in increasing doses. Dyspeptic symptoms alone, which frequently accompany chlorosis and are dependent on it, do not contra-indicate the iron, as the same treatment will remove them and induce a better sanguification. Of far more importance are the catarrhal states of the stomach and bowels and the neuralgias of the stomach, bowels or uterus, which affections have to be removed before we can expect any benefit from a later ferruginous treatment; lighter degrees of cardialgia again, even when combined with dyspepsia, and slight intestinal catarrh, manifesting itself by oppression of the stomach, fullness of the stomach, oppression of the chest, with or without nausea or aggravation of the complaints after eating and general lassitude are all symptoms belonging regularly to the chlorotic state and allow the use of iron.

We would call your attention in prevailing acidity and intestinal catarrh to the excellent effects of *Ferr.-acet.* 1, 2—3 doses daily, whereas for more light cardialgia without any simultaneous affection of the mucosa of the stomach and intestines *Ferr.-met.* 1, may be preferred.

Should a methodical application of iron not lead to a successful issue, we have to begin anew our examination, for the chlorosis is then probably complicated with a congenital or acquired anæmia, which claims our prior attention, and it is here our first business to ameliorate the constitutional relations, a tedious process at the best, and it will be always advisable to explain it to the patient and her family, in order that they do not lose patience.

Chlorosis with consecutive or secondary anæmia manifests itself by loss of strength and weight and simultaneous emaciation. Sexual irritation, either through masturbation or exciting imagination, excessive loss of fluids and of strength, insufficient or improper food, unfavorable relations of habitation, of the atmosphere, of the climate or season, &c., the simultaneous presence of other diseases, as, e. g., of the perforating ulcer of the stomach, of polyuria, diseases of the heart or uterus, are states indicating another remedy, for iron here applied is of no use whatever.

The rules in relation to diet are the same in chlorosis as in anæmia, but we would request not to force dyspeptic patients to it; as soon as we have the dyspepsia removed, the appetite returns by itself and the formerly refused dishes are then asked for and relished. Another wrong idea is prevalent, that domestic work and extensive walks are beneficial to chlorotic patients, especially if amenorrhœa is present, but we are convinced, that every excessive exertion increases the consumption of the red corpuscles, checks the decrease of the disease; they lose their appetite again and complain of their muscular pains.

Even pleasure excursions have to be taken with moderation, as the slightest excess throws us back in the cure. Cold river- or sea-bathing, the mild air of garden and forests, pleasant society are potencies which with suitable nourishment and good care are great adjuvants to hasten the cure.

#### ANÆMIA OF INVOLUTION.

This anæmia, as sequel of a metamorphosis regrediens appears in women about the climaxis, mostly between the age of 50 and 60; in both sexes, as a consequence of prematurely turning old, even before the 50th year, and then in senility.

The anæmia of women, during climaxis, is either a primary or a secondary process. Primarily, it is connected with the time of involution: the decrease of the red blood-corpuscles is mostly combined with a decrease of the whole quantity of the blood, with muscular laxity and flabbiness, and with a decrease of bodily strength. Should we be unable to recognize any signs of congenital, or of consecutive or secondary anæmia, nor any disease in the uterus, heart, lungs, kidneys, &c., then such an anæmia is connected with a marastic state, which, when neglected, produces premature senility. Secondary anæmia is produced during climaxis by great excesses in venery, frequent and difficult labors, frequent and great losses of blood, by too frequent and too long nursing, by improper or insufficient food, by mental depressions, by previous dangerous fits of sickness, by disease of the uterus, ovaries, heart, lungs, &c., by tuberculosis, cancer or syphilis.

The means of preventing premature senility and marasmus are partly dietetic, partly medicamentous; to the former belong especially mental and corporeal ease, release from all depressing emotion, sojourn in the country, an atmosphere rich in oxygen, in dry dwellings exposed to the sun, good nourishing food, avoidance of exertion, good society, the use of cold river or sea-bathing, cold oblations, genial walks, especially morning and evening: with one word, to take care of themselves, in order to ward off any intermittent disease. Remedial measures are such which improve the sanguification, as ferruginous springs, the milk-and-whey cures, especially in mountainous and alpine regions, luke-warm ferruginous bath; even careful hydropathic treatment will also be found beneficial. The methodical use and indications for Ferrum and China we have already given; but, if such patients suffer from frequent congestions to the head and chest, and from the so-called "hot flashes," *Phosph. 3*, or *Graphit. 6*, twice daily, will lead the way to other remedies.

The precocious senility of men needs the same treatment. Where excessive venery is the cause, *Phosph. 3*, methodically applied, will best remove the injurious consequences of the loss of fluids. Senile anæmia is always connected with senile marasmus, and needs the same treatment.

## ANÆMIA CONSECUTIVA.

Consecutive anæmia is in every case connected with simultaneous diminution of fat, loss of strength and loss of weight. The causes of it, as well as the accompanying and consecutive manifestations, are indicative for the selection of the remedy, and strict individualization is of the utmost importance.

Acute anæmia during or from great loss of blood, has been spoken of under the chapter of hæmorrhages; chronic anæmia, from the same cause, even when already appearing with hydræmia, needs: *China* 1, for the debility, or *Ferrum* for the anæmia, in connection with roborating diet, rest and good air. In some cases they alternate well. The same treatment will do for the anæmia of convalescents, even when hydræmia is present. Anæmia from great losses of fluids may be thus enumerated.

After great seminal losses, either through venereal excesses, pollutions or onanism, we give *Phosph.* 3, or *China* 1, for the prevailing debility; *Phosph.-acid* 1, or *Calc.-carb.* 6, or *Puls.* 3, for prevailing anæmia; for tendency to hypochondria and melancholy, with habitual constipation and increased sexual nisus, *Nux-vom.* 3, or *Platin.* 6; for simultaneous dyspepsia, *Nux-v.* 3, *Pulsat.* 3, or *Sepia*, 6, 2 to 3 doses daily. Perfect abstinence and cold bathing help us in the cure.

Anæmia from too long nursing needs *China* 1, or *Phosph.-ac.* 1; for the debility, *Calc.-c.* 6, or *Pulsat.* 3; for the anæmia, *Phosph.* 3; for simultaneous oppression of the chest, *Sepia* 6; for simultaneous benign blenorrhœa vaginæ, *Ferrum-lact.* or *met.* 1, for high grades of anæmia. Weaning of the child and a strengthening diet are self-evident indications.

Anæmia after profuse suppuration, with prevailing debility and emaciation, and when hydræmia is already present, needs: *Arsen.* 3; with fistulous ulcers, *Silic.* 6; with glandular suppuration, *Hep.-sulph.* 3, *Iod.* 3, or *Silic.* 6; with long-lasting caries, *Silic.* 6, *Asa.-fæt.* 3, or *Lycopod.* 6; with suppuration of the skin, *Hep.* 3, or *Silic.*

Anæmia from excessive sweating will be removed by *China* 1, or *Phosph.* 3, sometimes by *Calc.-c.* 6; recommending also the sponging of the body twice daily with vinegar or diluted



alcohol; most appropriate we find for sponging, a Phosphor-dilution. Phosph. 1 dil., 1 drachm to 6 ʒ water.

Anæmia from excessive diarrhœa and after abuse of purgatives, with simultaneous emaciation, loss of strength and great tendency to relapses, may be removed by *Arsen.* 3; should a high degree of anæmia be already present, with quick and small pulse and audible humming in the veins, we rely on: *Ferr.-acet.* or *Sulphuric.* 1; two or three doses a day.

In anæmia from too frequent (nervous) vomiting, *Arsen.* 3, never refuses its aid.

Anæmia from protracted ptyalism, as *e. g.* in stomatitis or glossitis, will be most easily removed by *China* 1, or *Chin.-sulph.* 1.

Anæmia from excessive loss of strength may be caused by corporeal or mental over-exertions; if from the former, as from hard work, long and forced marches, running, &c., *Arnica* 1, a dose every two hours, sponging with the same remedy and absolute rest will restore the equilibrium. *Ruta* may be given in the same dose and form. *Rhus-tox.* is only indicated when the tired extremities feel like paralyzed and every motion is difficult. Anæmia from extensive mental labor needs *Nux-vom.* 3, *Calc.-carb.* 6; or, in stubborn cases, *Sepia* 6, for its removal; anæmia in consequence of nervous sleeplessness, is always connected with an erethismus of the brain, and *Cocculus*, *Nux-vom.*, or *Ignat.* 3, are able to remove such a state.

Consecutive anæmias, where the consumption of red blood-corpules is normal, but their reparation insufficient and scanty, as from insufficient quantity and poor quality of the food, from fasting, hunger-cure, and from bad climatic or atmospheric influences, moist and stagnant air, unhealthy habitations, depressing affections, &c., need only a suitable dietetic and palliative treatment for their removal. Consecutive anæmias from the continued effect of metals, or from the abuse of medicaments, require dietetic as well as antidotary measures. In the choice of different antidotary remedies we select the one corresponding the most to the totality of the symptoms.

#### ANÆMIA SECONDARIA.

It always accompanies other diseased states, and is alone caused by them, and in its treatment we have only to take care of the fundamental disease.

The most frequent of these fundamental diseases is the *tuberculosis*. The hereditariness, the state of health during childhood and in the years of puberty, previous diseases and a strict physical examination may aid us in the diagnosis. The habitus tuberculosus, hæmoptoe from time to time, hoarseness and weakly constitution do not justify us alone to infer tuberculosis; as such symptoms are always present during the course of other diseased states. The treatment of tuberculosis we have stated in its own place. If chlorosis is present at the same time, the anti-tuberculosis treatment holds the first place. With an amelioration in the sanguification the chlorosis is also removed in most cases, and if some traces still remain, a mild ferruginous treatment will be in its place.

A similar treatment is required when we have to deal with constitutional syphilis, or a carcinomatous diathesis. We cure at first the original disease, if possible, and only when the symptoms of chlorosis still persist, we induce an antichlorotic treatment, which succeeds frequently in the presence of syphilis, but is very doubtful in carcinoma.

Anæmia caused by diseases of the heart, lungs or glands, by morbus Brightii, or diabetes mellitus, by a perforating ulcer of the stomach, &c., requires the treatment of the original disease.

Anæmia from polyuria has never been successfully treated by Iron, but Arsenicum will remove both diseased states, even if hydræmia should already be present. S. L.

ARTICLE IV.—*The Modus Operandi of Medicine in Curing Disease.* An Argument read before the Kings County Homœopathic Medical Society. By W. WRIGHT, M.D.

*Resolved*, That, while the doctrine of "*Similia similibus curantur*" is true, that of "curing natural diseases by creating similar artificial drug ones" is *not true*, and ought not therefore to be received by the Profession. By Dr. W. WRIGHT, March, 1868.

Mr. President—The *modus operandi* of medicines, or the precise manner in which drugs cure disease, may, possibly, be

of less importance to the physician, than the question: "What drugs or medicines will most certainly and effectually do it?" And yet, so much may, and undoubtedly does depend upon the question: "*How do they do it?*" that no intelligent physician can well be satisfied with anything less than the full measure of knowledge which the light of science has, or may shed upon the subject.

In the confident hope and expectation that a frank and full discussion of this question could not well fail of throwing some new light upon the great question, "How do drugs cure disease?" I have introduced this resolution, which necessarily leads to its contemplation.

My position in this discussion is, that diseases which arise spontaneously, or from dynamic or hidden causes, or, in other words, which "come of themselves," are not cured, as "*the rule,*" by "the creation of other and artificial drug ones," using the word DISEASE in its commonly accepted and only legitimate sense.

That *disease* is not *health*, nor *health disease*, I suppose is not only well understood, but will be admitted by all. And I think that I shall be justified in assuming, that "*Disease no more tends to the promotion of health, than health does to the production of disease!*"

But what is *Health*, and what *Disease*?

"*Health*" is defined by Webster, our great lexicographer, to be "That state of an animal or living body in which the parts are sound, well organized and disposed, and, in which they all perform freely their natural functions." And "*Disease,*" the same author defines to be, "Any deviation from health in function or structure; the cause of pain or uneasiness; distress; malady; sickness; disorder. Any state of a living body in which the natural functions of the organs are interrupted or disturbed, either by defective or preternatural action," &c., &c.

Health, then, we may, in short, define to be *that state or condition of the living animal organism in which all the parts perform their several functions so as best to conserve and promote the end for which they were created.* While *Disease* may be defined to be, *that deviation from this normal condition*

*which interrupts or impairs the regular and natural workings of this living organism, so as to prevent and endanger the end for which its several parts were created.*

The tendency, therefore, of the *one* is to *perfect* and *perpetuate* ; while that of the other is to *pervert* and *destroy*.

But, it has been assumed in this discussion, if I have correctly comprehended the argument, that "all disturbances of the vital forces produced by the action of drugs, constitute *disease*," regardless of the question whether those disturbances tend to the *perfection* or to the *destruction* of our organism !

That all medicinal agents are capable of producing more or less "disturbances of the vital forces" is probably true ; and it is also undoubtedly true that attenuations of drugs carried to a point quite beyond their power of producing any *sensible* "interruption or impairment" of the natural and regular functions of the organs of the living body, may be, nevertheless, eminently curative in disease. In fact, this is one of the cardinal doctrines of our school of medicine ; and one to which we triumphantly point as corroborative of our theory, and a justification of, or an apology for, the infinitesimal doses which we often administer, and upon which we rely in our practice for our cures.

But, to assume that "every disturbance of the vital forces," *curative* as well as *morbific*, is disease,—is but confounding language, and rendering our somewhat metaphysical science still more metaphysical and obscure.

In this definition given of disease, it is not said, or even intimated, that "all changes of these vital forces constitute disease ;" but, on the contrary, it is affirmed that, "any alteration or departure from a state of health constitutes disease ;" thereby implying that there can be but two states or conditions of the system, viz. : *Health* and *Disease*, and that any departure from the one, must necessarily tend to, and result in the other.

Now, as I said before, the confounding of that "disturbance, or change of the vital forces," which takes place in the living organism, in passing from a morbid condition to one of health with that other, and diametrically opposite one which takes place in passing from a state of perfect health and soundness

to one of disease, and then characterizing them both with one and the same name—that of “DISEASE,” is but confounding language, and rendering confusion worse confounded!

But, that some “disturbance” of action, or change of the “vital forces” in disease, is essential to a cure, or a restoration of the body to health, is undoubtedly true; but whether that “disturbance” shall be denominated DISEASE, or not, will depend entirely upon the question, whether it is conservative of that condition of the animal organism which tends to its “perfection and perpetuation”—or, to its “perversion and destruction.” Let our allopathic friends, therefore, who seem to be the especial advocates of the doctrine, that “disease can only be cured by the creation of disease,” have all the glory and honor of a doctrine so unphilosophical and absurd as this.

That diseases are sometimes cured by the administration of drugs, is a common belief and claim of all medical men, no matter to what school of medicine they may belong. That the theory, as well as the mode by which these drugs are administered, and supposed to operate, by the different schools of medicine, are widely diversified, and sometimes in direct conflict with each other, is neither to be disguised nor denied. But the fact that patients do get well, under all kinds and shades of treatment, *both good and bad*, is no proof, of itself, that there is no *law* of cure; but only demonstrates how much abuse and violence may be perpetrated upon this poor body of ours, and we yet live. Many a remarkable cure has been nothing less than a remarkable escape!

But, aside from drug cures, we must all admit, that many diseases are cured of themselves, or, in other words, spontaneously, without the intervention of any drug action. The question then naturally arises: By what *rule* or *law* are *such* cures effected? Certainly not by the substitution of a new “drug disease,” for, in such cases, no drugs have been administered! By what *law* are they then cured? That nature works by fixed and uniform laws in accomplishing her great designs, is a truth everywhere recognized by scientific men, and by none, in its application to our profession, more than by homœopathic physicians. In fact this is a great cardinal doctrine of our school, and I hardly need add, constitutes the very *basis* of its claim to the dignity of a science.

For myself, I do not suppose then, that the *modus operandi* of nature, or the so called "vital forces," when spontaneously working out a cure, are governed by any other law, or work in any other manner, in effecting such cure, than do those same forces when prompted, or aided, if you please, by the curative action or "*forces*" of drugs. If, therefore, one disease is to be cured by the substitution of another, or, in other words, if "*the law of cure,*" which is allowed to be *uniform* as well as *universal*, be that one disease is cured *only by the substitution of another*,—then it would follow, as a natural sequence of this disease-substituting philosophy—that nature should cure her dynamic diseases by the substitution, or creation, in each case, of another—an artificial drug one; which, according to the advocates of this system, must always be "more powerful than the dynamic or primary one!" But, by what process this new, and so-called curative drug-disease is created, or by what process it is, itself, to be eradicated, it is difficult to determine.

Notwithstanding, therefore, the positive manner in which this doctrine of "curing disease by the creation of new and similar artificial drug ones," is urged by Dr. Wells, or those of his particular school, I must here insist upon it, that the example which unassisted nature sets us, in her mode of curing or eradicating disease from the animal economy, is the true *modus operandi* of cure. And if that be, *not* by the substitution of a new and medicinal disease,—but by the simple health-restoring process of that law of the animal economy, which was graciously given to it by the Allwise Creator, who made all things "good;" and which has not inappropriately been denominated the "*vis medicatrix natura,*"—then we are safe in the conclusion, nay our proof amounts to a perfect *demonstration*, that diseases are NOT CURED, or, at least that "THE LAW OF CURE" is not that of the substitution of a new or drug disease, for that of the natural, which we would remove!

Is it said, that such spontaneous cures are the result of "a new and changed action of the vital forces," which amounts to a new disease? While admitting, as I have already done that there is undoubtedly a "a new and changed action of the

vital forces," in the restoration of the body from a state of disease to one of health, I emphatically deny that such changed action of the "vital forces" can, with any regard to the proprieties of language, be called disease. And, 1st, on the ground that, in this change, there is no evidence to be found of any such intervention in spontaneous cures; and 2d, because we have no knowledge that nature has the power of interposing any such disease; and, 3d, because it cannot be shown that there is any wisdom, analogy or necessity for any such interposition or intervention.

From what has been said, therefore, in regard to the uniformity and universality of "*the law of cure*;" and from what has been said in regard to spontaneous cures; we conclude, and we think this conclusion is based, not only on sound philosophy, but upon the dictates of sound common sense, that when the curative process is aided by the use of drugs, (though I do not admit or believe that there are any such *absolute medicinal cures*,) *such cures involve no new principle, but are governed and controlled by the same law precisely as in spontaneous cures.* One absolute, unchangeable, uniform law governing in both instances;—call it, "*vis medicatrix natura*," "*vis vitæ*," or "*vital principle*," or "*force*." The removal of a fallen tree, or of a spiked rail-road tie from a rail-road track, never yet propelled a train of cars, or brought it to its intended depot; though, without such removal, it might never have reached there. So, a judicious use of appropriate medicines may sometimes be necessary to remove the obstructions which "*interrupt or impair*" the healthy action of the several functions of the living organism; yet, *they can never give, nor impart health, but in this negative manner.*

Hence, we go a step further, and maintain, that were it not for the already existence of this *inherent vital power of nature* in the animal organism to restore itself,—to throw off that which is offensive and deleterious—(whether it be *matter* or "*force*"—to restore its impaired organization as well as function, wherever and however deranged, either by external or internal, sensible or insensible violence; *no such power or capacity could be imparted to it, or created by the action of any drug that we might choose to administer!* We may not

create, but we can invigorate; we may not give new powers, but we may revive and strengthen old and dormant ones; we may not give new springs of action, but we may retemper and give new life and elasticity to old and emaciated ones.

But, not only does the fact, that many diseases are cured *spontaneously*, *i. e.* without the aid of medicine, prove the correctness of my position, that "natural diseases are not cured, as *"the rule,"* by the substitution of new or artificial drug diseases; but all those cures which are the result of "sudden emotion," either physical or mental;\* as well as those produced by that new, and somewhat rapidly growing system, denominated "The Movement Cure," in all of which the idea of a "drug-disease-intervention" is entirely excluded,—equally tend to prove it.

Let me here illustrate, by an example or two. A child is suddenly taken ill, by what is often a very distressing, if not dangerous malady; *viz.*: Hiccough. Various remedies are tried to arrest the disease—but *to no purpose*. Suddenly a violent emotion is excited in the mind of the patient, of hope, or, it may be of fear, and the hiccough is ended. An adult is attacked with the same malady, and he takes nine swallows of water in quick succession, and *his* hiccough is ended! Did the hope, the fear, the nine swallows of Ridgewood, cure, either by virtue of any pathogenetic power which either possessed of producing analagous symptoms, or by virtue of actually producing "an artificial analogous disease, a little "more powerful than the natural disease which they cured?"

A strong mental emotion has been known to cure a case of chronic rheumatism, which had resisted all forms of medicine; and yet, who will say that the pains and stiffness of the joints and limbs in rheumatism, are, or ever can be produced by a simple exercise of the will, or by any mental emotion of the patient?

An alarm of fire has sent a helpless bed-ridden patient of years from her couch and the burning building which had sheltered her, so hastily as scarcely to be exceeded by the

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\* See Dr. Wells' remarkable cure of an old negress, "quicker than lightning," in the 14th No. of the IV. Vol. of the U. S. Med. & Surg. Journal. Chicago, 1869.



more fortunate of her household! Was this cure the result of a "drug disease analogous to that under which the patient labored," only "a little more powerful?" A violent case of sciatica was cured by the excitement produced by an "expected consultation," though it had resisted the best medical skill and all the appliances, external and internal which that skill could devise, *up to the very hour of that expected consultation!* And, although the consultation failed to be held, according to appointment, *the disease never returned!*

Illustrations of a like character might be cited *ad infinitum*, were it deemed essential to this argument; all going to establish the fact, that both structural and functional, acute and chronic diseases may be, and often are, promptly, effectually and permanently eradicated from the system without the intervention of any artificial medicinal disease, either analogous to the natural, or otherwise; but by means of appliances utterly incapable of producing any such analogous symptoms.

Will our opponents ignore these facts? or will they admit them, and then deny their pertinency to the question at issue? For my part, I do not see how they can either be denied or reconciled with their system or theory of cure.

But, more than this, some diseases are readily cured by the administration of massive doses of medicine, whose pathogenesis does *not* correspond with the symptoms, or peculiar features of the disease which they cure. Tart-emetic, Ipecacuanha, Sul-zinc, mustard, and many other medicinal agents that will produce free emesis, are pretty sure to suddenly arrest hysterical convulsions when all other remedies may have failed. Chronic intermittents, that have resisted Bark, Sul-quinine, Arsenic, &c., &c., in the hands of allopathic physicians, have been, nevertheless, suddenly arrested by drinking a glass of wine from a human skull. Now, no one will pretend, that in either of these cases, any medicinal virtue is to be attributed to the agent used; but all will readily ascribe it, without hesitation, to the peculiar and violent shock given to the system; in the one case, by the act of vomiting; and in the other, to the strong mental emotion of disgust at the idea of such a sacrilegious use of the human skull.

But the processes of nature in effecting the removal of dis-

ease,—“*spontaneous*,” “*emotional*,” or by the “movement cure,” furnish not the only evidence of the truth of my position on this question. For, although it has been asserted, in this discussion, that “drugs cannot be so far attenuated as to be incapable of producing medicinal diseases in the healthy human organism,” I have no hesitation in affirming that such assertions “stand on no shadow of a demonstrated foundation” of fact or argument to support them. The fact that many of the prominent articles of medicine used in our system of practice with the happiest results, are taken from the list of articles which enter into, and constitute no small share of our daily food,\* and which, consequently, must be taken in much larger quantities than can be administered medicinally, without ever producing the first visible symptom of a “drug disease,” is proof positive that drugs, or medicinal agents, not only may be so used or taken, as to be incapable of producing medicinal diseases in the healthy human organism, but to lead us to question their power of creating such diseases when administered homœopathically, even in the preternaturally increased susceptibility of the nervous tissues in disease.

It might be presumed, that this organism of ours would have been so constituted by that Almighty power, to whose unchangeable and benevolent laws our friend so often appeals, even did not the history of our being establish it, that it should not be very injuriously affected by a moderate use, “as a medicine,” of those productions of nature which seem to have been designed, and which do enter into our daily food and nourishment. And that there should have been established a more harmonious relation between our bodies and the various elements by which we are surrounded, than should leave us liable to be thrown into very violent hysterics by simply touching the glass-encased attenuation of a drug, whose free and familiar daily presence, in its crude state, should fail to produce the slightest sensible impression upon our animal organism.† Nay, in the remarkable provings, or

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\* As coffee, tea, tobacco, asparagus, lettuce, &c , &c.

† Dr. P. P. Wells reports a case where a woman was thrown into violent agitation by touching a closely-corked vial of highly attenuated pellets; and, of another who had a violent attack of asthma by simply reading a letter written by an asthmatic!

rather re-provings of "Natrum-muriaticum," which has been so often referred to of late, by the dynamic theorists, it is stated that, "Dr. Spohn went so far as to take several ounces of that drug, at a dose, and he got no symptoms at all." [See Transactions American Institute Homœopathy, 1868, p. 31.] If "Dr. Spohn got no symptoms at all," then this remarkable case, and I admit that as reported, it is a *very* remarkable one; instead of disproving, goes fully to establish the truth of my position on this subject, viz.: that drugs *may* be taken, in such form or quantities as shall be incapable of producing any sensible medical disease or *morbid* action upon the healthy living animal organism; and yet, in other forms, and under other circumstances, prove highly curative. And it matters not to the force of the argument, whether that form be the crude or the highly attenuated. And here I may be permitted to remark, that I am not aware of any higher or more striking demonstration of the wisdom and goodness of God in man's creation, than is to be found in that peculiarly happy and perfect adaptation of his physical and moral natures to the objects and circumstances by which he is surrounded. The very air which he breathes; the fragrance of the flowers which he inhales; the gushing springs at which he slakes his thirst; the music of the birds which greets his ears; the various fruits of the earth which constitute so large a portion of his daily food; as well as the light of day, and even the soothing stillness of the night,—all—all are made subservient to his wants, and happily minister to his comfort, and add to his joys; so that the few exceptions may, instead of impairing, be said to strengthen and confirm the rule. Is it probable then, that in a state of health,—a state in which all the several organs and functions of the body are in full and vigorous health or play,—that this organism can be thrown into violent agitation; its natural and regular functions become morbidly "interrupted and impaired" by the 10th or ten thousandth part of an atom of matter—drug or otherwise—which may be, and daily is handled, inhaled, or perhaps taken into the stomach as an essential part of our food, without producing the first evidence of mischief?

But while I fully admit and believe, that drugs may, and

do prove highly curative in disease when too highly attenuated to produce any of their pathogenetic effects upon the *healthy*, yet this is owing entirely to the highly increased, may I not say, to the preternaturally increased susceptibility of the nervous tissues in disease. And, although it may be true, that such drugs, in their crude state, are capable of producing symptoms analagous to those diseases which their attenuations do cure; yet, it does not follow, therefore, as a sequence, that they do cure by virtue of *actually producing such drug symptoms or disease*.

The evidence of the presence of a dynamic disease is never wanting, either to patient or physician. And although sometimes, perhaps, a little obscure, nevertheless the evidence is still there. Were it true then that we cure dynamic diseases by the substitution of new drug ones, which, it is claimed, must always be "more powerful than the dynamic," should we not have the same unmistakable evidence of the existence of such new creation, as we had of the less powerful one of nature which we were called upon to cure? And, ought not that new disease to manifest itself in some more distinct and definite form, than in the mere cessation of a pain, or the sudden suppression of a fever!

Unfortunately for the advocates of this "disease-substituting philosophy," such evidences are ever and entirely wanting, both to patient and physician, except it be in those rare cases of what is termed "Medicinal Aggravations,"\* against which practice no class of physicians more loudly protest than the very class who claim that "we cure dynamic diseases by creating new and artificial drug ones." If no tangible evidence, therefore, is furnished in our best homœopathic cures, to either patient, friend, or physician, how absurd it must be to claim such results, upon a mere hypothetical assumption! And that, because large doses of a drug *may* produce symptoms analagous to those which, in infinitesimal doses in disease, they are known to cure, therefore, it must be by superinducing such symptoms that they do cure! We do not thus reason

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\* Dr. J. F. Gray said, in my hearing, a few years since, that "he had been looking for that thing they call 'medicinal aggravation' for more than twenty years, but he never yet had found it."

upon other subjects, nor do we assume, as a basis of argument, that what possibly might be, *therefore is*. Such a system of reasoning, it seems to me, is quite too puerile to be urged by any man of sense, for both its major and minor propositions being assertions which stand on no demonstrated foundation, do indeed constitute a pitiable example of that weakest of all resorts in argument, called "begging the question."

I have already defined what is meant and everywhere understood by the term *disease*. And its application or use is not to be influenced by the *cause*, or the *object* for which it has been produced. We have not two classes of *disease*, the one tending to the destruction of the organism, and the other to its conservation, as the will of the patient or the physician may choose. Disease is disease, whether dynamic or artificial, and no man can make anything less or more of it.

Taking this definition then of disease, let me ask, what else is there in all the works of nature, or in the operation of her laws, which should lead us to the conclusion, that "the interruption" or "impairment" of her laws can only be remedied or cured by the creation of some other and new "artificial interruption and impairment" of those laws, only a little "more powerful," whether analogous to or otherwise? In diseases of the vegetable kingdom, all that is essential to a cure, so far as cure is possible, is simply to remove the offending cause—when the inherent laws and "vital forces" of vegetable life will do the rest. Why may not, let me ask, the removal of the offending cause—be it mechanical, chemical or atmospheric—and the aiding, where necessary, the "interrupted" or "impaired" powers of nature, be all that is required in the animal economy to work out a cure as well?

We find this truth strikingly illustrated in all those casualties which primarily effect our physical organization; whether in the form of wounds or fractures. And, as a general rule here, as well as in the vegetable kingdom, we find that all that is necessary for the surgeon to do is to bring the parts into perfect juxtaposition, and retain them there, and *nature will do the rest*. Are the laws which govern the structure of our bodies, and the repairing of mechanical injuries done to its integrity, different from those which control the healing of

those lesions wrought by dynamic causes? Must one be cured by creating a new and "artificial drug disease," while the other is in fact cured by letting it alone! If so, the advocates of this disease-substituting-philosophy will please tell us *how and why?* For my part I cannot but regard the two processes as *one and the same*; and believe that the one, no less than the other, is but "*the law of our being*;" and no sophistry or modern transcendentalism can make it otherwise or disprove it.

The process of digestion and assimilation, by which both plants and animals are nourished and increased in bulk and strength, and by which their full maturity is developed and perpetuated, so far as we can judge, is but a pleasurable—certainly a healthy process—neither requiring nor admitting of any very considerable "impairment or interruption" of the established laws of their organization. Why then, let me again ask, should it be deemed essential, or even for a moment thought to be consistent or tolerable, that when such "interruption or impairment" does take place, by some "irregularity of the non-naturals," as Prof. Tully used to say, some other artificial drug "interruption or impairment" of the same organs or functions, only "a little more powerful" than the dynamic or natural disease, should be essential to a full restoration of the diseased organism. I confess that, for the life of me, I can perceive of no necessity, no sound philosophy for such an idea or assumption; and, I do not believe that such a doctrine can be maintained, either by the presentation of any well attested facts—by sound reasoning based on legitimate premises—or by an appeal to that analogy which is known to exist between animal and vegetable life.

Nature, it is well known, works by fixed as well as uniform laws. The process of vegetable and animal life—their propagation, development and preservation—are all provided for in the laws of their organization, and are the same now as at the beginning. Power is given to the one as well as to the other to select from the various elements by which they are surrounded, those materials, *and those only*, which are capable of being taken up, and by a process of their own—which we can neither give nor understand—assimilate those materials to the

body thus absorbing them, by which their growth is promoted, their strength increased, and the end of their being fully accomplished. God has given to "every seed its own body"—it may chance of wheat or of some other grain—but to each "its own body;" and has, just as certainly, established within them the laws of their own development. Even the atomic theory of mineral organization is fixed and unalterable. The various combinations which are met with in the mineral kingdom are *not* the result of chance. In the formation of all crystals, the union of each individual specimen or class is always the same, and in definite and fixed quantities; so that the character and combination of the various salts may be known by the very form of their crystalization. If thus He who created all things and pronounced them "good," has deemed it wise and proper to establish fixed and immutable laws to govern the very atoms which go to make up *organic matter*, how much more probable is it that He should have established fixed and unchanging laws by which the process of nature shall be so carried on as to *secure*, and *perfect*, and *perpetuate* that higher creation of His organic living matter!

ARTICLE V.—*Wonders of the Heart's Action.* By Dr. MICHAEL FOSTER.

It never "begins" to beat.

WHEN a physiologist in his search after the hidden cause of some secret motion, finds a ganglion, he cries, "Eureka!" and generally folds his hands as if his work was done. In the case of the heart, however, we may venture to go a little further, and ask the question, In what way, or by what means, are the ganglia the cause of the heart's spontaneous beat? Is it that a stimulus, a disturbance, periodically arises in the substance of the potent, active nerve-cells, and then hurries down to the muscular fibre as a nervous impulse causing it to contract? Or, is it that the stimulus arises in the substance of the muscular fibre, or, if you will, that, like the cilia, the heart-fibres, periodically overflow with energy, and burst out in action of their own accord from time to time, but that a conjunction with nerve-cells is, in some way or other, necessary for the

well-being and perfect work of the muscle, such as would insure the periodical rise of a stimulus or overflow of energy?

The first view is the one most generally adopted by physiologists, and the one which fits in most easily with our ordinary conceptions. Nevertheless there are some facts which make me rather cling to the second of these two hypotheses. The lower two-thirds of the ventricle has, as I said, no power of spontaneous pulsation. In this it resembles ordinary muscle; and yet the bit of heart is something more than ordinary muscle. For if you apply to it the interrupted galvanic current, it will not, like an ordinary muscle, be thrown into a single prolonged spasm of contraction, lasting so long as the current continues to act, but will begin a rhythmic beat, at first somewhat irregularly; afterward with very considerable regularity, beat and pause alternately in due order, so long as the current is applied. It would seem, then, that there was in this bit of ventricle what there is not in ordinary muscle, some mechanism, some provision for the rhythmic beat, a mechanism which requires, however, to be set going, and to be kept going by the galvanic current. In the whole ventricle, or the whole heart, we may imagine the mechanism set going, and kept going by the nerve-cells. In either case, whichever of the two hypotheses we adopt, whether we imagine the cause of the rhythmic beat to be seated wholly in the ganglia or partly in the muscle, the cause itself is not any outward thing, but is fixed in the structures themselves, is part and parcel of their very life.

The stimulus, if we would still continue to use the word, is an outcome of that molecular travail of the heart which we call its nutrition. One might naturally suppose that particular factors of nutrition, certain special chemical or physical changes, might have this power allotted to them. It has been suggested, for instance, that a stimulus is afforded by the heaping up of decomposing oxygen-needing substances, which in turn are decomposed, oxydized, or otherwise got rid of by the action of contraction. All such secondary explanations, however, have hitherto been found wanting when carefully tested. All we can say at the present time, at all events, is, the heart grows, is nourished in such a way, the movements of its mole-



cules, as they ascend and descend the ladder of life, are such that, from time to time, the heart falls into a contraction and gives a beat. That is one fact to which I wish to call your attention—the deeply-rooted and complex nature of the heart's beat. The heart beats of itself, its spring of action is within itself. We have taken the frog's heart as our example, but the conclusion holds good of all hearts whatsoever. Another fact, no less important is, that notwithstanding this, or rather we should say, perhaps, because of this, the beat of the heart is influenced by things outside of it, in its character, its form, its rate, its force, in countless ways, and to every degree.

Out of the body you see this tortoise's heart has been beating, and now is beating with a steady stroke, gradually waning in force and scope, and lessening in speed as it continues to encroach on its store of gathered beat.

Yet even out of the body it may be influenced in divers ways. I can tell by the way in which it is now beating, steady though its stroke is, that it feels both the increased temperature of this room, and the augmenting impurity of the air. And you can see that, by slightly warming the little basin in which it is placed, I can at once alter exceedingly the character and rhythm of the stroke, and make the heart palpitate instead of beat. Were I to apply cold instead of warmth, another, a different modification would result. Were I to apply a galvanic current, according to the position of my electrodes, and according to the strength of current I applied, I might make it beat quick or slow, weak or strong, or might stop it altogether.

Out of the body, then, the heart is subject to manifold influences. Within the body, it is so sensitive to change, that it becomes the index of the body's state. The doctor feels the pulse to know how the patient is. I can do no more than briefly indicate a few of the ways by which the heart may be affected. It may be affected through the nerves. I spoke of the frog having only one pair of nerves going to the heart. Our own hearts have at least two. Impulses travelling along one of them (the so-called *pneumogastric*) toward the heart make it beat slow, or stop altogether. Such impulses, so travelling, are part of the mechanism of fainting. Along the

other kind of nerve (the so-called *sympathetic* branches) impulses, originating by whatever means, end in a quickening of the beat. They make the heart palpitate.

The heart may be affected by physical changes: the mere stretching of its walls, the mere distention of its cavities, modifies the inner swing of the muscular molecules, and hurries on a beat which otherwise would have taken a longer time in coming. This effect of stretching may be beautifully seen in the tender, delicate hearts of mollusks, as, for instance, in that of the common snail. The heart of a frog, or of a mammal, is choked when you tie up its vessels. Not so the snail's heart. By tying its aorta you do no more than put the walls of the heart on the stretch, and the result is a marked increase in the force and rate of the beat. Although the filling of the heart's cavities with blood cannot, as we have seen, be regarded as the essential cause of the beat, we must not forget that the inrush of fluid may be a supplementary cause, and may especially contribute to bring about the stroke of the ventricle, or auricle, just when it is wanted, namely, when the cavity is full.

The heart's beat may be affected by chemical means. What we call its nutrition is just a crowd of chemical action and reactions, and any strange reagent, thrown into the laboratory, will tell in some way or other. As the blood courses through the capillaries of the heart's flesh, the material of the fibre feels the presence in the blood of strange things, such as alcohol or poisons, or the elements of maladies, just as it feels the richness or poverty of the blood in the ordinary stuff needed for nutrition, and the beat is altered to match.

All these things, all these causes and changes, act upon the heart, not directly, as a stimulus acts directly on an ordinary muscle, but indirectly, by modifying, in ways to us at present obscure enough, the natural order of its molecular changes. If I might be permitted the use of a mathematical illustration, I would venture to speak of the beat of the heart as some power, say the  $n$ th power of ordinary muscular contraction, the value of  $n$  being determined by the personal energy of the heart's nutritive processes. The effect of everything that touches the heart is multiplied by the intensity of the heart's own changes. Hence it is that it is so sensitive—so true and

quick an index of the body's state. Hence, also, it is that it never wearies. Let me remind you of the work done by our hearts in a day. A man's total outward work, his whole effect upon the world, in twenty-four hours, has been reckoned at about three hundred and fifty foot-tons. That may be taken as a good "hard day's work." During the same time, the heart has been working at the rate of one hundred and twenty foot-tons. That is to say, if all the pulses of a day and night could be concentrated and welded into one great throb, that throb would be enough to throw a ton of iron one hundred and twenty feet into the air. And yet the heart is never weary.

Many of us are tired after but feeble labors; few of us can hold a poker out at arm's length without, after a few minutes, dropping it. But a healthy heart, and many an unsound heart, too—though sometimes you can tell in the evening, by its stroke, that it has been vexed during the day, that it has been thrown off its balance by the turmoils and worries of life—goes on beating through the night while we are asleep, and, when we awake in the morning, we find it at work, fresh as if it had only just begun to beat. It does this because upon each stroke of work there follows a period, a brief but a real period of rest; because the next stroke which comes is but the natural sequence of that rest, and made to match it; because, in fact, each beat is, in force, in scope, in character, in every thing, the simple expression of the heart's own energy and state.

In the heart, then, we find—what we also found in the ciliate cell and in the protoplasmic corpuscle—an organ enjoying spontaneous movement, whose spring of action is within itself, the outcome of its own internal molecular changes. Like those of cilia, the movements of the heart are directed to some special end—in its case, to carry blood throughout the body. Unlike that of cilia, this purpose is grandly complex. The heart has to adapt itself to all the shifting moods of all parts of the body of which it is a member, and hence, infinitely more than are cilia, is it subject to countless influences from within and from without. And yet the heart is a muscle, having a definite muscular structure, like that of an ordinary muscle.

In work, it stands midway between protoplasm and muscle. The waves of its contractions move along its fibres in one direction only. It has lost the all-sidedness of protoplasm. But, unlike ordinary muscle, it retains the spontaneity of protoplasm. Corresponding to this quality of work may be noticed certain characters of structure. Though the heart is composed of striated fibres, its fibres are more cell-like than those of ordinary muscle. Striations are not so well marked—indeed, are often exceedingly obscure; the flexible, elastic fibre-sheath (the so-called *sarcolemma*) is absent; the substance of the fibre is often granular. In fact, in many respects, the muscular tissue of the heart, compared with ordinary muscular tissue, still retains many of its primordial protoplasmic features.

The essential unity of the rhythmic beat of the heart, and the amœboid movement of protoplasm, are well shown by the history of the new-born heart. In the chick growing within the egg the heart begins to beat very early, while as yet it is built up of nothing but protoplasmic cells.

Many authors, over-jealous, as it seems to me, for the prerogative of nerve-cells, find satisfaction in affirming that these constituent cells of the young heart, though apparently alike in structure, are various, some being potentially nerve-cells, others potentially muscle. To my mind, each and every cell is not only potentially but actually both nerve and muscle. So long as they are still cells, that is, still tiny masses of untransformed protoplasm, each enjoys all the powers of life. What befalls them afterward is not gain, but limitation and loss. Some cells lose the power to move, and so become nerve-cells; other cells lose (to a great extent, at least) the power to originate impulses, and so become muscular.

Very interesting is it to watch how the slow, irregular, drawling movements of the primordial protoplasm are gradually transformed and gathered up into the sharp, short stroke of the heart's beat. We speak, in common language, of the heart of the chick as beginning to beat on the second or third day of incubation. It is then that its beat becomes obvious to our senses as a beat. But, in reality, it never does *begin* to beat. There is no sharp line of demarcation between the protoplasmic crawl and the true rhythmic spasm; the one, little

by little, merges into the other. To borrow an illustration from music, it might naturally be imagined that the matter took place in this wise: We might fancy that the tiny cells were marshalled in their places round the cavity of the heart, as musicians are marshalled in an orchestra, fully equipped with powers of rhythmic pulsation, but quiet and inactive; and then, that at a wave of the wand of the great conductor, at the moment when fuller life was breathed into every cell, all struck up in unison with the heart-beat. We might fancy, I say, that this was how the first stroke was wrought. But it is not so. To gain a truer image of the process, we must think of ourselves as listening with eagerness, a long way off, to a multitude of performers assembling together, each playing on the same instrument, but playing in a different way, though all trying to learn the same tune, and all gradually drawing near to us. As we listen to them with stretched ear, coming nearer and nearer; and, as at each moment more and more performers fall in to the one proper tune, the initial discordant noise as it gathers in intensity, also gradually puts on a definite form, and at last there comes a moment when we say, "Now I hear them! now they have the tune!" So it is with the growing heart. Looking at it earnestly with the microscope, we may fancy ourselves witnesses of how the cells, as they assemble together, little by little exchange the all-sided flow of protoplasm for the limited throb of a muscular contraction, gaining in force what they lose in form. And so there will come a moment when we can say, "Now I can see it beat;" though, in reality, it has been beating a long time before.

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ARTICLE VI.—*Cases reported from the Poughkeepsie Dispensary.* By EDWARD W. AVERY, A.M., M.D.

FEB. 17th. Mary —, single, American. Sharp pains over left ovary during past four menstrual periods. Now flowing pains throughout the whole of the abdomen. Ache, dull, in the forehead for weeks. Gulps up wind after eating. Leucorrhœa two years. Since commenced had less menses, Nux-vomica, 1st, and Colocynthis, 1st, alternately.

Feb. 24th. Menorrhagia during past few days. Pains shooting from left ovary to right; also constant pains over left ovary with tenderness on pressure. Chamomilla, 1st.

March 4th. Entirely relieved.

March 11th. Bridget D—, Irish, married. There was since miscarriage, some sharp pains in hypogastric. Frequently commence in stomach and extend to left iliac, thence to right; starting from stomach, pains shoot to left shoulder blade. Pressing with some soreness in iliac of left side. All worse when sitting. Dyspnœa at times. Nausea and burning in stomach. During aggravation of pains canine appetite with gnawing sensation. Aconite, 1st, and Rhus-tox. 1st.

May 3d, discharged cured.

April 1st. Wm. Z—, 37 years, American. Three years ago water commenced to drop from urethra. One year ago fœces were expelled involuntarily; since then has been unable to control sphincter ani. Virile organ normal. Muscles jerk. Hesitates in speaking. Belladonna, 1st.

April 7th. No change. Pass catheter; passes to sphincter vesical without obstruction. A little pressure causes it to enter bladder with a jerk. Nearly a pint of urine escapes. After walking has sharp pains from hip to feet. Bell. again same dilution.

May 1st. No pains. Much less water escapes. Retains fœces without exertion.

#### ARTICLE VII.—*Margarettsville Retreat for the Insane.*

A very general desire on the part of many members of our profession has been frequently expressed of late years, that there might be an insane asylum established in which the adherents of our school, and their relatives and friends, could receive homœopathic treatment. The commencement of an enterprise having all the required legal advantages, has now been inaugurated.

During the recent session of the Legislature of this State, an act was passed incorporating the Margarettsville Retreat, an institution which, if sustained as it ought to be by homœopaths, will soon be made complete in all its appointments.

Its location is extremely healthful; the situation is retired from the activities of city associations; and in a few months it will be easily accessible by the Rondout and Oswego railroad. This, the first homœopathic asylum ever established, should receive the exclusive support of the homœopathic profession in this and adjacent States. Evidences of success in this institution will clearly indicate a demand on the part of the adherents of homœopathy, for the appointment of a new State asylum under homœopathic auspices. At the present time there are homœopathic physicians holding appointments in allopathic asylums, being educated as experts in this specialty, who desire situations in homœopathic institutions as soon as places can be provided.

The following report and resolution were adopted at the annual meeting of the Homœopathic Medical Society of the State of New-York, held February 10, 1869:

The Committee appointed to report upon the necessary steps to be taken for the appointment of the Margarettsville Retreat for the Insane, respectfully recommend the early establishment of an institution for the treatment of the insane, as proposed by Dr. H. Doty, of Margarettsville, Delaware County, New-York.

The Committee recommend the adoption of the following resolution:

*Resolved*, That public or private institutions under the care of homœopathic physicians or surgeons, should receive the united support of the medical profession and of the adherents of the homœopathic system of medical practice in this State.

The subjoined extracts are taken from the May number of the *Hahnemannian Monthly*:

“The treatment and care of the insane have hitherto received but little attention from homœopathic physicians, not from indifference to the subject, but because their time and energies have been devoted in a great measure to developing the *Materia Medica*. Lately, however, there has been evinced a disposition to pay more attention to other branches of professional study. Why should we longer be dependent upon allopathic hospitals for the treatment of the insane among our friends and patients? During the early years of homœopathy,

when it was struggling for existence, this was necessary, but it is so no longer. The voice of the friends of homœopathy should now be heard, not asking as a favor, but demanding as a right, representation in the medical management of State hospitals for the treatment of the insane. Wherever two or more such institutions exist in and are supported by a State, one at least, should be under the management of homœopathists. If our wives, children or friends were suffering bodily ills, we would regard it as deliberate trifling to trust them to even the most skillful allopathic physician; how much more imperatively is it our duty to provide for the proper care and treatment of those whose minds are affected? In the one case, the body alone may die; in the other, the patient may remain for years demented, and unable to appreciate or enjoy the slightest pleasures of life.

“Will not some one of our State Societies take this matter into serious consideration? A vigorous and determined effort will, beyond a doubt, succeed. If we have but a single hospital under homœopathic control, the increased favorable results of treatment will contrast so well with even the best now in vogue, that it will form a powerful leverage in effecting a radical change in the management of those who are so terribly afflicted.

“Regarding this question in its financial view, it is evidently the most economical plan to place the hospital under homœopathic care; for, although the total annual cost might be as large as under the present system, probably twice as many patients could receive treatment during the year, owing to the increased rapidity of recovery, thus greatly reducing the cost per patient in addition to the benefit that would accrue to society from the conversion of consumers into producers.

“We are glad to be able to say that a step has been taken in the right direction. In the fall of 1867, an Act in reference to the establishment of an “Asylum for the Insane in one of the Western or Southern tier of counties of this State,” was introduced into the New-York Legislature, reported favorably by the committee, and then allowed to rest. Dr. H. M. Paine, of Albany, says in the *American Homœopathic Observer*: “The failure is to be ascribed to the indifference of the pro-



fession to the political advancement of our method of practice. We hope a thorough canvass will be made this fall, and a more general interest awakened, and concentrated action secured."

"We do not know what steps have been taken, or results obtained, but trust our friends in New-York will not rest until they have attained the honor of establishing the first homœopathic hospital for the insane in the world."

Communications having reference to the affairs of the Institution, may be addressed to the Secretary, HON. DANIEL ROWLAND, or to the Superintendent, HILAN DOTY, M.D., Margaretsville, Delaware County, N.-Y.

*Laws of New-York, Chapter 378.*

AN ACT

To Incorporate the Margaretsville Retreat for the Insane. Passed April 28, 1869.

*The People of the State of New-York, represented in Senate and Assembly, do enact as follows:*

SECTION 1. John Ferris, George G. Decker, Daniel Rowland, Martin Morrison, Hilan Doty, and such others of the shareholders in the Margaretsville Retreat for the Insane as may associate with them, are hereby constituted a body corporate, by the name of the Margaretsville Retreat, with power to establish and maintain an asylum and retreat for keeping, nursing and treatment of sick insane and other persons in the town of Middletown, in the county of Delaware, State of New-York.

§ 2. The capital stock of this company shall be fifty thousand dollars, but may be increased to a sum not exceeding two hundred thousand dollars by a vote of a majority of the shareholders at any annual meeting; such capital shall be divided into shares of fifty dollars each, and shall be deemed personal property. Any person may convey said stock to such persons as may be approved by the Trustees, but no transfer shall be valid without such consent.

§ 3. The said corporation is hereby authorized and empowered to purchase, receive, hold, rent, sell, convey, lease, improve and manage real and personal estate, and to do and perform all matters of business which any individual citizen

of this State may do or perform, subject to the restrictions hereinafter provided.

§ 4. The Trustees of said corporation shall have the control and management of its property affairs and the said corporation business, and are hereby authorized to make by-laws and rules for the election of trustees and officers of the said corporation and for the management of the affairs and business of said corporation, and are hereby authorized and empowered to collect subscriptions of stock to said corporation, and to levy and collect assessments upon the shares and stockholders thereof, not in any instance exceeding twenty-five per cent. of the said stock.

§ 5. The Trustees of said corporation shall be five in number, and for the first year shall be John Ferris, Daniel Rowland, Martin Morrison, Hilan Doty and George G. Decker, who shall continue in office one year and until others shall be chosen in their places, and so from time to time the Trustees who may be elected shall continue in office until others shall be elected in their places. The election of Trustees shall be held annually. Every stockholder shall be entitled to one vote, personally or by proxy, on each share held by him, and a plurality of votes shall constitute a choice. The Trustees appointed in this act at their first meeting, and subsequently, their successors, shall appoint from their number a President, Vice-President, Secretary and Treasurer, and shall also have the power to fill all vacancies occasioned by death or otherwise.

§ 6. Deeds, contracts, leases and writings may be received, delivered and executed by the President, or other officer or officers of the said Board of Trustees as shall be provided by the by-laws of said corporation.

§ 7. The Trustees of said corporation shall appoint a Superintendent, and when necessary, one or more assistants, who shall be competent and well-educated physicians and experienced in the care and treatment of the insane. It shall be the duty of the Superintendent and his assistants to conduct the Retreat under such rules and regulations as may be adopted from time to time, in accordance with the provisions of this act, by the Board of Trustees.

§ 8. Any person may be admitted and subjected to the usual and proper restraints of an asylum on the certificate of two respectable physicians, and on the application of the nearest relatives of such person. No person shall be confined or placed in said Margaretsville Retreat, as an insane person, except upon an order of a county judge, on satisfactory proof, and all proceedings had in relation to the commitment of such person shall be filed in the County Clerk's Office of the County of Delaware, before such person shall be confined. And habitual drunkards may be received and subjected to the usual and proper restraints of an asylum on their signing a written application for admission in the presence of one or more of their nearest relatives.

§ 9. The said Retreat shall be subject to be visited by the Board of State Charities, who may examine into the condition of the said asylum and the mode and manner of the treatment of its inmates.

§ 10. It shall be the duty of the Secretary to advertise in one or more of the papers published in the county in which the Retreat is located, for at least three weeks prior thereto, a notice of all annual meetings at which Trustees are to be elected, and also to suitably notify each stockholder of the time and place at which said meetings are to be held.

§ 11. The said corporation shall possess the general powers and privileges, and be subject to the general liabilities prescribed by the third title of chapter eighteen of the first part of the Revised Statutes.

§ 12. The Legislature may at any time alter, modify or amend this act.

§ 13. This act shall take effect immediately.

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ARTICLE VIII.—*Post-Mortem Examination.* By A. H. LAIDLAW, M.D., of Hudson City, N.-J.

THE undersigned, April 8th, 1868, held a *post-mortem examination* upon the body of Mrs. S. M. C., wife of G. W. B. C., Esq., of I., N.-Y. Death had taken place upon the previous day.

The *post-mortem* extended to the *lungs, stomach, liver, spleen, kidneys and heart.*

The substance of neither *lung* was hepatized or carnified. Air was found nearly throughout both. The pleura was not inflamed and showed little or no coagulable lymph. Within both sacks of the pleura considerable serous effused fluid was found, the result of hydrothorax, which had not a local origin either in the pleura or lungs. There was no air or gas emanating from the fluid, and the effusion was inodorous.

The *stomach* was healthy, but the inner coating was reddened toward the right or pyloric orifice, caused by diuretics taken in treatment. The stomach contained nothing except a small quantity of reddish brown fluid.

The *spleen* was large, though the structure was normal.

In the *liver*, the blood was massed mainly upon the right side. Its structure was normal. A biliary crystallized calculus three-eighths of an inch in diameter was found in the gall-bladder.

The *left kidney* was nearly six inches long. The average length of that kidney in a woman is from four to four and a half inches. It was acutely inflamed throughout the cortical and medullary substance, and, at the time of death, must have been capable of performing its functions. Fatty deposits were found upon one-third of the pelvis of this kidney, and also in each of the infundibula, being mainly collected in the lower infundibulum. The substance was red, gorged with blood, swollen and somewhat easily lacerated.

The *right kidney* was of the average size. It was indurated and tumified throughout the superior two-thirds of its substance. That part of it was incapable of secretion, and must have been so for a long time. The lower third was nearly normal, and capable of secretion. Fatty deposits were found the same as in the left kidney. The symptoms of fresh or acute inflammation of this kidney were almost entirely wanting. The evidence of the commencement of one form of "Bright's Disease" were marked. Fatty degeneration had started in both kidneys.

The *heart* weighed sixteen ounces. The normal weight of a woman's heart is from eight to ten ounces. This organ was well formed, and of a dense texture, being substantially powerful and healthy. No effusion of serum had taken place either within the pericardium or endocardium.

In the *right auricle* was found a polypus attached to the endocardium, or serous membrane lining the internal surface of the heart. It measured about two inches in length, and, at the widest part, three-fourths of an inch in breadth. It was found hanging by shreds as if it had recently been almost detached, so that the larger end had passed into the auriculo-ventricular opening, thus preventing the circulation of blood through the heart. This was the cause of sudden death.

A similar polypus about one and three-fourth inches in length by three-eighths of an inch broad, was found in the *left auricle*. This one was not detached, and did not assist in producing death.

In the immediate neighborhood of the heart, the *aorta* was unusually thin. The force of the blood had been spent upon the polypus immediately below. There was no evidence of disease in any of the valves of the heart.

REMARKS.—Hydrothorax had existed as a disease during ten days. It was accompanied by anasarca. It had moderated two days previous to death. The amount of fluid in the thorax at the time of death did not account for it, nor its suddenness. Within the body were found two possible causes of the hydrothorax; these were the obstruction of circulation by the partially detached polypus and the state of the kidneys. It is impossible to decide which had precedence or greater prominence as inducing causes. Over-exertion had been the cause of both. The suddenness of death could have been caused only by the obstruction of circulation through the partially-detached polypus in the right auricle. Yet death might have resulted soon from hydrothorax or nephritis. There was no immediate danger from Bright's Disease.

ARTICLE IX.—*Pyæmia and Septicæmia.* From KAFKA'S *Hom. Therapy*, Vol. II., p. 785.

PYÆMIC foci are most frequently found in the lungs, more rarely in the liver, spleen, kidneys, in the subcutaneous cellular tissue, in the muscles, sometimes also in the brain. They are abscesses, seated usually on the periphery of the organs

and having a wedge-like form. Its point is always directed inwards, its base outwards. In the beginning they represent circumscribed hæmorrhagic infarcts, of dark-red or black-red color and of firm consistence. The blood-vessels show themselves under the microscope turgescient and full of red blood-globules. These firm places become gradually gray, discolored, soften from their centre and form abscesses, which never contain normal pus, but only dissolved fibrine, tissue-detritus and decomposed puriform serum. Virchow has clearly proved, that pure pus never produces pyæmia, but that these abscesses originate in embolia, or with other words, that the pus must be in a state of decomposition, containing dissolved fibrine, which, taken up in the circulation, produces stasis, and hence the abscesses.

*A necessary condition to the origin of pyæmia is therefore decomposition of the pus, produced by uncleanliness, bad air, crowded wards in hospitals, urinary infiltration or entrance of air in open wounds or ulcers.*

The blood in septicæmia is of a dark color and does not redden, when exposed to air. It does not coagulate at all, or only imperfectly, putrifies easily and has in most cases an acid reaction. The serum is mostly of blood-color, the blood-globules dissolved, the blood-vessels imbibed. In the body of the tissues infiltrations with dissolved hæmatin are frequently found. It originates in processes of local decomposition or from gangrene, at other times it is a sequel of contagious or miasmatic effects, as in the plague, dysentery, &c.; or matter, which ought to be carried off, remains in the system, is decomposed and produces septicæmia.

The pyæmic process begins always with a severe chill, followed by intense heat. Sometimes the chills repeat, so that we find during the fever stage renewed chills. The pulse is from the beginning rarely under a hundred, small and easily compressible. During the heat delirium appears, with restlessness, hot head, stupefaction and tendency to coma. Great debility, loss of appetite, intense thirst, dry fissured tongue, sordes on teeth, brown incrustations on lips and nostrils, aphthæ sometimes in mouth and fauces, constipation; the skin hot and dry, icteric or of ashy hue, or profuse sweats with miliary eruptions

or with numerous pustules. Bronchial catarrhs, pneumoniæ or pleurisies frequently accompany the process. Subcutaneous abscesses are frequently accompanied by erysipelas; inflammations of internal organs by severe fever and pains; suppuration of the joints by painfulness and swelling. Profuse diarrhœas, hæmorrhages, decubitus and partial paralysis frequently appear.

Pyæmia sometimes runs a very rapid course. Most frequently is this the case in puerperal fever. The patient gets shaking chills with intense fever-heat, which does not remit, delirium sets in, unconsciousness follows, they fall into a deep sopor and death ends the scene in 48-60 hours. In such cases pyæmic foci are found in the lungs or in the brain. Remissions are found in milder attacks, and the shorter the remission is, the more dangerous the case. With severe fevers internal or external inflammations are to be feared, which frequently produce fatal results. A moderate case may run its slow course during 4 or 5 weeks and convalescence is even then more tedious than in typhus. Sopor, continual diarrhœa, hæmorrhages, decubitus, paralysis of sphincters, diphtheritis of wounds are all ominous symptoms of unfavorable prognosis.

The prodroma of septicæmia consist in malaise and heaviness, dull stupefying headache, restless sleep, dull wandering pains in extremities, pressure in stomach and loins, loss of appetite with flat, bitter or foul taste, frequent chilliness with flashes of heat and partial sweats, stool and urine foul smelling. After a short while, sometimes without any prodroma a severe chill sets in, with moderate or intense fever, but always with the peculiarity of calor mordax. Adynamia of the most intense degree, as we find it in the worst cases of ileotyphus or plague, sets in. The septic symptoms appear only then, when the loss of strength is already such, that the stupid, apathic and marastic patients faint at the least attempt to change their position. The first symptom of sepsis shows itself in the foul breath; breath and perspiration have a cadaverous smell, also stools and urine. The dissolution of the blood produces spongy bleeding gums, epistaxis, vomiting of blood and bloody stools, bloody urine or hæmorrhages from vagina and uterus. Even from the corners of the eyes and from the ears septic hæmorrhages

have been observed. Petechiæ and ecchymoses are frequent on all parts of the body, and when exposed to pressure, decubitus and gangrene ensue. During the height of the disease, inflammation of the meninges, of the pleura or peritonæum set in with bloody-serous exudations, sometimes swelling of the parotids, becoming ichorous; aphthæ in mouth and fauces or articular pains with bloody-serous exudations in the joints. With continual sopor and tremor of all extremities, carpologia involuntary discharges, cold sweats and faintings, the patients die in consequence of exhaustion.

Adynamia and sepsis run a rapid course, where resorption of ichor or of gangrenous parts are the cause of it, but where they appear in consequence of a contagium or miasma or from unknown causes, prodromi are more frequent, and the intensity of the symptoms is in proportion to the intensity of the governing cause, or depends on the constitution of the patient. No remission of the fever, sudden loss of strength and early appearance of sepsis allow only a bad prognosis, still patients have slowly recovered with copious foul-smelling perspirations and copious ashy foul stools. As sequela we find a chronic debility of the whole body, obstinate disturbances in the processes of digestion and chylication, a high grade of anæmia or hectic fever, cachetic look with hydrops or marasmus.

In both diseases, the *Arsenite of Quinine* 1, finds its full indication, especially when the symptoms of adynamia are prevalent. The sepsis for itself knows no better remedy, than *Arsenicum* 3, or *Carbo-veget.* 6, steadily continued, till amendment sets in; sometimes a nervous irritability (like in febr. n. versatilis) will set in, and *Rhus-tox.* 3, a dose every hour may be preferable, even when petechiæ, bloody stools with meteorism and clammy stools are present. Against these hæmorrhages we favor *Ergotin.* 1, every two hours, or the *Sulph.*, and *Nitr.-acid* or the *Muriate of iron* 1, in very rapid doses. Continued syncope with rapid loss of strength needs *Moschus* 1 or *Camphora* 1 in hourly doses, to regain some of the lost ground.

*Pyæmia must be prevented*; abscesses must therefore be early opened, all wounds kept perfectly clean and the entrance of air prevented in both cases. The treatment of pyæmia is that



of typhus, but we would also recommend repeated sponging with diluted vinegar; and wherever pustules appear, their contents must be evacuated, in fact, wherever an abscess, large or small, shows itself, we must hasten its early evacuation.

ARTICLE X.—*Etiology and Treatment of Disease of the Organs of the Female Pelvis.* By GEO. H. TAYLOR, M.D.

THE investigation of this class of diseases from a stand-point differing from that usually assumed by the physician, has gradually led me to what I presume to be new, important, and eminently practical therapeutic results. At the suggestion of several medical friends, I therefore ask the attention of the profession to a brief statement of these conclusions, and to some of the facts and reasonings upon which they are founded.

Let me say at the start, that the position and inferences which follow are not of a theoretical or speculative kind, but are the actual and every-day practice, attended with unquestionable success in a great variety of the different stages of the diseases referred to, that the most rigid scrutiny of all its details and results is invited, that I desire freely to communicate what further practical details the interest and curiosity even of any respectable physician may dictate, according to my ability.

1. Morbid conditions of the contents of the female pelvis—whether consisting of mal-position of the uterus such as flexions, inclination in any direction, depressions, &c., and the consequences of these; or of congestion of any portion of the generative intestine and its consequences, direct and remote, as hypertrophy, ulceration, aberration of function, pain, &c., all have demonstrable connection with *one cause*, viz.: the gravitation of the superincumbent viscera; the effect being feebly illustrated by that of a partial ligation of an extremity.

2. The pelvis of a healthy woman, resembles not so much an enclosed space, as a tube whose longitudinal axis approximates more nearly the perpendicular than it does the horizontal position, and whose *lower* is its open or free extremity. It follows that whatever supporting power is exercised over its

contents comes chiefly from *above*. Attempts to provide sustentation in other directions *must* therefore be imperfect and meet with some degree of failure.

3. The sustaining force consists mainly of the vital contractile power of the muscles of the chest and abdomen, conjointly with the motions of respiration. The action is pump-like; the effects are to return the blood of the venous circulation of both extremities and visceral parts, to afford a gliding motion to the surfaces of internal organs, so necessary to their nutrition and development, and maintain their proper relative position.

The *extent* of the reciprocating motion of breathing, is always diminished in the diseases under consideration. The *tendency* to disease is in the ratio of declining power and action of the above-named muscular parts. Recovery is secured simply by supplying the conditions for and increasing these motions; this is sufficient in the most of cases without other and ordinary (local) remedial aids.

4. These statements are rendered at least plausible by the observation which every physician makes of the general immunity of certain classes of women as those who perform a variety of labor, or labor of certain kinds from this class of affections; while those whose position in society, or whose avocations compel a neglect of due action and nutrition of the parts engaged in the above-described motion are always liable to, and most of them actually do suffer in some degree some form of pelvic derangement.

But the principles here insisted on are susceptible of complete and unequivocal proof. Every physician can fortunately demonstrate the truth of these statements to his complete satisfaction. It is only necessary that he contrive to secure coincident expansion of the chest and contraction of the walls of the abdomen to an extreme degree in a prone position, and he thereby exerts a strong lifting effect upon the contents of the pelvis. I have had the good fortune to see the immediate return of the prolapsed bowels which had long proved intractable—an effect which proved permanent. Many similar instances have happened in my experiments.

The uterus and appendages are by similar operation caused to *ascend*, every mal-position is at once in some degree cor-

rected. The surcharged vessels of the pelvis relieved, and a grateful sense of comfort is felt by the patient. Well-timed and judicious repetitions of such effects, modified to suit the progressive changes in the case, with proper attention to the usual auxiliary and local details, secure in all curable cases a perfect and permanent recovery, the time required being usually very moderate.

5. The treatment by these physical and physiological processes does not necessarily demand any outlay whatever of the patient's strength. On the contrary, it is perfectly available for women who have been helpless and bed-ridden for years. While it is not practicable to give an adequate understanding of the process required, by means of words alone it may be desirable to explain somewhat here, how those helpless cases are managed. We have seen above that the power of gravitation is especially connected with the *cause*, and is certainly regarded and treated by all physicians as a great hindrance to recovery. In this treatment it is actually made available, in fact *indispensible*, as a restorative means. For example, if the patient is made to lie face downward *with abdomen unsupported*, it is plain that the abdominal contents will gravitate *from* the pelvis, dragging the contents of the latter with them. If now a very slow upward and forward kneading motion be applied to the thus depending abdomen, a still greater degree of upward traction is made upon the generative intestine. The necessary position of the arms, extending outward and forward, spreading wide the diaphragm, and providing a maximum of space at the epigastric region, greatly favors the effect. Of course such an operation could be applied only by a suitably-devised apparatus. Different forms of such apparatus, I have in daily use. In one, a pair of smooth rollers, excentric upon a revolving shaft lift upwards and forwards at every turn the alternate side of the abdomen presented to them from above. The degree of impingement is always under the immediate control of the patient, and is allowed to suit her feeling of comfort. The use of these appliances result in not only a change upward in position of the pelvic contents, but the muscles become harder and fuller and participate to an increased degree and effect in the respiratory motions, become

fully competent to maintain their new relations and the whole region loses its abnormal sensitiveness. Even severe retroversion has been remedied by this and similar concomitant means.

Gravitation can be employed in several ways to similar ends in some of which the patient requires no aid. For example, if lying on the back, with hands clasped over the head, and legs flexed to their extreme, the hips rise or be raised, similar effects ensue.

But if the patient have any muscular power, this may be employed in a multitude of ways, in responding to the indications above set forth. Even if the strength be exceedingly feeble, due effects may be secured and this without fatigue, if only cautious demands be made upon the will. The body is richly endowed with muscles, every one of which can be taught to do its part in relieving as well as preventing this whole class of affections. For example, the spine may *twist*, or in the absence of power be twisted upon its axis. This capability may be regarded as compensating in a good degree for the disadvantage of the upright posture. In this act, the spine as well as thorax being unyielding, the contraction necessarily produced, is in the *upward* direction, thus tending to prevent or to cure, as the case may be, the class of affections under discussion.

So too, nearly all uses of the arms in the upward direction, call such action in walls of the chest and diaphragm as will increase the extent of the motions of respiration and contribute something to the *lifting* function herein described. These motions, actions, operations or "movements as we specifically style them, admit of almost infinite variation, thus supplying adaptations to correspond to the condition of health and the need of each particular case.

Many invalids, especially if they have not suffered long with the class of symptoms under discussion are easily taught various self-applied operations that prove sufficient for their restoration.

It hence is clearly seen that a legitimate basis is had in mechanical physiology for the radical cure of otherwise difficult and often intractable cases. While such treatment must render

superfluous much of the local treatment at present in vogue, it has the further advantage of improving the *moral* self-reliance and the general strength together.

I would again repeat the wish that the mechanical methods which I have devised and employed with such marked success, may receive due attention from my professional brethren; believing as I do, that they will find in them a remedy for difficult and painful cases which can be relieved by no other methods.

New-York, 69 West 38th-St.

ARTICLE XI.—*Pathogenesis of Sarracenia Purpurea.* By Dr.

L. T. HOUAT. From the "Nouvelles Données de M. M. Homœopathique et de Toxicologie."

COMPARE with: Amm., Ant., Ars., Asa., Bellad., Calc., Cham., Chin., Fer., Ignat., Kal., Lach., Lyc., Merc., Nitr.-ac., Nux-m., Nux-v., Plat., Puls., Rhus, Robinia, Sep., Silic., Sulph., Thuja.

1. Vertigo, with drowsiness in the head and contractions in the spinal column.

Vertigo, dullness with sensation of intoxication; he does not know how to keep himself straight.

Vertigo, with cramps in the neck spreading to the forehead, especially at night.

Sensation as if he had received a knock on the head, with vertigo, stupor, and vaccillating gait; he is obliged to support himself or else to lie down.

5. Heaviness of the head, with great difficulty of thinking; excessive debility of the intellectual faculties.

Sensation, as if the head would be crushed on a wheel, especially the neck, with abolition of venereal desire and impotence.

Sensation, as if his right temple was pierced by a sharp-pointed instrument, changing to the left ear, with spasmodic pains and deafness.

Sensation, as if the head were bound by an iron band with contractive pains in the temples.

Rush of blood, pulsations and burning heat of the head, with sensation as if it would split.

10. Excessive headache, with constant desire to sleep.

Dullness of the head with loss of memory, insensibility of the right side, paralysis of hearing and smelling.

Pressive and compressive pains in the nape of the neck with general debility.

Pressive and lancinating pains as in tuberculous meningitis, with sensation as if the head were full of water.

Periodical pulsative headache with desire to recline.

15. Headache with chills, nausea and vomiting, dimness of sight, and surring in the ears.

Aggravation of the headache at night and in bed, or in the morning when waking up, in fresh air and in strong heat.

Inflammation and swelling of the scalp.

Pruritus and heat of the scalp during the whole afternoon.

Eruption like stings of insects and ulcers on the scalp.

20. Herpes with dark thick scabs, which fall off easily and and leave the scalp of a bright-red color.

The same herpes on forehead.

The hair feels stiff and as if it were foreign bodies.

The hair entangles and feels like wool.

The hair changes color and falls out.

25. The skin of the head painful and full of scales.

Pricking and pulsations in the eyes, as if congested.

Cutting penetrating pains in the orbits.

Burning in the eyes, as if sand were in them.

Excessive itching in the eyes, especially in the afternoon and night.

30. Inflammation of the eyes and lids, with strong injection of the conjunctiva and sclerotica.

Abundant secretion of the bleared eyes.

Swelling and redness of the lids.

Scabs and thick tumors on the borders of the eyelids.

Excessive dryness of the eyes and lids, with great difficulty of opening them.

35. Eyes congested with vesicles on the conjunctiva.

Great photophobia.

Very abundant lachrymation, especially in strong air.

Acrid and corrosive lachrymation.

The crystalline lens appears opaque and whitish.

40. Great weakness of sight.

The cornea looks as if containing a cataract.

The pupils frequently contracted.

Difficulty of moving the eyes and impossibility to discern objects.

Objects are seen too far off or nearer than they really are.

45. Myopia and presbyopia.

Mistiness of the sight and paroxysms of blindness with malaise and desire to vomit.

All objects appear covered by a white veil.

A strong light is necessary to distinguish objects.

Objects appear to his sight multiplied.

50. Looking at the light he sees a multitude of rays, which spread out.

Heat and sensation of numbness in the ears.

Cramps in the ears, with sensation as if they were pulled off.

Momentary deafness.

Spasmodic pains in the ears, spreading to the brain, with heaviness and pressure on the vertex of the head.

55. The hearing excessively sensitive; any great noise produces headache and desire to vomit.

Inflammation and swelling of the auditory canal, yellowish otorrhœa, thick and frequently bloody.

Sensation, as if a firm body or a tumor was in the ear.

Noise of waves, tingling, surring, and sometimes detonations in the ears.

Frequent spasms in the ears with headache.

60. Lancinating and spasmodic pains in the ears, with a sensation as if a pointed instrument were stuck in the parotids.

Swelling of the parotids.

Noise of confused music and resonance of the pulse in the ears.

Intense otalgia, so that he is afraid of losing his senses.

Ulcers and fissures in the interior of the ear.

65. Scabs, with itching and burning in the ear.

Dry coryza, with occlusion of the nostrils, especially night and mornings.

Coryza with abundant mucous discharge, tickling and burning in the nostrils.

Frequent sneezing, with jerking in the brain and stupefaction.

Nasal discharge of green, yellowish, bloody, black and foul-smelling matter.

70. Epistaxis, nearly producing fainting.

Swollen, red nose, with pressure and pulsation at the root.

Sensation of evulsion and torsion in the nose, with excoriation of the skin.

Burning, pulsative and pressive pains in the nose, with swelling of the nostril on the same side.

Small tumors, showing a chancrous character in the nostrils.

75. Fluent coryza, with cold chills and loss of smell.

Fetid smell.

Great paleness of the face, with heat and chill alternating.

Yellowish, green face with black circles round the eyes.

Miliary eruption on the face, with heat, as if it were on fire.

80. The skin of the face tense, with impossibility to smile or to open the mouth.

Sensation, as if he had a leaden mask on his face.

Erysipelatous swelling of the face.

Smarting, heat or coldness on one side of the face, or on the other.

The face swollen, red and inflamed.

85. Intense neuralgic pains, spreading from the temples to the jaws.

Scaly herpes on the face.

Yellow dark scabs on the forehead, honey-combed and mamellated like cauliflower, which fall off and form anew.

Pustular herpes on the maxillæ.

Spasmodic and contractive pains in the lower jaw.

90. Vomiting of food and bile mixed with blood.

Vomiting of blood, preceded by heat and burning in the stomach.

Copious and painful vomiting, frequently after meals, with tightness from the stomach to the back, and colicky pains.

Sensation of emptiness and hunger in the stomach, as he can not keep anything on his stomach nor digest it.

Burning in his stomach, as if he had a chafing-dish in it.

94. Piercing pains in the stomach.

Burning pains in the stomach, accompanied by palpitations and contractions.

Sensation, as if he had corrosive ulcers in his stomach.

Sensation of swelling and distension in the hepatic region, with pulsative and spasmodic pains.



Pains, extending from the liver to the stomach and chest, with frequent attacks of suffocation.

100. Sensation, as if the stomach were full of bile.

Sensation of fullness and pressure in the spleen.

Colic and lancinating pains in the abdomen, extending to the kidneys.

Great pressure in the abdomen and lumbar region.

Pinching in the stomach, with sensation as if it were distended and torn.

105. Inflammation of the bowels, with burning, tearing, spasmodic pains, extending to the lumbar region.

Swelling of the abdomen, as in ascites with debility, constipation, continual thirst, scanty, turbid, reddish or dark urine.

Inflammatory tympanitis with abdominal inertia and constipation.

Pains in the bowels, as if they were perforated.

Cutting lacerating pains from above downwards in the abdomen.

110. Respiration is strongly felt in the intestines.

Reddish, blackish, semi-liquid stools, as if from intestinal hæmorrhage.

Flatulent colic with spasms and contractions in the abdomen; he is obliged to twist himself on account of the severity of the pains.

Accumulation of gas in the bowels.

Burning colic, spreading from the stomach to the lumbar region.

115. Constipation, followed by diarrhœa.

Mucous and sanguinolent stools.

Green, yellow, clear, watery stools.

Diarrhœic stools mixed with glairy masses, bile and blood with anorexia, great prostration, malaise and painfully strong palpitations of the heart.

Constant tenesmus and great languor.

120. Inflammation and swelling of rectum and anus.

Great itching in the anus, especially at night.

Very painful hæmorrhoids in the anus.

Pinching in lumbar and renal region, as if rods of red-hot irons were driven in them.

Nephritic pains, with desire to bite and to chew to diminish the pains; stitches and weakness of the spine and complete retention of urine.

125. Burning and pulsative pains, as from abscesses, spreading from the kidneys to the abdomen.

During the pains in the kidneys, abdomen and stomach, vertigo, dullness, sensation of drunkenness, malaise and weakness; he does not know how to support himself, every position is fatiguing and painful.

Pinching in the kidneys, accompanied by heat and distensive pains.

Cramps in the kidneys, with yawning, nausea, vomiting, pitiuity, desire to urinate and to lie down.

Lancinating and burning pains in the kidneys, futile desire to urinate with tenesmus.

130. The bladder full and swollen, without being able to empty it.

Contraction and retraction of the neck of the bladder at the moment of and during urinating.

Burning and tearing pains in the urethra, frequently with emission of blood.

Sensation of congestion and heaviness in the neck of the bladder with priapismus.

Discharge of purulent or glairy mucus from the urethra, with inflammation of the penis.

135. Frequent desire to urinate.

Urine with white flakes.

Urine of bilious nature, dark and nearly black.

Urine of very bad color and soon decomposing.

Green or gray sediment, sticking to the bottom of the vessel, as if they were calcareous concretions.

140. Expulsion of calculi with the urine.

Urine with bloody strings or discharge of blood from the urethra, especially at night.

Clear and watery urine.

Copious urine with sediments.

Very great exaltation of the venereal desire.

145. Desire to vomit during the coitus.

Descent of the testicles, with accumulation of serum in the scrotum.

Penis inflamed, swollen with continual semi-erection and venereal desire.

The prepuce excoriates after the most trifling friction.

Ulcers with elevated borders and like chancres on the penis, with heat in the canal of the urethra.

150. Voluminous swelling of the gland with paraphimosis.

Intense and corrosive herpes on the prepuce.

Elevated condyломata, suppurating and like chancres on the penis.

Discharge, like a blenorragia, with lacerating pains and burning in the penis, continual priapismus, intestinal colic and feeling of annihilation.

Ejaculation slow or excessively quick.

155. Erection even after the ejaculation.

Seminal losses and frequent nocturnal pollutions, very marked.

Compressive pains in the testicles, with sensation, as if they retract in the pelvis.

Lancinating and pulsative pains in the scrotum, frequently after coitus.

Intense, burning, sore and bruised pains in the region of the ovaries, especially at the right side.

160. Sensation of congestion and swelling in the ovaries, with pains, as if they contained a corrosive tumor.

Inflammation and swelling of the womb, with sensation as if the walls of the uterus were scraped.

Menstruation too early or too late.

Tumors, like chancres, on the neck of the womb.

165. Cramps, heat and contractions in the neck of the womb.

Constrictive pains in the womb, preventing parturition.

The neck of the womb inflamed and contracted.

Yellowish leucorrhœal discharge, green and of a putrid odor.

Leucorrhœa white, like milk, or reddish, like blood-water.

170. Fleishy pimples, miliary eruptions and great itching in the vulva.

Leucorrhœal discharge, like a blenorragia, with redness, itching and burning in the vulva, also on the thighs.

Small ulcers with elevated borders and gray bottom in the vulva.

Great itching in the pubes.

Hoarseness and frequent aphony, with great uneasiness in the throat and larynx, and weakness of the chest.

175. Sanguinolent urine, or blood-streaked with pains in the kidneys.

Burning and distensive pains in the urethra, with sensation as if it were covered.

Cramps in the kidneys, bladder and urethra with frequent desire to urinate, and incontinence of urine.

Sensation of ulceration, of fissures and like polypi in the urethra, with painful and difficult emission of urine.

Burning, thick, green discharge, like in blenorragia with swelling of the glands in the groins and thighs.

180. Spasmodic pains in the pelvis and thighs, frequently after urinating.

Productions, like condylomata, or like indurated chancres on the penis.

Debility of the genital functions, with want of erection during ejaculation.

Inflammation and swelling of the spermatic cords and testicles, with burning and pulsative pains, with the sensation as if the circulation of the blood was stopped in said parts.

Sensation as if there were granulations and tubercles in the testicles, with cutting and lancinating pains, especially felt when standing.

185. Descent of the testicles, aggravated by heat and motion.

Sensation of an accumulation of water round the left testicle.

Heat, redness, and pains, as if excoriated, in scrotum.

Pruritus and milliary eruption on scrotum.

Erythematous eruption on the thighs.

190. Sensation as if the genital parts were bruised and being pushed under with violence.

Sensation of weariness and prostration, originating in the sexual organs.

Veneral appetite with little power.

Nearly constant semi-erection during the sufferings of the genital organs.

Ejaculation excessively prompt or retarded.

195. Menstruation anticipating, of clear and rosy blood, or

thick and black, with great nervous excitement and disposition to be vexed.

Very abundant and weakening menstruation.

Metrorrhagia with thick and black blood.

Retarded, insufficient menstruation; the blood thick.

Bloody discharge at other times, than the menstrual epoch, as during the climaxis.

200. During menstruation, great debility in the pelvis, as if it were broken, with spasmodic pains in the legs, tingling pains and many other sufferings.

Watery or milky leucorrhœa, thick, whitish, foul-smelling, with spasmodic pains in the uterus.

Heat, with lancinating and distensive pains in the womb, as if it would be torn.

Pulsative pains in the womb, with swelling, as if from a tumor or dropsy.

Spasms, felt in the womb, with every respiratory motion.

205. The uterus swollen as if filled with cysts, especially on the right side.

Violent spasmodic pains in the ovarian regions, especially on the right side.

The neck of the womb swollen and hot.

Inflammation and excoriation of the vagina with heat, especially after urinating.

Miliary eruption and heat in the vulva.

210. Tensive and contractive pains in the womb, like labor-pains.

Burning and drawing in the mammæ.

The mammæ feel soft during menstruation.

Swelling of the mammæ with great secretion of milk.

Mammary abscesses and fissures in the nipples.

215. Flesh-colored and painful pimples in the breast, which take on a deep-yellow color.

Infarctus of the mammary and axillary glands.

Sensation as if the left breast was shrunk above the nipple.

Accumulation of mucus in the larynx with tickling and itching, so that he is constantly obliged to cough.

Paroxysms of constriction in the larynx with heat, extending to the chest.

220. Hoarseness, with excoriating pains in larynx and chest. Thick catarrhal cough; continual tussiculation with great inconvenience in larynx and bronchia.

Intense and dry cough with heat on both sides of the chest at a level with the mammæ, with frequent expectoration of blood.

Fatiguing cough, especially in the evening and at night in bed.

Cough with desire to vomit and vomiting, paroxysms of suffocation and epistaxis.

225. Cough with distensive pains in the chest and hypochondria, palpitations and pains in the heart.

Intense spasmodic cough, with expectoration of watery or glairy mucus, stinging pains and spasms in the chest.

Cough with expectoration of thick, green or white mucus, tenacious, filamentous, with a bitter, putrid, oily taste.

Raw and hard cough, shaking the chest and bowels, and stopping only after expectorating a quantity of compact mucus.

Vomiting of blood, with a dry cough or without cough.

230. Hæmoptysis; the blood black and thick, or pale, as if full of water.

Cough with hiccup, headache and dizziness.

Nervous cough, divided in two parts, as if sobbing, with heat in the chest.

Inflammation of the chest with great oppression, dry cough, and sensation as if the base of the thorax would break asunder.

Short and stertorous cough.

235. Great dyspncea with paroxysms of suffocation.

Pinching pains in the chest, especially at night.

Itching in the chest, with sensation as if it distends itself and tears to pieces.

Sensation as if there were openings in the lungs and as if the chest were full of water.

Continual heat in the chest and sensation of constriction in the bronchi, when breathing.

240. Pains in the chest, with œdema in various parts of the body.

Congestion of blood to the chest, with sensation of heaviness in the heart, as if the circulation were at fault.

Painful stitches in the chest with cough and great oppression.

Pain in the lungs and heart, nearly always with weakness of sight.

Pulsative, lancinating pains in the heart, with paroxysms of suffocation.

245. The blood in the heart seems inspissated and thus detained in it.

Strong palpitations of the heart, with oppression, especially when lying on the left side.

Heaviness in the heart with anguish and fainting spells.

Rigidity of the neck, with violent pains at the least motion.

Inflammation and enormous swelling of the neck, with infarctus of all the glands in that region.

250. The glands of the neck are ulcerated and suppurated as in scrofula.

Cold or hot sensation in the neck.

Painless swelling of the whole anterior part of the neck.

Abscesses of the neck.

Rheumatic, drawing and tearing pains in the nucha, spinal column and abdomen.

255. Snapping in the bones of the spinal column at the least motion, and with the sensation as if they would become disarticulated.

Great weakness of the back with desire to lean on some object and to be reclining.

Deformity of the thorax and back as in rachitis.

Debility, cramps and incurvation, with the sensation as if he were twisted in different parts and his sides were not united.

Rigidity of the spinal column with impossibility to execute any motion.

260. Great pimples, like furuncles on the neck and back.

Pustular pimples, which greatly sting on the back.

Deviation and depression of the spinal column.

Cramps and pains in the back and kidneys, as if he had remained for a long while in a curved position.

Burning pains in the hypochondria and kidneys with the sensation as if a red-hot iron passed through them; he is obliged to lie on his belly.

265. Sensation of obstruction and great heat in the kidneys with cerebral congestion.

Cramps in the hands, extending to the spine and vice versa.

Drawing and distensive pains in the shoulders, inclining backwards and to the chest.

Sensation as if the arms were disarticulated by tension from the hands.

Bruised feeling from the shoulders to the hands.

270. Trembling and shaking in the arms.

Inflammatory and œdematous swelling of the arms.

Great weakness of the arms, with impossibility to raise or to use them.

Crampy pains in the arms with sensation as if they were shortened.

Heaviness and pressure in the arms, with numbness of the hands.

275. Sensation as if the arms had been struck and the articulations luxated.

The arms covered with whitish vesicles, turning black when drying up, and appearing by degrees in other parts, with fever, chills, and afterwards great heat.

Red plaques on the arms, which ulcerate and suppurate.

Scaly and cracked places on the arms.

The hands and fingers fall asleep frequently (become benumbed).

280. Paralytic debility of the hands.

Sensation as if the nails were raised up by a white tumor.

Pains of a felon in the thumb and index-finger, with fever, bulimy and thirst.

The thirst passes off frequently, and the stomach then feels as if it were full of water.

Weariness and paroxysms of weakness in the coxo-femoral joint, with pains of luxation and fear of falling when trying to walk.

Pulling, shaking and convulsive pains in the thighs and legs.

285. Crampy pains in the legs, with sensation as if they were shortened.

Heaviness and numbness of the legs.

Inflammatory, erysipelatous swelling with dropsy in the legs



Sensation of a bruise and of luxation in the joints of the legs.

Disposition to keep the legs always flexed, he likes to sit down constantly like the Turks or tailors.

290. Desire to take a hot bath to ease the pains in the upper and lower extremities.

Heat and continual burning in the legs.

Great sweat in the feet, especially in the evening and during rest.

Burning and rheumatic pains with heat and redness in the knees and feet up to the groin, with difficulty to move those parts.

Rheumatic pains in the legs with inflammation and swelling of the inguinal glands.

295. Lymphatic swellings, extending from the groins to the knees, with prostatic flux and great wasting, as from decomposition of the blood.

Bruised pains in the knees as after a fall: he falls easily on his knees.

Swelling of the knees with heat, burning, and as if topoli would form in them.

Sensation of great fatigue in the bones of the legs, as if they were too thick.

Paralytic debility in the legs, so that his gait is vacillating.

300. Restlessness in the legs, especially in the heels, with agitation and impossibility to remain quiet.

Swelling of the legs and feet at night.

Tension and traction in the calf of the leg.

Lancinating and stitching pains in the heels.

Cramps, especially in the articulations of the feet, with sensation as if pierced by a sword or as if they were pounded on the heel.

305. Eruptions on the legs and red spots, which ulcerate, suppurate, itch greatly.

Excoriation between the thighs.

The skin of the legs looks as if painted.

Miliary eruption on the legs with smarting, especially at night and in bed, he scratches till the blood comes.

Inflammation of the bones of the feet, with nodosities as in gout.

310. Great disposition of the feet to raise blisters, which break when walking.

Insupportable itching, continual desire to scratch the feet, the chest, the back, the head, especially in the evening and at night when lying down.

Heat in the feet, as if he had been cut in these parts.

Pustular eruption like variola with fever, dry mouth, excessive thirst, heat and burning in the epigastric region, heaviness of the head, pressive headache, nausea, abdominal inflammation, constipation, pulse hard and accelerated, debility and delirium.

Eruption simulating measles with headache, fluent coryza, lacchrymation, frequent sneezing; bilious, bitter or bloody taste.

315. Herpes with black scabs, especially on the head and forehead.

Redness, phlyctænæ and ulcers of the skin, as if produced by burns.

The skin tense and without elasticity.

Burning heat of the skin, with excoriation and fissures, as if it had been excessively stretched.

The skin very vulnerable; inflames, gets sore, and bleeds easily.

320. The skin of a black or bluish color.

Phlegmonous swelling with a rosy tint on certain parts of the body and disposition to gangrene.

Pains and marks like from stings of insects.

Abnormal swelling of the veins, with a thin, white transparent skin, especially on the arms, thighs and chest, and gray on the rest of the body.

Redness of the skin, as if it had been much rubbed, with abundant perspiration of a strong smell.

325. Small subcutaneous very painful furuncles.

All eruptions are in general very painful.

Rigid skin, as if it was too short.

Milliary eruption on red burning places, which ulcerate, with a spongy suppurating base.

Abscesses and furuncles, pustules and anthrax of a malignant character.

330. The skin very scaly.

Inflammation and swelling of the skin, like in erysipelas.

Ulcers inflamed or atonic and putrid.

Burning and drawing pains, principally aggravated at night.

Bruised pains and contusion, with general debility and confusion of ideas.

335. Pains nearly lateral and frequently changing their place.

Pains with chills, paleness of face and headache.

Aggravation of the pains at night or in the morning or after eating.

Strong air alleviates most symptoms, but aggravates those of the head.

Motion or prolonged repose renew most pains of the extremities.

340. Frequent palpitations all over the body.

The extremities feel easily benumbed.

Weakness of the extremities, with paralytic debility.

Debility with great desire to be easy and to lie down.

Cramps and convulsive paroxysms, with convulsive constrictions of the jaws, burning heat of the head and eyes.

345. Frequent dizziness, especially in the afternoon after eating.

Great weariness for many days after the smallest exertion.

Impossibility to be straight and upright; it seems as if the head and chest would break the spinal column, he feels only easy when lying on his belly.

Debility and weariness, with desire to stretch out in order to rest the body.

The blood decomposed and watery.

350. Dropsical swelling in different parts of the body and anasarca.

Emaciation.

Great desire to sleep, as soon as twilight begins.

Sleepiness during the day with agitation and sleep.

Great desire to sleep during eating.

255. Somnolence during night by artificial light, with weakness of the head, drooping eyelids and scintillations before the eyes.

Sleep from eight to ten at night, followed by sleeplessness till morning.

Pains and restlessness; he feels vexed and despairing, can hardly remain in bed.

Sudden attacks of sleepiness during the day.

Late sleep, still he is early awake.

360. Affluence of ideas, hindering sleep during the night, with sweat, heat, intense thirst and restlessness.

Sleep very agitated, frequent waking, screaming, crying, convulsive motions and trembling of the extremities.

Frequent nightmare with visions of robbers, highwaymen, insects, noxious animals and men in armor.

Sleep and dreams and despairing anguish.

Dreams followed by great down-heartedness during the whole day.

365. He droops his head and supports his head on his arms.

Despair with sorrow and crying and snuffing.

General heat with dryness of the skin, excessive thirst and as if hot vapors rise up to the brain; chills, cold perspiration, strong beats of the pulse, desire to lie down especially in the afternoon, at night and after meals.

Fever, beginning in the afternoon and lasting during the night.

Quotidian and tertian fever with chills, heat and sweat.

370. Fever with shaking chills, especially in the morning.

Fever with heat and redness of the face, burning in the stomach, great prostration, delirium and loss of consciousness.

Pulse hard and accelerated.

Copious perspiration, especially during the night.

Goodheartedness, or impatience and irritability.

375. Disposition for excesses, to get angry and to speak injurious words.

Melancholy and mournfulness, with great anxiety about every thing.

He is afraid and reproaches himself; thinks he has committed something wrong, or disgraced the family or his absent friends.

Rancorous character, with great punctiliousness, especially as he feels sick.

Indifference and feeling of annihilation, he tolerates offences without saying anything.

380. Laughing and involuntary crying.

Great disposition to produce architectural objects.

Dreams of spectres and robbers, also of epidemic and contagious diseases.

Invidious, distrustful and suspicious character.

Capricious humor, sometimes good-natured, then irritable.

385. Idiotism.

Frequent delirium.

Madness with wickedness and fury, or good humor and extreme complacency.

Craziness, with disposition to injure and to destroy himself.

**ARTICLE XII.**—*Bromide of Potassium. Effect and Medical Use.\** By HENRY N. AVERY, M.D., of New-York.

SIR CHARLES LOCOCK was the first to use the Bromide of Potassium in diseases of the cerebro-spinal system and hysterical affections; this was in 1852; subsequently Dr. E. Brown Séquard called attention to it in the United States. Previous to this it was used locally and internally, for glandular swellings and scrofulous affections.

This salt has an agreeable saline taste, and can be taken in doses of one to three drachms.

In doses of two to three drachms its chief action appears to be upon the nerve-centres, hence it has been used by Allopaths in those morbid conditions due to increased irritability of different parts of the brain and spinal marrow, as, insanity, melancholia, erotic excitement, epilepsy, tetanus, chorea, delirium tremens and puerperal convulsions.

In delirium tremens it has been used with success in doses of twenty grains every two or three hours. It is recommended in all cases that require an antispasmodic and anticonvulsive remedy.

It possesses the power of acting as an anæsthetic to the mucous membranes. Use has been made of it in catheterization, the urethra is made insensible before the instrument is used. Also in operations for cleft palate and in using the

\* Read before the New-York State Homœopathic Medical Society, Feb. 10th, 1869.

laryngoscope, the pharynx is made insensible by its previous use; also previous to operations upon the eye.

In whooping cough it has been used with success.

Ulceration of the neck and mouth of the uterus, neuralgia of the uterus, dysmenorrhœa, menorrhagia and other uterine diseases have been treated with it.

In nausea and morning sickness dependent upon pregnancy it has been used, as well as in cases of nervous sick-headache. For allaying the irritability of restless infants and children it has been recommended highly. Dr. Caro (Allopath) of New-York, at a meeting of the Medical Society, June, 1869, says that he has used it with great success in one hundred and thirty cases of summer complaints.

*Effect of the Salt.*—The acidity and coloring matters of the urine increased, the phosphoric and uric-acids increased, the urea not perceptibly affected. The fæces diminished in weight; and the carbonic-acid of the lungs is decreased. In very large doses it acts as an irritant, if not as a corrosive of the mucous membrane of the stomach.

In very large doses it acts as a cardiac poison; it exerts a direct paralytic influence on the excito-motory ganglia and the muscular substance of the heart. If the heart is once arrested by its influence, it does not recover or respond to mechanical or electrical influences. In moderate doses the heart is not affected, but retains its force, frequency and rhythm.

It also acts in large doses as a poison on the centres of motion, sensation and reflex action. It resembles all the other salts of potash in its physiological and toxic effect.

*Danger of using the Salts of Potash.*—In using the Iodide or Bromide of Potassium, they should never be combined with the Chlorate of Potash: for the re-action will produce the Iodate and Bromate of Potash which would be very active poisons.

The following results were obtained by M. Voisin, a French physician, after experimenting upon seven cases, for three months with daily doses.

Forty-five grains produced smarting in the back of the throat, a redness of the roof of the mouth and tonsils, œdema of the uvula and mucous membrane, the tip of the tongue red-

dened, a bristling of its papilla, with a glossy yellow coating of epithelium at its base. The tongue may become enlarged to double its natural size; pain in the gums.

In doses of two to two and a half drachms :

Epigastric heat, followed by salivation, salty or sweet, and occasionally fetid.

Intoxication, with an injection of the conjunctiva, clemosis, and dilatation of the pupils.

In doses of one drachm or a fraction over :

*The Nervous-Centres* : signs of depression, ideas embarrassed; incertitude of memory and reflection; general lethargy; words drawling; inability to write; hebetude of visage; drowsiness in the day, after meal; tactile sensibility preserved.

*Respiratory passages* : hoarseness and roughness of voice; dry cough; laryngeal constriction; aphonia; subcrepitant râles.

*Circulating system* : pulse rarely accelerated or unsteady, usually diminished in frequency.

*Muscular system*, is variously affected; lethargy, gait irregular, stumbling, sometimes emaciation.

*The Skin* : Acne, ecthyma and erythema, large, indolent, painful pustules, the latter quite characteristic.

*Digestive organs* : appetite generally quite good; constipation, occasionally diarrhœa.

*Genito-urinary organs* : inertia of the genital organs; urine increased; micturition sometimes painful; elimination by the kidneys not very active, except after a persistent use.

The elimination of bromide of potassium from the kidneys is not in a constant ratio with the amount of salt exhibited. The salt will be detected in the urine for two or three weeks after the administration has ceased.

This drug has principally been used by the Allopathic school; but, I think the Homœopathic physician will see sufficient in it, to encourage him in a more extended proving than we have, and see if our allopathic brethren are not deriving their results homœopathically.

I trust close observations will be made and careful clinical results recorded for future use.

There is scarcely a drug in the dispensatory that has such

a strong hold of the old school as this. They are constantly praising it, and employing it in some new direction. My own observation and clinical results, lead me to believe that it will prove an important addition to our materia medica.

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#### ARTICLE XIII.—*Pathology of Variola.*

HEBRA, the great Vienna dermatologist, considers very questionable the attributes of variola, considered characteristic by most pathological authors, namely, *the depression, the cellular structure* and the so-called *pseudo-membrane* of every single pustule, as also the *fever, belonging to the stage of suppuration*, and tries to render his assertion proved by the following observations and experiments. He says :

“We must not forget, that the epidermis consists of many layers, lying parallel one over the other and averages the thickness of one line; also that the blood-vessels of the papillary body, lying below the epidermis, or those, which supply the follicles, exhale the fluid, through which originate the variolous efflorescences; let us therefore study thoroughly the development of variola and the anatomical structure of a pustule.

If we cut through a variola-nodule in its primary development horizontally as well as vertically, we find, that the head of it consists in every case only to the top-most epidermal stratum, and its base of some loosened epidermal layers of later formation. Its contents are either an amorphous fluid, or mixed only with a few young epidermidal cells of single pus- or blood-globules. If we repeat the same experiment on a vesicle, a little more developed, we find the same anatomical state, perhaps with the only difference, that the quantity of pus-cells increases daily with the age of the efflorescences. The horizontally divided top of such a vesicle, examined under the microscope, shows either an orbicular or circular form, according as a small hair pierces the centre of the top of the vesicle or not, which clearly proves, that the efflorescences develop themselves where the bulbi of the hairs come out as also in the interfollicular spaces. An efflorescence grown already to a well-developed vesicle, when punctured only at one side



gives by pressure only a part of its contents; to get the whole we have either to decapitate it or puncture it on all sides. This experiment, already often repeated in old times, produced the theory, that every variola or vaccine efflorescence possesses in its interior different disseptimenta or partition-walls, dividing the pustule in just so many loculaments. But that this is not the case, every one may convince himself, by dividing horizontally such an efflorescence and taking away the upper half with the pincette, where such loculaments, if present, would necessarily be found. We claim to be able to explain the partial disgorgement of the efflorescences after puncturing sideways in another manner, which will also show the development of the depression and the so-called pseudo-membrane. The fluid exhaled at the beginning of the variolar process from the vessels of the papillary body or of the follicles—may it be called blastema, intercellular fluid or exudation—and appearing in the form of an insignificant drop, finds on its way everywhere epidermis, by which it must be imbibed; as this little drop is now steadily pushed forward by the *vis premens a tergo*, it penetrates the single, still softer layers of the epidermis till it reaches the most external callous layer of the epidermis. This layer, less capable of imbibition, gives to the fluid a greater resistance and is pushed therefore above the niveau of the skin in the form of a nodule and by increase of the fluid, in the form of a vesicle.

If the exhalation happened from the vessels of the papillary body in an intrafollicular space, the nodule as well as the vesicle will possess a half-circular form, not depressed in the centre, but if the vessels, supplying the follicles, furnished the material, the exuding fluid reaches first the epidermidal layer, which lines the follicle and produces a swelling of the layer, lying all around the hair. That part of it, lying immediately round the hair, is supported and held down by the hair, whereas the more outlying parts adhere less firmly and are pushed higher upwards by the exuding fluid, than the central part, thus forming an elevating ring round the hair, which is clearly discernible already at the beginning of the development of the papillary efflorescence. With the increase of the fluid in the efflorescence this ring especially enlarges, and if

even at last by the steady increase of the accumulating fluid the central part is also forced upwards above the level of the skin, the original funnel-shaped expression remains nevertheless. In either case we see only the epidermis as the organ of imbibition of the exuding fluid, and *the variolar vesicle possesses in no case a cavum filled with fluid, but it is always only epidermis, infiltrated with the exuding fluid.* In every case the single layers are so loosened by the exhaled fluid, that they might be compared with texture of grapes or what Virchow calls mucous tissue (vitreous body.) We see now plainly, why in an incision sideways only a part of the contents of the efflorescence can only escape, namely so much only as can be expressed from the epidermal layer lying close to the point of incision. Another proof of it is, that we can see the same process of central depression in all other cutaneous diseases, where vesicles and pustules form, if the anatomical relations and the mode of development is analogue to variola; and furthermore it does not need even an exudating fluid for the formation of efflorescences with central depression, for the accumulation of sebum suffices also, especially if it remains for a longer time in a fluid form (as in comedones or molluscum contagiosum,) to produce a formation similar to variola.

With the increase of the quantity of pus-corpuscles in the contents of the variolous efflorescence we observe simultaneously a dying off of the epidermal cells (cells-substitution according to Virchow,) till by degrees the latter disappears entirely and its whole contents consist entirely of pus and a few blood-globules. At this time we also observe in some variolar-pustules on the lower surface of its covering a white layer, spread on the centre in an orbicular form, which cannot be easily removed, and which exact microscopical examination shows to consist only of epidermal-cells. This whitish layer owes its origin either to the more powerful maceration of the epidermis on this place, or to an accumulation of that epidermis which formerly lined the eduction-channel of the hairbulb, and which at a later period the puriform fluid pressed mechanically to the upper wall.

Our affirmation may therefore be easily understood, that pseudo-membranes are not only found in variola vera, but also

in varioloid and varicella, and that they are more frequently observed in variola, arise from the slower development of the efflorescences; and in this relation we may set up the axiom, that the longer time an efflorescence needs to its development, the surer it will have a depression, when situated on the eduction-channel of a hair-bulbus; and the quicker it develops itself, the more circular will be its form, when seated in the intrafollicular spaces. We have also observed, that pus forms in every variola-efflorescence, acting—as in every other disease—as an irritant on its surroundings. The larger the quantity of such single sub-epidermidal abscesses are, the stronger will be the irritation in its environs and the sum of these irritations cannot help to produce a deleterious influence, on the whole skin and the general organism. The redness around each single pustule (halo) is only the consequence of the pus contained in the pustule and the visible proof of the irritation. A general morbid state arises in this manner, partly by this state of irritation, and more still by the particles of the contents of the blood, which have entered the circulation, showing itself by increased frequency of the pulse and rise of temperature, in short by the manifestation of the *suppurative fever*, which usually appears about the tenth day of the disease. This fever is therefore not caused by the variola disease *sensu strictissimo*, but by the presence of pus at so many different points; and is therefore not alone an attribute of variola vera, but appears in all cases, where pus accumulates, puriform foci exist and resorption of pus takes place.

Variolous pustules are also found on all mucous membranes which are connected with the external skin, as in the buccal cavity, fauces, trachea, bronchi, conjunctiva, the nose, vulva, urethra and anus. The pustules of mucous membranes are round pustules, destitute of central depression, whose tender epithelial covering is early thrust off, whereby they change in small flat, round ulcers. In the environs of these pustules or ulcers, especially in the pharynx and on the tonsils, sometimes also in the neighborhood of the epiglottis the mucous membrane is considerably swollen and sometimes covered with a croupous exudation. Should this swelling reach the glottis, it may cause œdema glottidis.

The blood is mostly poor in fibrine and of dark color; the spleen is sometimes enlarged and the intestinal follicles infiltrated, producing frequently dysenteric symptoms. S. L.

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ARTICLE XIV.—*Chloroform in Intermittent Fever.* By F. M. BOYNTON, M.D., Henderson, Texas.

AN experience of four years has convinced me that the importance of Chloroform, in intermittent fever, especially in cases of congestion, has not been duly appreciated by the Homœopathic profession. I do not propose giving cases in detail that have occurred, but an occasional brief report of cases that may occur in the future. I am prepared, not to be surprised, that a “peculiar throb” will come forward, looking “mighty knowingly,” crying, where are your provings of Chloroform? With deep regret, I answer, I have none—and with some shame. Homœopathy has to confess that some of her medicines in high repute, and in daily use, like Chloroform are known to the profession only by toxicology and clinical experience with massive doses. By this means the action and range of some drugs have been defined, and ordered a place in the ranks of *Similia*.

I do not profess to understand how or why it is that Chloroform acts so charmingly in certain conditions of intermittent fever. But believing that *Similia Similibus Curantur* is the higher law of cure, I consider Chloroform, at least Homœopathic to these certain conditions. And after witnessing its wonderful effect, so very prompt in affording relief, I am led to the conclusion that the pathology of the chill paroxysm has never been fully understood.

Case 1. Mrs. — about 33 years of age, was born and raised in the South; has always been very healthy until about two years ago, she had two congestive chills, and since has been subject to chills occasionally. She in common language “looked bilious”—was threatened with chill on Thursday, had one on Saturday, another on Monday. I saw her during the height of the last paroxysm, her face, eyes, and countenance presented much the appearance of Alcohol intoxication. The skin was almost a gold yellow with a dark shade, thick greasy

look; the tongue pale and very slightly covered with a whitish fur, and so large as to create difficulty in protruding it. Pulse about 100, small, contracted. I was impressed with the idea that the "blood-vessels" were in a contracted state, and that the blood was being forced. The tears flowed from her eyes freely, as she would repeat, Oh! my bones, how they ache. It seems every joint in me will break." Oh! it is worse than "break bone fever." There was nausea and retching, and occasional vomiting of yellow bile. Pains in the joints, especially the back were the premonitory symptoms.

The Eupatorium-per. picture written upon my mind, was to me, a very fair similitum to this case. But these questions presented themselves: How long will it take Eupat.-per. to relieve this intense suffering? It will certainly cure this case; but shall she be agonized with these terrible "bone pains" for one, two or even three hours? I poured  $\frac{1}{2}$  dr. of Chloroform on her handkerchief, and requested her to inhale it—I usually give it internally. In less than three minutes she laid quietly, ceased to moan, and in less than ten minutes she dozed sweetly for about five minutes, when she was aroused and said run here, "I must vomit again:" but before she could vomit I again applied the Chloroform as above, which checked the nausea immediately, and procured perfect quiet. Bone pains nausea, vomiting all gone; pulse full and strong, (Aconite). The general appearance of the skin evinces good capillary circulation—patient sleeping quietly—all accomplished in 25 minutes.

The above state of facts leads me very naturally to inquire: Are not these so-called "bone pains," aches, &c., &c., purely nervous? If nervous, as I verily believe, then may not Chloroform be Homœopathic to this peculiar nervous state and strictly Homœopathic to the prime cause, malaria, and the pathological conditions of this and similar cases?

The patient received Eupat.-per., 3d, as the Homœopathic similitum, and at her earnest request, Sulph., Quinine—*Cured*—*Not another paroxysm.*

ARTICLE XV.—*Typhus Recurrens.* By Prof. C. A. WUNDERLICH, in Leipzig.

SINCE November last seven cases of typhus-recurrens have been observed, all of them in males, between 17 and 56 years. The first case came in the hospital on the 18th of November; and it was diagnosed in the start as typhus abdominalis gravis-simus, although the intestinal symptoms were wanting and the pulse was not dicrotous. The treatment pursued was the usual hydropathic one according to Brandt's method. After the second cold bath on the 7th day the temperature of 41° (124) sunk down to the norm (37,5,) rose again, but was definitely brought down to the normal standard by two cold baths, given on the same day, and remained for the next seven days between 36,6 and 38 (113 and 117:) whereas, with the exception of a remaining swelling of the spleen reconvalescence seemed established; the patient felt well, relished his meals, slept good and was out of his bed; but the weight of his body remained the same in spite of the nourishing food he took during these eight days.

I inclined to consider the case as an abdominal typhus, cut short by the hydropathic treatment, as I had observed already several times; but on the eighth day, after the fever had left him, the temperature rose anew and rapidly up to 41 (124) without any cause whatever; the swelling of the spleen increased, the frequency of the pulse was 120, and great debility set in with loss of appetite, dry tongue, restlessness, sleeplessness, pains in the chest, dyspnoea with slight rattling in the lower lobes of the lungs. Four cold baths with douches of ice-water reduced the heat for a time. After the last bath it rose only to 39,6 (122); and fell spontaneously (on the 19th day of his sickness, 4th day of second attack) with copious perspiration in a few hours down to 36,6 (114), the pulse from 124 to 64. Henceforth full reconvalescence was established, and in the next eight days his weight increased more than seven pounds.

The peculiarity of this relapse, so essentially different from the relapses we meet sometimes in the reconvalescence from abdominal typhus, its intensity and duration, and the symptoms during the first attack aroused a suspicion, that we had to

contend with the fever, which Griesinger calls typhus recurrens, especially as the rise of temperature far surpasses that degree, which we find in the first week in patients, suffering from abdominal typhus; the absence of pulsus dicrotus, the missing intestinal symptoms, the non-appearance of roseola, the early dryness of the tongue, and finally the apyrexia during eight days, during which the swelling of the spleen did hardly decrease and the weight of the body did not increase; all of which led us to a reconsideration of our first diagnosis.

Six cases followed rapidly during January and February, which showed us its characteristic course in its purity. One case was left without any therapeutical assistance, and its course was in perfect accord with the others.

The only fatal case was one complicated with delirium tremens, which was extremely severe during the intervalary apyrexia, with an infiltration of the lower lobes of both lungs, present already during the first attack of the fever and increasing steadily in the second.

There is hardly any disease, which shows such an exact and striking typhus as typhus recurrens. Every skeptic on the existence of typical courses in fever can be convinced by this disease. It teaches also the great value of thermometrical observations, for even a superficial view of the curves will show, that this disease is totally different from any other one.

*We see a primary course of fever during five to ten days with an uncommon rise of temperature and finished by a rapid defervescence; then follows an apyrexia, lasting about one to two weeks, during which only solitary and insignificant elevations of the temperature appear. A rapid increase of temperature begins then again to such a degree, which in other diseases would indicate in all probability the approaching dissolution; but after a few days of such elevation and immediately after the temperature has reached its highest acme it falls for the second time in most rapid defervescence, and in successful cases the definite apyrexia is the beginning of convalescence.*

The maximal temperatures in the primary fever period were in the six cases: 41,1, 41,5, 40,4, 41,3, 40, 40,2 (average 124 F.) The decrease, which ends the primary fever-period, hap-

pened twice on the fifth, thrice on the seventh, and once on the tenth day of the disease. In the intervallary apyrexia the minima of temperature were 36,4, 37,1, 36,4, 36, 35,6, 37, (average 113 F.) the maxima of temperature during that time 38, 38,7, 38, 38,7, 37,2, 38,6, (average 117); they were mostly observed only for one evening: the usual temperature was from 37 to 37,5 (115.) This period lasted twice six days; once 7, 8, 9, 10 days, and in the case, which came into the hospital during the apyrexia, probably 14 days.

The first uninterrupted elevation at the beginning of the secondary fever-period was 3,9, 3,8, 2,0, 3,9, 4,2, 2,9 and 4,4°. The maxima of temperature reached at that period were 41, 41,4, 39,6, 42, 41,4, 41,4 and 41,2, (average 126.) The maximum happened in all cases (with the only exception of the one treated hydropathically) immediately before the deforescence. In the deforescence of the secondary fever the temperature fell at once 3,1, 3,8, 3,0, 5,9, 6,0, 5,2° (about 10°.) The first decrease during deforescence was 36,6, 37,6, 36,6, 36,1, 35,4 38,3 and 36 (115 average) and the minimum of temperature after finished deforescence 36,6 (three times) 36,1 35,1 and 36 (average 113,) showing, that in four cases the minimum was reached in an uninterrupted course. The duration of the secondary fever was three times 2½, once 3½, twice 4 and once 5 days.

These sudden increases and decreases, as our cases showed, appear hardly ever in any other disease, except in intermittents and pyæmia, and even in intermittent and pyæmic fever the difference of temperature before and after a descent never reaches such a magnitude, as was found in nearly half of our cases. The totality of its course with its strikingly fixed periods at the beginning and the end, with its changes between fever, apyrexia and again fever distinguishes the typhus recurrens from every other fever.

The frequency of the pulse shows also, though not so strikingly, the course of the disease. In the primary period of fever the pulse was usually above 100 and rose in one case to 142. With the first defervescency a sudden decrease of 44 to 64 beats took place in the pulse. In the apyrexia the frequency of the pulse remained mostly between 60 and 88, and fell even in



one case to 42. In the secondary fever the increase in the frequency of the pulse was slower and reached 112-140 beats in the minute. The decrease in the pulse appeared simultaneously and in a sudden manner with the rapid decrease of temperature. In the definitive reconvalescence the minimum of the frequency of the pulse was between 52-64 beats.

Whereas the increase of temperature and of the pulse was never accompanied by a severe chill, and only sometimes by moderate chilliness, the rapid decrease of both was as a rule accompanied by copious perspiration.

The fever symptoms are without doubt in typhus recurrens most prominent and interesting. All other symptoms offer nothing special, corresponding in general to the complex of what we usually delineate as typhoid: great debility, sunken features, muddy color, apathic state, headache, disturbed sleep, sometimes deliria, dry trembling tongue, total loss of appetite, irregular stools, enlargement of the spleen, mostly also of the liver, slight bronchitic manifestations, with perhaps limited infiltration in the lower lobes of the lungs, concentrated and scanty urine with diminution of the chlorides, but no roseolæ (in one case herpes labialis showed itself sparingly.)

The typhoid symptoms are always found in the primary fever-period, but are not in proportion to the height of temperature nor to the frequency of the pulse, *i. e.* they are less developed, than we could expect from the intensity of the fever. In the intervallary apyrexia the typhoid symptoms have passed away or have at least so much moderated, that it takes a great deal of attention to notice them, only the spleen keeps nearly up to the same volumen. In the secondary period the spleen swells up again, all other typhoid symptoms reappear, but again in no wise corresponding to the extraordinary height of the fever. After the last crisis reconvalescence makes rapid progress.

The curves, showing the temperature and the pulse with all the other symptoms, allow us to diagnose the disease already during the primary fever, and a mistake is impossible, as soon as we have the secondary fever before us. *The extraordinary height, which the temperature already reaches during the first week, is the keynote of the disease, distinguishing typhus*

recurrens totally from abdominal typhus, in which even in the worst cases only rarely such excesses of temperature will be found, and if perchance they are, then the most severe nervous symptoms are combined with it. Though we meet in typhus recurrens headache, vertigo, malaise, sleeplessness, even some delirium and loss of appetite, still they never are in proportion to the excessive height of the bodily heat and sometimes of the pulse. Typhus recurrens distinguishes itself also from abdominal typhus during the first week by the rapid excess of the disease (though more frequently with repeated slight chilliness, than a real chill,) by the absence of the peculiar typhoid stools, by the slight degree of meteorism or none at all, the diaphragm is found in its normal place and the pulse never dicrotic. The rapid falling off of the fever, appearing spontaneously at the close of the week, removes every possibility in the belief of having to do with an abdominal typhus.

It is more difficult to discriminate during the primary fever-period between *typhus recurrens* and *typhus exanthematicus*: but in the former the nervous symptoms are less prominent and the exanthema is wanting, which in typhus ex. is nearly always present on the sixth day, and a certain diagnosis can be made out about the close of the first week, wherein typhus ex. the fever continues with unabated severity; whereas in typhus rec. the apyrexia sets in so rapidly, as hardly ever will happen in exanthematic typhus.

In the first days of the disease we may also be in doubt, if we have not an eruptive fever before us, especially variola. But in no case, seen by us did the recurrent typhus begin with such a severe and striking chill, as we witness in variola, and the latter has not the prominent swelling of the spleen, which marks the typhus recurrens. In the course of the disease error is impossible; for in variola, the exanthem will break out on the fifth day, and the defervescence at the close of the primary fever period is decisive in typhus rec., although something similar happens in variola, but always with the simultaneous eruption.

We may also think of *pneumonia* with the local symptoms poorly developed, especially when light grades of pulmonary

infiltrations complicate the typhus rec. Especially in that form of pneumonia, where the pulmonary infiltration sets in at a late period, the temperature is frequently extraordinarily high; but, whenever this is the case, we find also a proportionally increased frequency of respiration, and an enlargement of the spleen is moreover not an accompaniment of pneumonia. Mistakes are also here only possible in the first few days, as a pneumonia does not pass its sixth or seventh day, without making itself known by its acoustic manifestations; still the alternative may remain doubtful in cases where a pulmonary infiltration complicates a typhus rec., or where a simple pneumonia takes on a typhoid character; but, after considering all ætiological relations, we may be able to judge, if the pulmonary affection is considerable enough, to be adopted as the cause of such a severe fever and its concomitant symptoms.

With some attention therefore we will be able to diagnose a typhus recurrens already in its first stage, although we might err, if we see only a short section, or when complications or active therapeutical measures obscure the picture, and if we neglect to use the thermometer during the hours when the fever remits. In the apyrexia we might believe to have a reconvalescent before us. Some patients, feel well enough, to deceive themselves, but some malaise, some morbid sensation mostly remains. The spleen loses little of its swelling and twice we observed an icteric color. The chlorides in the urine increase only imperfectly and the weight of the body does not increase, in spite of increased quantities of food taken. Sometimes it happens also, that off and on a short rise intervenes in the temperature, indicating that everything is not yet in order.

The appearance of the secondary fever-period removes every doubt. The rising of the temperature happens far more rapidly, as it would be in a development of abdominal typhus or a relapse, but less rapidly as in an intermittens or in a pyæmic fever-paroxysm. The thermometer rises usually higher than we see it in a pneumonia or any other inflammation, and though the frequency of the pulse increases considerably, the acceleration of the respiration is hardly any. In no case

was the rapid rise of temperature on the secondary fever-period accompanied by a chill. Most patients felt in the beginning little or nothing of the new fever, let it be ever so intense, only during the day renewed debility, headache, sometimes deliria appeared, the tongue became coated and dry, and the appetite was lost. A renewed enlargement of the spleen, could be demonstrated in every case, transcending even the size of the organ during the primary fever.

In five of our cases, in spite of the enormous fever, the complaints during the secondary fever-period remained moderate. Only the excessive rise in the temperature and the mostly considerable increase of the frequency of the pulse gave us cause for alarm, which was removed after a few days by a defervescence setting in with perspiration. In the first case the rise of the temperature ( $41^{\circ}$  R.  $124^{\circ}$  F.) indicated the application of the cold water bath with ice-water douches, which, applied four times in 24 hours, always produced a considerable fall of the temperature and were a relief to the patient. After the first bath the temperature (measured on the anus :) fell from 41 (124) to 38.8 (119:), after the second the heat of the body had risen again to 39.9 (122) and fell after the bath to 38.8 (119) after the third from 40.4 (123) to 37.4 (117), after the fourth from 39.9 (122) to 37.9 (118). The temperature rose then again to 39.7 (121), but fell spontaneously and rapidly to 36.6 (114). In all other cases I omitted the application of the cold bath, although the temperature rose sometimes enormously, in one case  $42^{\circ}$  ( $127^{\circ}$ ), *the second highest temperature, which I have ever observed in any person who got well.* The temperature on its acme makes considerable irregular variations. In four cases just before the last rise a considerable remission of several degrees took place, in all cases treated without the cold water the highest culmination of bodily heat, like a kind of *perturbatio critica*, was just reached before the definitive defervescence set in and a rapid fall followed, so that in a few hours the temperature sunk  $5-6^{\circ}$  ( $12^{\circ}$ ) without any manifestations of collapse. I do not know any other disease, in which such colossal and rapid fall takes place without collapse. Immediately after the defervescence the full sensation of convalescence appeared in

all cases, appetite returned, all functions were regularly performed and perfect health reestablished. Only two of our cases were exceptions to our success. Both were old, decrepid persons, reeking in filth and devoted to dram-drinking. With them even the primary fever already showed great intensity. S. L.

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ARTICLE XVI.—*Antimonium-Crudum.* By Dr. ANESTASIO ALVAREZ GONZALEZ. (Translated from the "*El Criterio Medico.*")

HOMŒOPATHY uses three preparations of Antimonium in the treatment of diseases: Antim.-crudum, Antim.-met., and Tartarus-emeticus. The Antim.-crud., or native sulphuret of Antimony is a combination of 28 parts of sulphur to 72 of Antimony (others give 72.86 of Antimony to 27.14 of Sulphur.) It is of lead-gray color, crystallized in laminæ and needles, which are very brittle and fusible in the flame of a candle. Specific gravity 4.13 to 4.6., hardness=2. Chemistry teaches how to separate the Sulphur from the Antimony.

The pathogenesis of Antimonium-crudum gives us 471 symptoms, and shows that it is indicated in diseases of the head and of the mind, in abdominal, gastric and urinary difficulties and in ailments of the upper and lower extremities.

As primary effects we witness excitation of the circulatory system, with rush of blood to the head, and thus cerebral congestions, coinciding with gastric saburra, and relieved by epistaxis; the different pains in the head are also relieved by motion and the fresh air, we have also great itching of the scalp with loss of the hair, with small pimples on it, painful to the touch. The dullness of the head, like that we feel after being exposed to cold, the intoxication and the dizziness with nausea, the apoplexy with copious salivation, all belong to this remedy. A man died a few days after having taken a few grains of Antimony from apoplexy, and it also happened to others, who took it for the relief of abdominal cramps.

In the moral sphere it produces great alterations, as dejection of spirits, disgust of life with disposition to hang or to shoot himself, and he has to rise, to drive these ideas from his head; the least noise frightens him, producing a fear, to rise

from his bed; he asks for nothing to eat or to drink, except it is given to him; replies only when spoken to, and passes his fæces without noticing it.

Its febrile symptoms are: Great heat, hot sweat early in the morning every second day; irregular pulse, either accelerated or slow; intermittent fever with gastric or bilious affections, especially with discontent, loathing, nausea, vomiting, eructations, coated tongue, bad taste, moderate thirst, diarrhœa, tension and pressure in the pit of the stomach, with griping; tertian fever, sensation of internal chills, chilliness even in a warm bed, icy coldness of the feet, chills on the back without thirst; general chill with hot forehead without thirst, heat at night, general perspiration, frequent or small pulse.

The pathogenetic symptoms of the organs of sight and of hearing are only a few; we mention only the various noises in the ears by every motion of the jaws; the continuous surring, notable especially when everything is still, in the afternoon; painful noises; deafness in the right ear, as if it were stopped up; complete deafness.

In the nose we find a morbid sensibility during inspiration, as if we would inspire cold air or acrid vapors, stinging in the nostrils at every inspiration; humid coryza, fissures and scabs in the nostrils; bloody mucus; epistaxis for many days, especially in the evening.

In the face we find redness of the lips with cracks, smarting in the corners of the lips and red suppurating pimples; toothache in a carious tooth, worse at night, extending to the head, worse when the tongue touches the tooth, with the feeling as if it would compress the tooth; aggravated by eating even mild food, by drinking cold water, by inspiration, and diminished by fresh air; toothache in the evening and at night, hæmorrhage between the teeth and the gums, standing off from them, bleed very easily.

Antimonium shows its greatest activity in the digestive organs; we have here: dryness of the mouth during the night, great accumulation of salty saliva in the mouth, afflux of water in the mouth, smell from the mouth as in mercurial salivation, salivation without fœtor of the mouth, severe stinging in the anterior part of the left border of the tongue, blisters on the

tongue, smarting pain and inflammation in a small spot of the right border of the tongue; white tongue in the morning, sensation of scurfiness in velum palati with or without abundant mucous expectoration, copious viscous mucus in the throat, difficulty of swallowing, great thirst with or without dryness of the lips, thirst in the evening and at night with desire to drink, weak appetite or entire loss of it, great sensation of hunger in the morning when waking up, not ceasing after eating, with a feeling of emptiness in the epigastrium and want of heat in the body; after a frugal meal sensation of fullness with flatulency; laziness and desire to lie down after eating; after dinner lassitude in the whole body and laziness, which seems to arise from the lower abdomen; trembling of the hands when writing; bloating of the abdomen with discharge of much fetid air; difficulty to breathe after eating, bitter or acid eructations, bitter eructations, noisy eructations, rising of fluids in the mouth with the taste of the ingesta; hiccup, frequent smoking hiccup; nausea with giddiness; nausea after having taken wine; nausea with desire to vomit; copious vomiting which nothing seems to stop; violent vomiting with anguish; vomiting of mucus and bile; vomiting with convulsions; with diarrhoea and great anguish; painful sensation and pressure in the stomach, like twisting with thirst in the morning; pain in the stomach as if it were full, although not full and with good appetite; pain in the stomach as after a meal with inflated abdomen; a crowded feeling in the stomach with eructations and spasmodic pains in the stomach, the pains obstinate and rebellious; heat and pricking pain in the stomach with good appetite; burning and spasmodic pains in the stomach in short paroxysms; exasperating the patient so much, that he wants to strangle himself; great swelling of the abdomen after eating; voluminous and swollen abdomen; intolerable pains in the whole lower abdomen, violent twisting pains in the abdomen with accumulation of saliva in the mouth; colic the whole day with oppression, coming from the stomach; ill humor, accumulation of gases in the abdomen, obstinate constipation, diarrhoea, expulsion of slime from the anus with emission of flatulence; continual discharge of blood per anum, evacuation of black blood per rectum; prolapsus

recti; intense pruritus ani; the hæmorrhoids enlarge more than ordinarily; pruritus and smarting of the hæmorrhoids, and furuncles in the perinæum with burning pains.

In the genito-urinary system we find the following symptoms: frequent desire to urinate, with abundant emission each time, frequent emission of aqueous urine, but only a little at a time; frequent but scanty urination; has to get up three times at night to pass large quantities of urine; frequent and copious micturition; involuntary copious urination when coughing hard; dark-red urine and containing small red corpuscles; continual traction in the spermatic cords with the formation of a furuncle in the perinæum; light pruritus of the penis, pruritus in the meatus, burning pruritus on the left side of the scrotum; venereal appetite greatly excited with general restlessness, so that he cannot remain long in one place; erections, tendency to pollutions, pollutions at night with or without lascivious ideas; pressure on the uterus, and white acrid leucorrhœa, excoriating the inside parts of the thighs.

Ant-crud. shows a very direct action on the respiratory organs, as we see from the dryness of the nose in the evening and in the fresh air, allowing only with difficulty the articulation of the palate: fluent coryza, coryza with scabs in the nostrils, coryza with thick yellow scabs in the nostrils; hoarseness, extremely weak voice; he can neither speak nor sing; loss of voice as soon as he gets warm; great dryness of the throat; sensation as if a foreign body was in the throat with violent efforts to dislodge it; expectoration in the fresh air; paroxysm of cough in the morning when rising, frequent dry cough; severe dry cough with involuntary emission of urine; dyspnœa, asthma, suffocating asthma; oppression of the chest when waking up in the morning; whooping-cough; diverse pains extending over the whole chest or seated in one spot; pruritus in that region with smarting, when scratching it; pains in the neck, back, sacrum, with pruritus in these regions.

In the superior extremities we find pricking in the arms in the fresh air; pains in the arms when bending them, a tight feeling in the muscles of the arms, passing off when warm and returning in the cold air; snapping in the articulation of the elbow at every motion; pains of tightness in the right forearm



and in the joints of the fingers; arthritic pains in the fourth finger of the right hand; the nails do not grow regularly and the skin under them is painful. In the lower extremities we find: pain in the right hip, tight feeling in the left hip on motion; pains of the buttock in the neighborhood of the joints, extending down the femur; blue spots on the thighs; tension or nearly a cramp in the whole length of the right thigh; tightness of the posterior muscles of the left thigh; pains in the knees, preventing extension of the foot; painful rigidity of the knee, obliging him to limp; pinching in the knees; tension in the left tibia, strong pinching in the tibia, descending down to the foot; blue spots on the legs; heaviness of the right foot on motion; pains like after a wrong step in the external malleolus with cracking of the articulations of the foot during flexion or extension; tight feeling in the left heel with pinching in the sole of the foot; painful and red furuncles on the feet; great sensitiveness of the sole of the feet on motion, especially on pavement; large callosities on the soles of the feet and beneath the toes; gangrene of the foot, which turns black; cracking in the big toe at every motion; tearing pains in the right big toe; cutting pains below the left big toe.

As symptoms of the skin we find pruritus over the whole body, particularly on the back and chest; eruption like little boils with itching at night, hindering sleep; eruption of boils, which suppurate and form scabs; eruption of small red spots on different parts of the body; miliaria, urticaria, small white tumors with a red aureola, and heat and stinging in the face, extremities and fingers, which are swollen, with great thirst and nausea; dark spots over the whole arms; livid nails; red swellings with heat in the pustules with yellow or brown scabs; ephelides and liverspots; eruptions, which appear in the evening, with smarting from the heat of the bed, so that he cannot sleep.

Frequent yawning, great desire to sleep in day-time, and in the morning after waking up; desire to sleep with humor; he cannot keep awake in the evening; sopor; sopor with hallucinations; difficulty of sleeping before midnight; little sleep; sleep broken by the stinging and itching, which cease on scratching; he lies awake on account of the insupportable itching on the chest and other parts, where small pimples and

vesicles are seated, sensitive to the touch; he wakes up at night with great desire to urinate; restless disagreeable dreams of mutilation, of disputes, which wake him up and make him get up; lascivious dreams with pollutions for one or several nights in succession.

As general symptoms deserve particular mention: the convulsions and trembling of the extremities, convulsive movements, especially of the head; dropsical affections of the whole body; excessive hæmorrhages; emaciation and exhaustion; obesity; rheumatic pains, inflammation of the tendons, with violent redness and contraction of the affected parts; heaviness of the lower extremities with pinching and drawing pains. We find also: great sensibility to cold; all symptoms are aggravated by heat and the sun; by the use of wine during meals, at night or in the morning; amelioration during sleep, in the fresh air; the left side is more easily affected than the right one.

Hepar and Merc. are the antidotes of Antim.-crud.

It would be very convenient, if we would divide the symptoms of every remedy in our materia medica in its three principal categories, conformable to the principles of true physiology. I believe then, that every remedy acts in a primitive and characteristic manner on a part of the brain or the medulla (*primary symptoms*), that hence its action is reflected on the organs or apparatus, which possess the greatest sympathy with the part affected (*sympathetic symptoms*;) and then, to restore health again, in fighting against the toxic action, it produces different critical actions, either on the skin, or on the secretory organs (*critical symptoms*). Apply this theory to crude Antimony, we find, that this remedy acts directly on that point of the medulla oblongata, whence arise the pneumogastric nerves, and which is situated in the posterior part of the eminentiæ olivares; the disharmony at this point, reflecting itself to the trunk and branches of the pneumogastric, produces intense alterations in the stomach and chest; alterations which may, and frequently do, terminate by an eruption on the face, similar to varicella or by urticarious, miliary, vesicular or pustular eruptions. The primary cerebral symptoms are: the suicidal mania by hanging or blowing-off the

top of the head; curious extravagant ideas; lowness of spirits; the child will not allow itself to be touched or looked at; exaltation; lewdness; as sympathetic symptoms we have the violent colicky pains with nausea, vomiting, violent headache, different gastric symptoms, gastralgia, eructations of the ingesta, mucous and bilious vomiting, accompanied sometimes by diarrhœa, anguish and convulsions, cramps in the epigastrium with despair and inclination to hang himself; white coated tongue, &c. The critical symptoms are especially observed in the skin, where we find great pustules in the face, turning dark, when drying up, like smallpox; they adhere firmly to the skin, which exudes them, and it takes some time till they fall off; they are painful to the touch; in the beginning they look like a flea-bite with a red aureola and a hardly perceptible vesicle in the centre, which, when opened, exudes a glutinous liquid and constitutes the pustule, looking exactly like a smallpox pustule; generally they unite in groups of three or five round the lips, at the corners of the lips, in the beard, crust over by and by, which, after falling off, leaves a light scar, which disappears in time. Other critical symptoms are observed in the urinary and rectal apparatus, although they hardly ever remove all the other ailments.

The symptoms of *Ant-crud.* and of *Colchicum-autumnale* offer several analogies in relation to the cerebral and gastric symptoms, only that the sympathetic symptoms, predominating in *Colchicum*, are hepatic alterations, producing at last an atrophy of the liver. We have witnessed the effects of large doses of *Colchicum* on two gentlemen, who took it for a length of time for the removal of gout, and who committed suicide by shooting themselves through the head. Another one, suffering from gout, and in the habit taking *Colchicum* went to bed always with loaded pistols under his pillow, and when the idea of suicide fastened itself on him, a look at his pistols sufficed to calm him.

We also find analogies to *Merc.* and *Staphysagria*, when we consider the constant perturbation of the gastric functions, the caries of the bones, &c. In conclusion we may remark, that *Antimonium* has done good service in carious toothache, in colic with headache, in chronic ailments based on a hereditary herpetic disposition and in chronic rheumatism.

ARTICLE XVII.—*Case of Occluded Vagina.* By J. T. HOTCHKISS, M.D., of Monroe, Orange Co., N.-Y.

MRS. E. A., of Newburgh, Orange Co., N.-Y., aged thirty-one. Born in England. Has four living children by a former husband. Was married at nineteen. January, 1855, was attended in her labor by Dr. P. of Newburgh, who used the forceps. Failing to relieve the patient, Dr. E. was called twelve hours more. Dr. Blackman was called, who advised that, as the position of the child was favorable, "a reliance on nature" In a few hours the patient was delivered of a large male child; life extinct.

Sloughing of the soft parts resulted, and Dr. Blackman excised the unhealthy parts, and our patient recovered her general health, with the exception of occlusion of the vagina. The above history of the case I obtained, of course, from the patient and her husband, Mr. A.

Sept. 10, 1855, I found patient suffering from severe bearing-down pains, occurring at regular intervals, and having an enlarged abdomen equal to the ninth month of utero-gestation, lower extremities swollen and the skin injected, with venous blood, and having suffered for two weeks with pangs, equal to the most earnest labor-pains, from simply retaining the menstrual fluid. An examination per vagina showed a firm bar of cellular tissue, six lines in length and four in diameter. This band was fixed on each side of the vagina and occupied the whole of the lateral and anterior walls of the vagina, leaving an opening posteriorly that would admit the end of the little finger to pass six lines further.

The patient earnestly appealed to me to do something, anything; if death resulted, it would be courted with pleasure, for the agony was insufferable.

On the morning of the 11th I divided the band with a bistoury, and now I could realize the condition of the patient to some extent. Now the adhesions were of another character. The walls of the vagina had been brought in contact, so that the anterior and posterior walls or surfaces adhered, leaving a transverse seam, irregular in appearance, giving evidence of the near approach of the rectum and bladder with their peri-

toneal investments, and from comparing with a sound in the bladder, a finger in the rectum and a finger in the vagina, the approximation of rectum and bladder was within three lines.

Sept. 20.—Dr. Thos. Heaton, of Canterbury, saw the case with me and proposed to break the adhesions with the handle of the scalpel; this we tried, but to no purpose. We now placed our patient on her knees with the head bent forward and low, and while the vagina was opened by an assistant, I used a sharp-pointed bistoury and began to dissect in the line of the cicatrix through the cellular tissue towards the uterus. Proceeding about twelve lines, slowly dissecting and looking with earnestness for the result, I saw a jet of black fluid follow the point of my knife. I now without difficulty pushed a catheter through the occlusion, and a stream of menstrual fluid greeted our eyes and olfactories. Twelve ounces of the fluid was collected in a bottle, and more than that quantity escaped from appearances. Five hours after the operation found the patient free from pain. Directed the use of graduated bougies and injections of warm water. Patient has enjoyed tolerable good health up to the present time.

ARTICLE XVIII.—*Sugar preventing the Generation of Animals.* By E. M. HALE, M.D.

“MR. Henry Tanner, Prof. of Rural Economy in Queen’s College, Birmingham, says: ‘I have every reason to believe that the action of sugar, in its various forms, is most important in its influence on the generative system; and I think there is just cause for considering, that any animal may by its use be rendered incompetent for propagating its sperms.

Since my attention has been drawn to this fact; numerous instances have come under my observation, tending to confirm this opinion. From among the cases which I could mention, it will probably be sufficient for me to state that of a breeder of some eminence, who, with a view to the improvement in the condition of his herd, added molasses to the dry food he gave to his stock. It certainly produced the result he anticipated, for their appearance and general condition were most

satisfactory; but this was accompanied by an influence he had never expected, for his stock, which had always realized high prices as breeding stock, now, with very few exceptions, proved to be valueless for that object, male and female being alike sterile. As soon as this was discovered, the supply of molasses was stopped. But while the animals which had not been under its influence, maintained the original character of the herd, as being good breeding stock, it is very doubtful if any of the stock, which had been fed for any length of time upon food mixed with molasses, ever regained their breeding powers. It is more than possible that a fatty degeneration of the ovaries took place, from which they would but slowly recover under any ordinary treatment. In another case, where molasses had been used for some heifers which were fattening, it had the effect of suppressing those periodical returns of restlessness which pervert heifers as well as steers; and it kept them steadily progressing during the whole period of their fattening, and the result was highly satisfactory. If, therefore, upon further trial, we find sugar influential in checking the reproductive functions, we can, at any rate, exercise a proper discretion in its use; and while avoiding it for breeding animals, we may encourage its employment when common heifers have to be fattened."

REMARKS.—The above observations have an important bearing on the etiology and treatment of *sterility*. If the excessive use of sugar by animals causes sterility, there is reason to suppose it may cause the same condition in women. I have observed in many cases that those women who were sterile, were also inordinately fond of sweets, confectionery, &c. We know that sugar conduces to adiposis, and that adipose women are generally sterile.\*

The deductions are: in the treatment of sterile women to prohibit the use of all kinds of food containing sugar, or, at least, to lessen its inordinate use.

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\* See *Abortion and Sterility*, page 270. 2d. Edit.

## General Record of Medical Science.

### 1. *Post-Mortem Examination of Mrs. C.*—

(See page 60.)

THE Autopsy given at page 60 is that of a lady seen by the Editor in consultation. The deep interest we took in the case at the time has been heightened by the report of the *post-mortem* examination above given. Additional particulars were solicited; and we are now pleased to be able to publish the following letter:

Hudson City, July 1, 1869.

Editor N. A. JOUR. HOM.,

*Dear Sir,*—According to your request I transmit a brief account of the case of Mrs. C., introductory to the *post-mortem* examination which you have concluded to publish in your Journal.

On Saturday the 28th of March, 1868, Mrs. C. severely tasked her strength by tying up various articles preparatory to removal. She retired at the usual time feeling exhausted. At midnight she was aroused by attacks of suffocation, vertigo, pain in the right shoulder and also in the heart. I first saw her about 10 A.M., Sunday morning. The horizontal position was assumed with difficulty; the urine was suppressed; the pulse was 90, light and quick in the beat, and the sounds of the heart were heavy. I diagnosed the attack to be hydrothorax in its incipency, and during 48 hours anxiously watched for effusion. No symptoms declared themselves till Tuesday night, March 31st, the end of the third day, being about twenty hours later than usual in their development. All previous symptoms were aggravated. The sounds of the heart were distant and muffled. Recumbency became impossible; the urine was still suppressed; the pulse was about 100, and it was lighter, quicker, and weaker in the beat. The left lumbar region was exceedingly painful, and to some extent, the right. From this day to the time of death it was necessary to have three persons in constant attendance.

All of the usual remedies were used unavailingly. Thursday, April 2d, was the day of symptomatic climax. The pulse became 120, being at the same time almost fluttering; speech was exhaustive; syncope was super-added to vertigo; and anasarca was distinctly pronounced. The patient frequently expressed herself as dying, and several times bade farewell to her family and attendants, and requested that there should be a *post-mortem* examination, as she felt convinced that there was something more the matter than had been detected. On Friday the symptoms all abated except the suppression of urine. The morning pulse of Friday, was 110; on Saturday 104; on Sunday 96; on Monday 84; on Tuesday 70; and the rate of improvement in every respect was in accordance with the improvement in the rapidity of the pulse, still excepting ischuria. Warm baths and fomentations were successfully resorted to in order to compensate for the failure of the kidneys.

On Tuesday, April 7th, the tenth day of her sickness, in the afternoon,

the recumbent position became possible and pleasant. About 5 P. M. the pulse was 60, the breathing was more deep and slow, the anasarca had greatly diminished, the feelings were clearer, and hope of recovery was shared both by patient and physician. This was within an hour of death. Before 6 P. M. there was a sudden change for the worse. The breathing became heaving and slow, the eyes upturned and settled, the pulse was 48, and about every fourth beat was suppressed. By means of an electric current the pulse was steadied at 44; but in less than twenty minutes after the inception of the worst symptoms death ensued, the pulse gradually declining to 14 though it never was broken or irregular after using electricity.

There seems to be nothing learned from the treatment that was pursued, as it was altogether unsuccessful; therefore I will not particularize. It need only be said that every available remedy in high and low potency was appealed to in vain. My opinion up to the time of death was that the kidneys were exclusively the organs at fault. The only lesson to be learned from the case appears to be to show the propriety of holding a *post-mortem* before pronouncing upon the cause of death in doubtful cases.

Mrs. C., had apparently enjoyed robust health for 48 years. She was of the sanguine temperament, slightly tending to the lymphatic. She was very temperate, industrious, hearty, hopeful and cheerful; and alive with sympathy and affection. As it was a case in which fear might reasonably be expected greatly to depress the vital power, I will state that, like a genuine Christian, she met death face to face without shrinking. She never had a sickness or a symptom up to her last illness which seemed to be based upon any organic disease whatever.

Her death was unexpected and startling, on the day that it happened. When I was asked to account for its suddenness immediately after I had prognosticated hopefully, I acknowledged my inability to account for it except through the revelations of a *post-mortem* examination, the results of which have already been placed in your hands by the family.

Very respectfully Yours,

A. H. LAIDLAW, M.D.

## 2. *Allopathy versus Nature. The Downfall of Allopathy Prophesied.*

THE following is taken from the *Scientific American* :

"On the whole we do not think the prospects of the drug trade for a brisk business during the latter half of the twentieth century are altogether flattering. Before the expiration of that period, man will, perhaps, not have practically learned that diseases may be warded off by a clean temperate life; but he will at least have learned that diseases once acquired, cannot be cured by cathartics, emetics, or any of the other "ics," and throwing himself upon *nature*, will give her the best chance to work he can, and thus secure the *only* possible chance he has for recovery."

*Remarks.*—The *Scientific American* is the oldest and ablest exponent of all the journals upon the subject of Science and Art we have.

Its field is independent and scientific criticism; and such opinions and



truths deserve the greatest attention and should be admitted by all unbiased minds. When a journal of this character—independent of all schools, sees such a future of allopathy, it is no wonder that homœopathy is constantly receiving into its ranks converts.

The allopathic journals will undoubtedly treat such criticism with contempt, and well they may, for their life and existence depend upon their profession, and they cannot afford to argue such points. The day for increasing allopathic believers has passed, and now they are struggling to keep above water, what is destined to sink beyond recovery.

The day for cathartics, emetics, sudorifics and venesection has passed; and the time has arrived when rational homœopathy is rapidly spreading, and the public see by our success, in rapidly and successfully curing disease, that the allopaths are the *real* "quacks" after all.

The status of allopathic medicine is not very flattering, it is only for an impartial observer to look over their literature and authorities, and see the "*contraria contrariis*" opinions and recommendations there expressed to become convinced that they are struggling hard to invent new theories, and prepare new compounds the more successfully to combat disease; but it is the old story, failure!

The secret is, their medicines are only palliative and *not* curative, some relieve for the time, and others do irretrievable injury. They reduce the strength of the patient, and consequently *nature* has a double task to perform,—to overcome the disease, and the effects of their nauseating medicine.

*Homœopathy on the contrary assists nature in overcoming the disease, and no injurious effects follow the medicines.* Is it strange, the public should prefer homœopathy to allopathy?

H. N. A.

### 3. Vaccination by the New Method.

THE director of the Royal Institution for Vaccination at Berlin, Herr Gehl. Medicinalrath Müller, some time since published a number of observations on vaccination, in which he proposes the dilution of vaccine lymph with Glycerine. After adverting to the well-known difficulty of obtaining vaccine lymph in sufficient quantity, especially where large numbers have to be speedily vaccinated and re-vaccinated, for instance during the prevalence of an epidemic of small-pox, he observes that it is, therefore, a matter of great importance to be in possession of a means by which every practitioner may preserve for himself an ample store of this precious (?) substance. "Such a means is to be found in mixing the vaccine virus with diluted Glycerine. Without in any way interfering with its efficacy, this increases its quantity and its power of keeping. Finding that the vaccine scab is best dissolved in Glycerine, and impelled to seek for some adjuvatory means by the numerous applications he received from every province of Prussia, as well as from foreign parts, the author was induced to try the effect of some lymph which he had mixed with diluted Glycerine, and the results were in the highest degree encouraging. While augmenting the vaccinating material ten or twenty fold, the pustules which resulted, neither in their course, appearance, the amount of lymph they contained, or the reaction

they gave rise to, differed in any degree from the pustules produced by the purest lymph. The proportion cannot be exactly determined, because the quantity taken up by the pencil cannot be weighed or measured; but as an example it may be stated that lymph from three pustules, not only vaccinated three children, but served also to charge forty capillary tubes. *Lymph* which has been preserved in tubes can be similarly treated with Glycerine, but it will be best only to employ that which has been kept in them for a few weeks or days. How far *the dilution* of the lymph can be carried without damaging its efficacy is being tried. At present the results have been found uncertain when diluted more than twenty times. Diluted only ten times, they are always certain." This diluting presents itself as interesting to homœopaths. Another question of interest is, what dilution we should have by mixing the lymph from the pustule of a child vaccinated with the diluted lymph.

From the above it will be evident that if this method can be demonstrated as infallible, the practitioner can always have a supply of *reliable* lymph. This lymph is easily stored, seeing that it enters the tubes with greater facility than in its undiluted state and keeps much better. With the lymph derived from a single healthy child, a whole company may be vaccinated, (the doctor's vaccinating fee could also be "diluted") on account of its greater preservability; this mixed lymph will also far better bear transmission to distant countries and tropical climes than does the ordinary free lymph. We will close this article by giving Dr. Müller's exact method of procedure which is as follows: "Having spread some of the pustules of a child vaccinated eight days before, he collects the lymph which issues out upon a small new hair pencil. The pencil is then moistened upon a glass or porcelain plate by means of from ten to twenty drops of chemically pure Glycerine, diluted with equal parts of water, the whole being most thoroughly mixed together by means of the pencil. With this mixture vaccination is immediately performed, or capillary tubes are filled with it and sealed for future use."

At the North Eastern Homœopathic Medical and Surgical Dispensary of New-York City I have made a number of trials and experiments with this method, but I shall not in this article give the results, as it is my intention to extend the experiments more fully.

F. S.

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#### 4. *Medical Geography of the City of New-York.*

THE causes of diseases in the American Metropolis would be less important to the rest of the world if they did not illustrate the sources of health and disease in all other communities. In this city we have all the evil that perverted Christianity has permitted to grow up in the world unchecked, as well as the occasional gleamings forth of that rising sun of the better day coming which will bring better sunshine when it has a fair opportunity. The millennial daylight is surely coming. Let us look into some of the quarters of our city which greatly need illumination:

The Southern portion of New-York City extending northwest to Fourteenth-street is the centre of Commerce. The people who live within this

territory are generally not merchant princes, but newly-arrived immigrants or improvident people who cannot pay the rents demanded for better homes. Here, back of colossal ware-houses and banking-houses, princely Insurance and Broker's offices are hundreds of lodging-houses, dance-houses, drinking dens and other places much worse, which live upon the poverty and degradation of the people whose poverty and degradation they promote and perpetuate. In this region we find five public markets, six first-class hotels, some which would be called large elsewhere, and more of lower character than we have time to enumerate. In this district embracing the 1st, 2d, 3d, 4th, 5th, 6th, 8th, 9th, 14th, and 15th, Wards, a recent census shows 3,965 tenement houses, and 187,280 inhabitants. In the Sixth Ward we still find the long notorious *Five Points*, still only partially reformed by the faithful labors of many devoted missionaries. The Fourth Ward was celebrated by a few weeks of reformation within recent months, but it is still supposed to be the home of some very "wicked men."

Of all civilized cities New-York is in many parts the most densely populated. The percentage of persons to the dwellings in the whole city is fully as great as that of London,—averaging about 78 persons to each dwelling; but there is no part of London or Paris so densely populated as certain districts of New-York. In New-York there are 15,040 tenement dwellings in which reside no less than 730,680 persons, equal to 47.25 persons to each dwelling. It is not to be wondered at that the death-rate in these over-crowded districts averages one person in every twenty-four of the population. The average of sick persons in these houses is nearly one in four.

Efforts are indeed being constantly made to give these suffering, dying people more room. The Inspector of Buildings tries to console the smothering sufferers with the statement that between 2000 and 2500 buildings are being erected every year. Sure enough, but does not the population of the city increase with a rapidity fully proportioned to this increase of accommodations? Will not rents continue to rise in proportion as the city improves?

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### 5. *Champagne.*

THE most popular of wines is *Champagne*;—(all wines are more popular than they ought to be.) We will just here tell who invented it; and then advise our younger friends to *let it alone*:—older friends never mind any thing we say.

On the road from Paris to Strasbourg, within a mile of Rheims, is the little village of Hautvillers. Here, above the vine-clad Marne, is an ancient Monastery in which lived 150 years ago the joyous monk Don *Perignon*. He had been entrusted with the management of the vineyards and cellars of the Abbey. Having become *blind* his perception of *tastes* was only intensified by the loss of sight. He made new experiments, even going so far that he threw away the old bunches of flax soaked in oil with which bottles had been hitherto stopped and tried pieces of bark of the *Cork tree*. He found the *Cork* to answer better. His Monastery became noted for improved wines.

At length he found how to make an effervescent wine which became much celebrated. It was long known only to the happy possessors of the secret at the monastery of Hautvillers. Louis XV. was then only a boy under the guardianship of *De Nonilles*. This could not last. The boy asserted his kingship in 1723, and *would have* all the luxuries that could be found anywhere. The French language had been fully grammatized. Voltaire had just decided "to expel Christianity from the world." Paris had five theatres, and Madame Maintenon was already dead. The king and court must have the finest wines. *Champagne* became popular. The treaty called "*The Peace of Paris*" was celebrated by courtiers who were exhilarated by it; and just at the time we go to press, the greatest "Peace Festival," ever held anywhere will be celebrated in Boston, and we much fear that *too much Champagne will be drunk there*.

*Street Cars.*—We get along in some way with street cars, whether drawn by horses or by steam: but our sympathies are with the *horses* and our preference for the *steam cars*.

At a meeting of the Board of Health, June 16th, Dr. Stephen Smith presented a communication which stated: Between Jan. 1, 1868, and May 1, 1869, 73 cases of accident from street cars (drawn by horses, of course,) had been treated at Bellevue Hospital, which is only *one of the five* hospitals of the city. The Board has ordered that nobody shall hereafter be injured on street cars,—even if drawn by horses. We will see.

*True Education.*—Mrs. Eleanor Kirk in addressing a large number of boys at the Packard Institute in Brooklyn, June 16th, said: "The true system of education required the combination of both sexes in schools, as tending in every way to their mutual improvement." She cited the case of a well-known United States Senator from Rhode Island, with whom she was once at school.

*Indigo* is soluble in alkaloid salts especially in the acetates and chlorides of aniline, morphine, &c.

*Electric Light.*—The immense heat of the Voltaic arc has been utilized by placing a cylinder of Magnesia, having the diameter of 8 millimetres, between the charcoal points of the electric lamp. Thus the Magnesia displays an incandescence equal to that of the most luminous portions of the charcoal.

*Lead Poisoning.*—Soft water after passing through animal charcoal loses its power to dissolve Lead, owing to the minute quantity of Phosphate of Lime which passes from the charcoal into the water.

## Reviews and Bibliographical Notices.

1. "*The Corpse of Homœopathy.*"—*Allopathy versus Homœopathy.*

THE following editorial is taken from the *London Lancet* for June:

"HOMŒOPATHY.

"From some recent publications that have fallen in our way, and that

seem intended to impose upon the credulity of the public by a semblance of medical reasoning, we infer that an attempt is being made to galvanize the corpse of homœopathy. That strange delusion, after affording for some years a rich harvest to those who professed to expound its mysteries, has long ceased to have any real existence.

"It is seldom that two generations can be duped by the same trick; but still, we think, our readers should be upon their guard. And there are one or two specious pleas urged in favor of homœopathy—pleas which incautious doctors are rather apt to admit, but which, we think, may be and ought to be refuted. Thus it is said that we have learned from homœopaths to study the natural history of disease, and that we have also learnt from them to lay aside the excessive use of drugs.

"In both these matters, we think the right view is, that the system of homœopathy was merely coincident with the tendencies of science—a sort of abortive birth from the womb of time. Growth in knowledge comes only when the minds of inquirers are ripe for it; and the ripeness of sound minds is likely enough to be coincident with the extravagance of feeble ones. The nonsense that was talked and written by mesmerists was most blatant at the time when philosophers were laying the foundations of our present and future knowledge of the nervous system; and the nonsense talked by homœopaths was in like manner coincident with the beginning of a new era in therapeutical inquiry. In both cases the pretensions of the sham sciences overshadowed at first the claims of the real, because the professors of the former were not troubled by any care about accuracy or about depth, and because they appealed to an audience who, with every curiosity to know what was said, had no curiosity whatever to know what was true.

"We would strongly urge upon our readers, therefore, if their experience should bring them into contact with any evidences of the sham revival of homœopathy, to hold no truce with it. Its claims, its doctrines, and the practices of its professed followers, are alike eminently and distinctively opposed to truth; and truth, in regard to medicine, is at once the stepping-stone to all excellence, and the goal of all ambition."

*Remarks.*—If this is a specimen of London medical criticism, certainly the present generation of medical critics in that world has sadly degenerated; or if this outburst of pent-up feelings is the want of sufficient material, then the writer is excusable; but, as an editorial for a journal that formerly held so high a position in the medical world, it looks very much as though they were trying to prepare for themselves a decent burial—for want of mental energy and profitable patients.

If our fiery brethren expect to engulf us in total extinction, they will have to invent more ingenious arguments, and show better *cause* why we are not to be permitted to live, move, and practice homœopathy.

This looks very much as though they were *run out* of material, and had commenced to draw upon the sympathies of their readers.

Such trash as this written against homœopathy will gain us many friends, and so long as they confine themselves to such nonsense we shall be satisfied that the cause will not suffer at their hands.

They talk about the changes in disease. That they were about commencing a new era in therapeutics when homœopathy sprung up, and such unfair assertions, which are not honorable or true.

This *powerful* article from the *Lancet* recommends to its readers the following important points:

I. "From recent publications an attempt is being made to impose upon the *credulity* of the public, and to galvanize the corpse of homœopathy."

What a shame! How sad for the mourners!

II. "This strange delusion, having afforded a rich harvest to the practitioner, has long ceased to have any real existence."

How fortunate for those who have grown rich!

Why are all the Allopathic journals filled with such nonsense as the above?

III. "It is seldom that two generations can be duped by the same trick; but readers, it is well to be on your guard."

So it has taken one generation to discover the trick, and as there may be breakers ahead, look out!

IV. "They say we have learnt to study disease, and have laid aside the excessive use of drugs." Certainly not; they were about doing that themselves.

V. "The system of homœopathy was merely coincident with the tendencies of science—a sort of abortive birth from the womb of time." O tempora! Oh for wombs that may bring forth wiser and fairer critics.

VI. "We strongly urge our readers, if their experience should bring them into contact with any evidence of the sham revival of homœopathy, to hold no truce with it."

They probably have their eye on some weak brother. How honorable this advice!

How are men to judge of the truth except from intercourse and study? But no; regard it as so much poison, and touch not.

Messrs. Editors of the *London Lancet*, if you have no better arguments to offer than the above, silence is the best part of your discretion. Open manly criticism we always invite, but such trash as this we emphatically denounce.

Let every homœopathic physician read this, and show it to their patients, and let them see by what means they strive to bolster themselves up and check the progress of homœopathic science. H. N. A.

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2. *Self-Enervation ; its Consequences and Treatment.* By C. S. ELDRIDGE, M.D., Bay City, Michigan; with an Introduction by Prof. JOSEPH HOOPER, M.D. Chicago: C. S. HALSEY, 147 Clark-street. 1869. 12mo. pp. 64.

A NEW book of this size and appearance has several claims upon the attention of the reviewer as well as of the reader. We may notice:

1. *Outside appearance*: This is entirely faultless; indeed very fine. 2. *Size*: This is so moderate that we will take it aboard the first boat or car and read the whole of it. *The subject*: This is important, perhaps more

important than any other which has been almost totally neglected by physicians competent to treat of it.

4. The degree of ability with which the subject is treated. This is satisfactory so far as the size of the book permits. The author has done well in presenting the subject in an intelligible and readable shape. The work might be profitably enlarged, especially in the therapeutic portion of it. The remedies suggested are good; and the adjuvant measures also.

The book as it is deserves to be carefully studied. There are still some psychological questions involving the very nature and ætiology of the disease which no medical book or journal has ever even spoken of. He is no doubt prepared to enlarge his treatise and embrace them all whenever he can find sufficient interest in the subject manifested by the profession. One who writes on such a theme wishes to find a "fit audience though few." One who would touch the psychology of the subject would find them few indeed.

3. *Therapeutic Guide*.—The most Important Results of more than FORTY YEARS' PRACTICE, with Personal Observations regarding the Truly, Reliable and Practically-Verified *Curative Indications in Actual Cases of Disease*. By G. H. G. JAHR, Chevalier, &c. Translated with *Notes and New Remedies*, by CHARLES J. HEMPEL, M.D. New-York: William Rudde, 550 Pearl-Street. Philadelphia: F. E. Berrick, 635 Arch-Street. 1869. pp. 364.

We have already too many books, and for this very reason we are every day assured that we need a few more. Students and physicians in active practice have too many things to read and too many things to do, to do justice to anything; and they incessantly demand counsellors who know *everything* but who will not try to tell them anything but the very thing that is needed for the particular case in hand.

Here is another effort to meet the want of the busiest men—the student who is already embarrassed by the inexhaustible wealth of the Homœopathic *Materia Medica*, and the practitioner who has read so many hundred pages of it so many times over that although he has forgotten more than the men of fifty years ago ever knew, and knows more now than many wise men of our own ever learn he needs to be *reminded* of some of the most important and available facts which are covered up by too many others in his overloaded memory. We have then still use for large works of study and reference, but also smaller guide books of suggestions, indications, key-notes, characteristics of the remedies most commonly found useful in the various forms of disease most frequently encountered.

The name of the author of the present work is known to all homœopaths. It would be useless to speak of the relative value of any of his many works which have already been used by every practitioner. His reasons for now sending forth *one more* need not be stated at length. What he says we may thus condense:

The purposes for which the present work of Jahr will always be consulted will be those for which the young practitioner who does not pretend

to know everything, or his elder brother who has tried, *about everything*, and failed to consult a more experienced elder practitioner. The man who "asks for information" does not always get *just what he expects*. He *often*, perhaps *generally*, learns the thing he most needed to know,—just the small matter of intelligence which enables him to get out of a hard case, perhaps a *bad scrape*, over which his personal reputation was not sufficient to bear him, and the responsibilities of which were,—just, exactly—*too much for him*. He appeals to the wisest, ablest, sometimes, *not always the ablest* counsellor within his reach. He is often surprised at the advice he gets. He has read of so many *new* remedies, and such an endless array of symptoms causable or curable by each one of them that he thinks a counsellor, who knows them all so well as to pick out the *right one*, will, at once put him on the track which will lead at once to present success and future fame. The counsellor, perhaps, suggests a remedy which the junior practitioner had heard of before. "I thought," says the youth, "he would do some *great thing*, especially prescribe something that I had not read about." The counsellor says: "I have been through all of that. I have built some castles in the air, and have gazed with unnecessary amount of admiration upon baseless castles built by others. But I have come back to *old* remedies in cases like this. We *know* them better than we do new ones which rest upon the accuracy of a single prover or a single case cured. *New* friends may turn out to be *good friends*; we have some *good old friends* who have *proved themselves to be good*." Thus, the counsel of JAHR is that of a man who has tried many things and returned to those which he had found to best meet his expectations or his wants. Those remedies, as he has found them effective in the many forms of disease to which he refers in this volume are often very briefly indicated here. Newton was thus modest in publishing his "*Principia*." He said: "To communicate *what I have tried*, and leave the rest to patient observation, is all my design in publishing these papers."

But in the present edition we have also the new remedies suggested by Prof. Hempel. The character and extent of [his] annotations may be estimated by the following sample:

Under *Gastric Headache*, Jahr, after mentioning other remedies, says:— "For headache caused by hard drinking and nightly carousing I consider *Carbo-reg.* full as efficient as *Nux-vom.*, which has often left me in the lurch in such cases." Dr. Hempel adds: "Probably because Jahr gave too high a potency. A man had drank 39 glasses of bad whiskey over night; next day he had lost his sensibility, trembled all over, the skin felt like parchment, the pulse was small and wiry, the man felt as if he would die, in the greatest agony. I gave him *Nux* 30th for an hour without the least improvement; I then gave him five drops of the tincture in half a goblet of water. In a few minutes he began to perspire; all day he was drenched in perspiration which smelt like alcohol; next day he felt a little weak but was otherwise quite well, ready for another debauch." p. 66.



4. *The Sexes Here and Hereafter.* By WILLIAM H. HOLCOMBE, M.D., author of "Our Children in Heaven," &c. Philadelphia: J. B. LIPPINCOTT & Co. 1869. 12mo. pp. 277.

AN author who is already well known not only to our readers, but to a wide circle beyond them, and which is perpetually extending, sends through the hand of an enterprising publisher, another contribution to physical, moral and psychological science. The publisher has decided that the volume now presented shall compete successfully with all the volumes on the centre-table for the prize of external beauty. The author well knew when he began to write how to stir the depths of psychological mysteries, at the same time and with the same words that could touch the highest intellects and the noblest hearts. Such themes and such revealings were formerly claimed as the exclusive property of mystics and ascetics, such as the world was acquainted with a thousand years ago. They, having failed to make good use of them, have been directed by the author and publisher to stand aside, their mission having been already—not fulfilled—but forfeited. The aspiring, the innocent, the intellectual, who are at the same time the pure in heart, waiting for something better than they have seen in the so-called civilized world around them will thank the author and the publisher. The fact that the first edition of this work, of one thousand copies, was immediately sold and further editions demanded, is a significant sign that the future of humanity will be better than the past.

5. *An Illustrated Sketch of the Movement Cure, its Principles, Methods and Effects.* By GEORGE H. TAYLOR, M.D., author of "Exposition of the Movement Cure," &c. New-York, 69 West 38th street. 1869. 12mo. pp. 60.

THE author of this little book is a true disciple of *Ling*, the founder of the Movement Cure. That he is an earnest, patient laborer in the art and mystery of curing the "incurables," is sufficient for us to say of him here. We hope our medical friends know how to cure *every body* already. We think, however, it is well that they shall be able to assure their constituents that they *know every thing*. We, therefore, often call their attention to adjuvant and collateral measures. The work just named gives a modest and unpretending account of one of them, of the value of which each practitioner will be a competent judge. We have seen it in operation. Others will find it at least "worth looking at."

6. *Pathogenesis of Ptelea Trifoliata. A Report to the American Institute of Homœopathy.* By E. M. HALE, M.D., Member of the Bureau of Materia Medica. Reprinted from the Transactions of 1868. 8vo. pp. 84.

OF the origin of this fine pamphlet of 84 pages, the author gives the following account: "In 1866, the American Institute of Homœopathy appointed me one of the Bureau of Materia Medica: I selected *Ptelea* as the subject of my report, and offered two prizes for the best two series of phy-

biological provings, and one prize of \$50 for the best pathological proving on animals, to consist of all the symptoms observed during life, a record of the pathological or normal appearance of each organ after death, a microscopic examination of the diseased organ of tissue, and any abnormal tissue or product." In reply to this announcement Dr. Hale received twenty-two provings, ranking as follows in order of merit:

Dr. F. Nichol, Belleville; Drs. Fish and Train; Dr. Wm. H. Burt, Lincoln, Ill.; Dr. Cowles, Bloomington, Ill.; Dr. A. Cowperthwaite, Toulon, Ill.; Dr. C. H. Lutes, Ligonier, Ind.; Drs. C. W. Pierce, of Fort Smith, Ark.; A. V. Marshall, West Cornwall, Vt.; E. Parsons, Kenawe, Ill.; Dr. Hayward, Romeo, Mich., Dr. Hunter, Bellefontaine, Ohio. Their reports in full are given, followed by a resume of the symptoms made up by Dr. Hale.

### 7. Books and Periodicals Received.

THE AMERICAN JOURNAL OF HOMŒOPATHIC MATERIA MEDICA. April, May, July, 1869.

This Number contains Cases from 252 to 255. Extracts, Therapeutic Hints, Characteristics. Provings of Stramonium from Symptoms 1729 to 2072, Miscellanies.

AMERICAN HOMŒOPATHIC OBSERVER. June, July, August, 1869.

The August Number contains many useful articles and discussions.

MEDICAL INVESTIGATOR. May, June, July, 1869. A very good Number.

MONTHLY HOMŒOPATHIC REVIEW. London, Henry Turner, 77 Fleet-St. April, 1869.

CODE OF MEDICAL ETHICS: Constitution, By-Laws, and List of Members of the American Institute of Homœopathy. Boston, Alfred Mudge & Son, 34 School-St. 1869. 8vo. pp. 48.

TRANSACTIONS OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.

UNITED STATES MEDICAL AND SURGICAL JOURNAL. July, 1869.

This Number contains Articles by Drs. W. S. Searle, Emil Tietze, Lillenthal, Gatchell, M. F. Page, Carroll Dunham, Wessellhæst; Reviews and Editorials by Drs. Shipman, Ludlam, Dunham, F. A. Lord, E. C. Franklin, Gatchell, T. F. Allen, &c.

THE OCCIDENTAL; A *Monthly Journal of Popular Homœopathy*. G. S. Walker, M.D., and T. G. Comstock, M.D., Editors. Vol. 1. No. 1. July, 1869. Office 203 North Third Street, St. Louis. John V. Hogan & Co., Publishers.

We have here a new candidate for public favor. As the word *Candidate* originally signified "A man dressed in white" to signify his being free from faults of character, the present applicant for votes comes forward in a dress above criticism; it is not exactly *white*, but it is a finely tinted paper which is fashionable as well as beautiful. Its Editors are *first-rate*. Its matter satisfactory to the physician,—excellent for the people.

NEW-YORK HOMŒOPATHIC MEDICAL COLLEGE. Tenth Annual Announcement. Session 1869-70. Programme, Class, Graduates and Amended Charter of 1869.

ANNUAL ANNOUNCEMENT OF THE HAHNEMANN MEDICAL COLLEGE of Philadelphia, No. 1105 Filbert-Street. Session of 1869-70.

This elegant pamphlet of 40 pages gives the history of the College from its origin in the Hom. Med. College of Pennsylvania, from 1849 to the present date, including lists of names of all the Professors, Graduates of both Colleges, the Charters with all emendations, the students of both Colleges till their union under the present title.

THE MEDICAL GAZETTE. New-York. Vol. II. No. 24. Weekly, 4to., pp. 32. Turner & Mignard, Publishers, 109 Nassau-Street. For May 15, July 3.

It gives weekly Original Articles, Editorials, Professional Items, Summary, selected Bibliography, Miscellany.

ADDRESS BEFORE THE INDEPENDENT ORDER OF ODD FELLOWSHIP AND CHRISTIAN FRIENDS. Henderson, Texas, July 4th, 1869, by F. M. Boynton, M. D.

DENTAL COSMOS. Vol. X. No. 9. J. H. McQuillen, D.D.S., Geo. J. Zeigler, M.D., Philadelphia, 528 Arch-St., New-York, 767 Broadway.

BURTON, W. H., M.D. CHARACTERISTIC MATERIA MEDICA, 460 pgs. bound in linen. \$3. New-York, William Radde, 550 Pearl-St.

BELL, Jas. B., M.D. ON DIARRHŒA, DYSENTERY, &c. bound in linen, \$1.25. For Sale by William Radde, 550 Pearl-St., New-York.

## Miscellaneous Items.

### 1. *American Institute of Homœopathic Pharmacy.*

The Second Annual Meeting of the American Institute of Homœopathic Pharmacy was held at Cincinnati, June 30, 1869.

There were present: F. E. Bœricke, M.D., Philadelphia, Pa.; John T. S. Smith, New-York; William Radde, New-York; G. W. Smith, Cincinnati; A. F. Worthington, Cincinnati; Henry M. Smith, M.D., New-York.

After the reading of the minutes of the previous meeting, the Treasurer, Dr. F. E. Bœricke, presented his annual report, showing a balance in the treasury of \$76.25.

The following Pharmacæutists, having complied with the requisitions of the by-laws, were reported as members:

Geo. W. Backofen, Pittsburg, Pa.; J. G. Backofen, Pittsburgh, Pa.; F. E. Bœricke, M.D., Philadelphia, Pa.; John Boone, Baltimore, Md.; Otis Clapp, Boston, Mass.; C. S. Halsey, Chicago, Ill.; H. C. G. Luyties, St. Louis, Mo.; John W. Munson, St. Louis, Mo.; William Radde, New-York; Matthew Seavey, Portland, Me.; Frederick P. Smith, New-York; G. W. Smith, Cincinnati, O.; Henry M. Smith, M.D., New-York; John T. S. Smith, New-York; A. J. Tafel, Philadelphia, Pa.; Sullivan Whitney, M.D., Boston, Mass.; A. F. Worthington, Cincinnati, O.

On motion of Messrs. Worthington and J. T. S. Smith the report was accepted.

Mr. J. T. S. Smith, in behalf of the Committee on Pharmacopœia, presented the following report:

Homœopathy not being restricted by climate or nationality in its beneficent aims, but truly universal in its application, limited only by the degree of skill of its practitioners, should not be restricted in its ability to relieve suffering humanity for want of proper means. The form of preparation of such means should not, therefore, be left to the caprice of individuals or sectional societies, but should be arranged upon principles that could be adopted by all, and thus insure unity of preparation.

All medicinal preparations should be made with great care, especially those to be used in homœopathic practice, the value of the latter consisting not only in their purity but in their regularity of preparation, producing, as nearly as may be, identity of result.

The Manual of Symptoms having been arranged from trials of medicines, its value to the practitioner can be made available only by the use of remedies as nearly identical as possible with those experimented with.

To insure this similarity, medicines should be prepared according to precise formulæ, not to be varied from except by a general understanding both of the pharmacutists and physicians.

Your committee having learned that a society has been formed in England, having among its objects the revision and improvement of the Pharmacopœia, presents, therefore, only a partial report, leaving special formulæ and the verification of remedies for a future time, and request to be continued, with authority to open correspondence with the English society, and any other that may be formed for the furtherance of said object.

On motion of Messrs. G. W. Smith and Bœricke the report was accepted.

Dr. Bœricke gave his views with regard to the preparation of a Pharmacopœia or Dispensatory. He thought that the physicians should take the initiative, state what medicines they wanted and how they were to be prepared, and that the pharmacutists should follow their directions.

Mr. John T. S. Smith read a paper upon the general mode of preparing remedies, in their different forms, articles used in homœopathic pharmacy, &c.

The propriety of pharmacutists editing a Pharmacopœia was discussed by Messrs. Radde, J. T. S. Smith, Bœricke, and G. W. Smith. The general opinion being that such a work could be made the more valuable if gotten up by the co-operation of physicians and pharmacutists.

Dr. Henry M. Smith informed the Institute that at the recent session of the American Institute of Homœopathy, a committee, consisting of Drs. Dunham, Williamson, Rockwith, Allen, Bœricke, J. J. Mitchell, and H. M. Smith, had been appointed to devise a plan for a Homœopathic Dispensatory, or Pharmacopœia, and also to confer with a similar committee to be appointed by the Institute of Pharmacy. The committee to whom was referred the proof-sheets of a new work on Dispensatory, reported that they could not well judge of the work from the few sheets which had been submitted to them, and of which they could not express approval.

On motion of Drs. Bœricke and H. M. Smith, the Committee on Pharmacopœia was continued and authorized to confer with other committees and societies.

The Secretary read letters from Dr. Sullivan Whitney, Mr. A. F. Worthington, Mr. Otis Clapp, Mr. J. G. Backofen, Mr. G. W. Backofen, Dr. E. A. Lodge, Mr. J. W. Munson, Mr. Henry Turner, Mr. M. Seavey.

On motion of Drs. Bœricke and J. T. S. Smith, it was voted that when the Institute adjourn, it be to meet in Chicago, on the day previous to the meeting of the American Institute of Homœopathy.

On motion of Messrs. Worthington and Smith the meeting adjourned till 2.30 P. M.

Messrs. Smith and Worthington very pleasantly entertained the members at dinner at the St. James' Hotel, after which the Institute reassembled in the afternoon.

Dr. Bœricke spoke of the importance of being strict in admitting persons to membership; that a candidate should be qualified before he is elected a member of the Institute; and

On motion of Messrs. G. W. Smith and Bœricke, Art. VI. of the By-Laws was amended, to read as follows:

VI. The President, Secretary and Treasurer shall constitute an Executive Board, which shall also be an Examining Board, to receive the applications and examine the qualifications of candidates for membership, and report to the Institute, for election, at any meeting, such as may be found properly qualified.

On motion of Dr. Bœricke the Institute proceeded to the annual election with the following result:

JOHN T. S. SMITH, New-York, *President.*

HENRY M. SMITH, M.D., New-York, *Secretary.*

F. E. BœRICKE, M.D., Philadelphia, *Treasurer.*

Dr. E. B. Thomas, of Cincinnati, was present, and invited to participate in the proceedings.

On motion of Messrs. Worthington and G. W. Smith, the dues for the current year were remitted.

On motion of Messrs. Radde and J. T. S. Smith, a vote of thanks was tendered to the proprietors Mr. H. P. Elias, of the St. James' Hotel, for the courtesy extended to the members.

The minutes were read and approved, and the Institute adjourned to meet in Chicago, Monday, June 6, 1870.

HENRY M. SMITH, *Secretary.*

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#### MEDICAL COLLEGES.

### 2. *New-York Homœopathic Medical College and Homœopathy.*

*Mr. Editor:* It is gratifying to the friends of homœopathy to watch the progress this system of medical practice is making; from 1 homœopathic physician in the United States in 1826, it has increased to over 4,000 in 1869, a gain that certainly speaks well for its future success.

With this large increase of physicians we are a profession that is looked to with great interest by all who have adopted this system of medical practice, they expecting much from us and possibly more than we are able to bestow.

The rival schools of medicine are exerting every nerve to invent means by which they will be able to combat disease more successfully than we do, and even using many homœopathic medicines to assist them, although not

giving us credit therefor. It is the duty of every physician to strive to elevate the standard of homœopathic medical education, and thereby produce physicians from our colleges that shall successfully meet our opponents in the great struggle that is taking place for medical supremacy.

Our colleges should afford every facility to the student, and the present Professors have great responsibilities resting upon them. It is to them we must look for the *material* to supply our future vacancies, and as they teach, so will the future physician practice.

From the Tenth Annual Announcement of the New-York Homœopathic Medical College, we are pleased to see that proper steps are taken to afford a thorough and practical knowledge of the art and science of medicine.

The trustees have acted wisely in affording the student proper and ample means for acquiring a thorough knowledge of the groundwork of a medical education, in the chairs of Anatomy, Physiology and Chemistry.

To the present able chair of Surgery we see the name Dr. Franklin has been added; with the superior advantages heretofore enjoyed this department must prove second to none in the city.

Then the Professors of Practice, Materia Medica, Obstetrics and Medical Jurisprudence are gentlemen of acknowledged ability in their respective departments, and will, no doubt, perform their duties ably and successfully.

The chairs of Anatomy, Physiology and Chemistry are occupied by gentlemen of well known reputations, and will undoubtedly afford the student rare opportunities in these branches.

So, as an impartial observer, we must say that this College will afford, the coming season, which commences October 5th, decided advantages.

It is hardly possible to find a better faculty of medicine in any of our Allopathic Colleges than we have at present, and with the great facilities afforded in New-York, the student has superior opportunities for acquiring a practical and thorough knowledge of his profession; and, with the clinical advantages enjoyed at the College, Dispensaries and Hospitals, the student will have no one to blame but himself if he does not prove a successful practitioner.

This College, in the tenth year of its existence, has accomplished much for the cause of homœopathy, and we are pleased to see that its present prospects are such, that we certainly cannot be disappointed in its usefulness in the future.

JUSTICE.

For the information of those interested, we will state that circulars may be obtained by addressing the Dean, J. Beakley, M.D., Gramercy Park House, New-York. The session commences October 5th. The following compose the faculty:

William Cullen Bryant, President of Board of Trustees and of the College; J. Beakley, M.D., Professor of Surgery; D. D. Smith, M.D., Professor of Obstetrics; S. B. Barlow, M.D., Professor of Materia Medica; James H. Ward, M.D., Professor of Practice; F. W. Hunt, M.D., Professor of Medical Jurisprudence; Henry N. Avery, M.D., Professor of Physiology; A. H. Laidlaw, M.D., Professor of Anatomy; Ira Remsen, M.D., Professor of Chemistry.

The Trustees have secured the valuable services of Prof. E. C. Franklin

and I. S. P. Lord, M.D., who will deliver special lectures during session.

### 3. *New-York State Homœopathic Medical Society.*

#### CIRCULAR.

*Seventh Volume of Transactions.*—The Legislature has again generously granted the usual number of copies of the Seventh Annual Report, for the use the Society; and, in addition thereto, a number of copies of the Transactions of the Allopathic Medical Society. When the latter report is ready for distribution in the fall, the Secretary will send a copy to such homœopathic physicians as may express a desire to receive one.

Especial effort will be made to issue the seventh volume as early in the fall as possible.

The Recording Secretary desires the active assistance and hearty coöperation of the profession in the preparation of the forthcoming report. The publication of this volume enables the profession to place on permanent record all the results of medical research, and all the annual contributions of our school of medical science. Accordingly it should contain, year by year, all the reports of public or private homœopathic charitable institutions, county or local medical societies, colleges, hospitals and dispensaries in this State. A copy of every essay, paper, monograph, address, report, or communication, prepared by any member of the homœopathic medical profession, should be forwarded to the Secretary of the State Medical Society, for presentation at its meetings, and for incorporation in its annual volume of Transactions.

Secretaries of county and local medical societies are particularly requested, without further invitation, to transmit, immediately after the meetings of the respective societies are held, a full report of all proceedings, in compliance with directions given on pages 679-80 of the sixth volume.

The work of compiling, arranging and preparing the manuscript for the press is very great. The Secretary would, therefore, respectfully request that all articles for publication be furnished at an early day—*before the first of July*, if possible.

*Legislation having Reference to Homœopathy.*—During the session of the Legislature just closed, four acts having reference to the homœopathic school, have been passed: One for the incorporation of the Margarettsville Retreat for the Insane; an amendment of the charter of the New-York Homœopathic Medical College; another amending the charter of the Western Homœopathic Dispensary in the city of New-York; and an act requiring the common council of Brooklyn to annually levy a tax of \$1,000, to be paid to the treasurers of each hospital and dispensary, both allopathic and homœopathic, in the city.

*New-York Homœopathic Medical College.*—The new Board of Trustees of the Homœopathic Medical College in the city of New-York have instituted several changes in the management of the institution, and in the professorships, increasing the number to eight, whereby its usefulness will be augmented.

*Annual State Appropriations.*—The Legislature has made appropriations to the following Homœopathic institutions:

Albany City Dispensary, \$700; Buffalo Homœopathic Dispensary, \$500; Brooklyn Homœopathic Dispensary, \$500; Poughkeepsie Homœopathic Dispensary, \$800; Bond-Street Dispensary, New-York, \$1,500; New-York Homœopathic Dispensary, \$2,000; Western Homœopathic Dispensary, New-York, \$600; New-York Ophthalmic Hospital and Dispensary, \$2,500; Homœopathic Infirmary for Women, \$1,000; Homœopathic Medical College Dispensary, \$1,000; Homœopathic Dispensary, Tompkins Square, New-York, \$1,000; [N.-Y. City to North-Eastern Homœopathic Dispensary, \$5000.]

The annual reports of these institutions for the fiscal year ending on the 30th September, must be transmitted to the Comptroller before the 15th of November. On application to the Comptroller, specimen blank forms will be furnished. A copy of the required form is published in the sixth volume of Transactions, pages 208-10.

The total amount annually appropriated to the hospital and dispensary fund is \$150,000, of which \$120,000 is given to allopathic hospitals, and \$30,000 to both allopathic and homœopathic dispensaries. There are no homœopathic hospitals in the State. There are thirty-two dispensaries in the State. Eleven homœopathic dispensaries received \$12,700; average amount, \$1,154. Twenty-one allopathic dispensaries received \$17,950; average amount, \$855.

*Certificates of Membership.*—At the last annual meeting the Secretary was requested to prepare a form of certificate to be engraved for presentation to honorary, permanent, and delegate members, provided the indebtedness of the Society be not increased thereby. The cost of a suitable engraving, 15x18 inches, will be one hundred dollars. Members who desire a copy, are requested to return the enclosed blank, properly filled. The engraving will be ordered as soon as a sufficient number of subscriptions are received.

*Medical Predilections of Members of the Legislature.*—The Secretary wishes to be informed regarding the medical predilections of members of the Legislature, and respectfully requests homœopathic physicians to communicate such information as they may be able, immediately after the annual fall election, and when practicable, to furnish him with a letter of introduction to their members respectively.

*Officers, Committees, and Delegates.*—Drs. William Wright, 34 Fifth-street, Brooklyn, E. D., *President*; E. B. Holmes, Canandaigua, Ontario county, *First Vice-President*; Henry Minton, 138 Remsen-st., Brooklyn, *Second Vice-President*; E. P. K. Smith, Auburn, Cayuga county, *Third Vice-President*; E. D. Jones, 104 State-street, Albany, *Corresponding Secretary*; H. M. Paine, 104 State-street, Albany, *Recording Secretary*; Wm. S. Searle, 119 Montague-street, Brooklyn, *Treasurer*.

*CENSORS. Northern District.*—Drs. Harman Swits, Schenectady; William H. Barnes, Chatham Four Corners; Charles H. Carpenter, 1 Fifth-street, Troy.

*Southern District.*—Drs. H. C. Jones, Mount Vernon; J. McE. Wetmore, 278 Fourth Avenue, New-York; C. Theodore Liebold, 6 Lexington Avenue, New-York.



*Middle District*.—Drs. C. Judson Hill, 4 Columbia-street, Utica; Norman Getman, Richfield Springs; George B. Palmer, East Hamilton.

*Western District*.—Drs. Rollin R. Gregg, 42 South Division-street, Buffalo; G. W. Peer, Rochester; J. M. Cadmus, Hammondsport.

*Committee of Publication*.—Drs. H. M. Paine, 104 State-street, Albany, Albany county; E. Darwin Jones, 104 State-street, Albany, Albany county; Lester M. Pratt, 58 Columbia, cor. of N. Pearl, Albany.

*Executive Committee*.—Drs. William Wright, Henry Minton, E. D. Jones, E. B. Holmes, E. P. K. Smith, H. M. Paine, W. S. Searle.

*Committees on Materia Medica*.—Drs. F. S. Bradford, 112 Fourth Avenue, New-York, *First District*; S. C. Hanford, 113 South Fifth-street, Brooklyn, E. D., *Second do.*; F. W. Ingalls, Kingston, Ulster county, *Third do.*; B. F. Cornell, Moreau Station, Saratoga county, *Fourth do.*; L. B. Wells, 225 Genesee-street, Utica, Oneida county, *Fifth do.*; G. B. Palmer, East Hamilton, Madison county, *Sixth do.*; C. W. Boyce, Auburn, Cayuga county, *Seventh do.*; L. M. Kenyon, 86 West Mohawk-street, Buffalo, Erie co., *Eighth do.*

*Committees on Epidemics*.—Drs. J. W. Dowling, 58 West 25th-street, New-York, *First District*; H. C. Jones, Mount Vernon, Westchester county, *Second do.*; T. T. Calkins, Hudson, Columbia county, *Third do.*; G. W. Little, Fort Edward, Washington county, *Fourth do.*; Wm. L. Woodbury, cor. Cayuga and Second-streets, Oswego, Oswego county, *Fifth do.*; Edward C. Bass, Cazenovia, Madison county, *Sixth do.*; L. H. Reynolds, Brockport, Monroe county, *Seventh do.*; E. G. Cook, 38 East Swan-street, Buffalo, Erie county, *Eighth do.*

*Committees on Clinical Medicine*.—Drs. A. P. Throop, 223 West 34th-street, New-York, *First District*; Albert Wright, cor. Bedford Avenue and Broadway, Brooklyn, E. D., *Second do.*; W. H. Barnes, Chatham Four Corners, Columbia county, *Third do.*; H. A. Houghton, Keesville, Clinton county, *Fourth do.*; L. B. Waldo, 92 West Third-street, Oswego, Oswego county, *Fifth do.*; Ira C. Owen, Sherburn, Chenango county, *Sixth do.*; M. F. Sweeting, South Butler, Wayne county, *Seventh do.*; R. S. Bishop, Medina, Orleans county, *Eighth do.*

*Committee on Statistics*.—Drs. H. M. Smith, 105 Fourth Avenue, New-York; F. W. Hunt, 107 West 36th-street, ditto; S. B. Barlow, 55 East 21st-street, ditto; Henry D. Paine, 229 Fifth Avenue, ditto; E. M. Kellogg, 21 East 20th-street, ditto; J. W. Mitchell, 19 West 21st-street, ditto; M. M. Gardner, 4 Columbia-street, Utica, Oneida county; H. M. Paine, 104 State-street, Albany, Albany county.

*Special Committees*.—C. Th. Leibold, 6 Lexington Avenue, New-York, *Ophthalmic Surgery*; H. B. Millard, 7 East 27th-street, New-York, *Pulmonary Diseases*; B. F. Joslin, 50 West 29th-street, New-York, *Insanity*; Hilan Doty, Margarettsville, Delaware county, *Insanity*; Henry Minton, 138 Remsen-street, Brooklyn, *Uterine Diseases*; T. F. Allen, 3 East 33d-st., New-York, *Microscopy*; John F. Gray, 38 East 20th-street, New-York, *Medical Education*.

*Duties of Medical Committees.*—All committees on subjects relating to the advancement of medical science shall be appointed for one year, and until their successors shall have been appointed; they shall be deemed to have the various matters referred to them constantly under consideration; and it is hereby made their duty to report to each annual or semi-annual meeting of the Society.—[*By-Laws.*]

The attention of members of the several medical committees is called to the circular published in the sixth volume of Transactions, pages 677–81.

*Delegates to State Medical Societies.*—Drs Jacob Beakley, Gramercy Park House, New-York, Albert Wright, cor. Bedford Avenue and Broadway, Brooklyn, *American Institute of Homœopathy*; Drs. A. R. Morgan, 10 Livingston Place, New-York, E. G. Cooke, 38 East Swan-street, Buffalo, *Western Institute of Homœopathy.*

Drs. Henry Minton, 138 Remsen-street, Brooklyn, H. E. Morrill, 88 Orange-street, Brooklyn, *Maine Medical Society*; S. C. Hanford, 113 South Fifth-street, Brooklyn, H. A. Houghton, Keesville, Clinton county, *New-Hampshire Medical Society*; B. F. Cornell, Moreau Station, Saratoga county, Charles Lowrey, Cambridge, Washington county, *Vermont Medical Society*; E. B. Holmes, Canandaigua, Ontario county, E. D. Jones, 140 State-street, Albany, Albany county, *Massachusetts Medical Society*; A. W. Holden, Glen's Falls, Warren county, H. M. Smith, 105 Fourth avenue, New-York, *Connecticut Medical Society*; Lyman Clary, 54 Warren-street, Syracuse, Onondaga county, W. S. Searle, 119 Montague-street, Brooklyn, *Pennsylvania Medical Society.*

Drs. C. W. Boyce, Auburn, Cayuga county, E. B. Cole, Waterford, Saratoga county, *Michigan Medical Society*; L. B. Wells, 225 Genesee-street, Utica, Oneida county, T. L. Brown, 45 Collier-street, Binghamton, Broome county, *Indiana Medical Society*; G. A. Hall, Westfield, Chautauqua county, W. H. Watson, 270 Genesee-street, Utica, Oneida county, *Illinois Medical Society*; A. R. Wright, 162 Pearl-street, Buffalo, Erie county, L. M. Kenyon, 86 West Mohawk-street, Buffalo, Erie county, *Ohio Medical Society*; H. M. Paine, 104 State-street, Albany, Albany county, William Wright, 34 Fifth-street, Brooklyn, E. D., *Missouri Medical Society*; G. E. Belcher, 43 East 21st-street, New-York, L. M. Pratt, 58 Columbia-street, Albany, Albany county, *Rhode Island Medical Society*; H. D. Paine, 229 Fifth avenue, New-York, R. McMurray, 192 Second avenue, New-York, *New Jersey Medical Society.*

Delegates are expected to attend the meetings to which they are appointed, present such communications as the Secretaries may furnish, and report in writing an abstract of the proceedings of the associations to which they are delegated, at the next annual meeting of the State Medical Society.

#### SEMI-ANNUAL MEETING.

The following resolutions were adopted at the last annual meeting:

*Resolved,* That a semi-annual meeting shall be held during the coming year in New-York city, and during the succeeding year in the city of Rochester.

*Resolved,* That these meetings shall be wholly devoted to the discussion

of subjects of medical or surgical interest; and that no business transacted at these meetings shall be binding upon the State Society until reviewed and adopted at a succeeding annual meeting.

*Resolved*, That the time of holding these meetings shall be the second Tuesday of September.

In compliance with the foregoing resolutions, the semi-annual meeting of the Society will be held in the City of New-York, Tuesday and Wednesday, September 14 and 15, 1869.

H. M. PAINE, *Rec. Secretary*, 104 State-street.

E. DARWIN JONES, *Cor. Secretary*, 140 State-street.

ALBANY, N. Y., May 20, 1869.

4. *Two Cases of Hydrophobia*. By DR. PAUL PETIT. (Translated from the *Bibliothèque Homœopathique*.)

C. owned a splendid large dog. One day he came home bruised and in bad spirits, and took seriously sick a few days afterwards, refusing all food and all drink. During the nights the dog suffered terribly, moving constantly about, jumping on the bed of his master, and darting then on the floor again. The eyes inflamed, the mouth open and frothy, the tongue red, dry and stiff, it seemed to look for something to cool its burning throat. He went to the vessels which contained his water or his milk, but never wetted his lips. At last, ten times during that night, he bit the bed-coverings, or tore pieces out with his teeth. Very frequently he went to his master or his mistress, licking their mouth and then returning hurriedly. Several times he took their hands in his mouth, but always let them out again at a sign from his master and retired moaning. In the morning they carried their pet dog to a veterinary surgeon, who declared it suffering from hydrophobia, and it died the same day.

Three days were hardly passed when both were attacked with horrible headache, accompanied by general weariness; pains, with cutaneous hyperæsthesia along the vertebral column, with paroxysms of intense coldness; chills, intermixed and followed by heat and cold sweat. To these symptoms, which appeared in irregular fits and increased steadily, were even added fear and mortal anguish, the fixed idea of approaching death, shaking of the extremities, twitching of the tendons, with tendency to general convulsions.

Mrs. C. could not bear the least touch along the whole vertebral column, and the lightest touch produced an irritability akin to convulsions. Several times she ordered her husband to go away, as she wanted to bite him, and joining the act to the threat, she bit herself in the arm.

The disorders of innervation were as usual accompanied by an intense and deep-seated inflammation of the mucous membrane of the mouth, gums, throat and larynx, with smarting pains in swallowing; extreme dryness; sensation of spasmodic contraction down the throat; secretion of a thick and frothy saliva, but without any marked repulsion towards drinks, and some alteration in the tone of her voice. Both were incessantly occupied with the idea of their approaching death, and consoled themselves that even in death they would be united.

Mr. C., who reads a great many medical books, knew of the now prevailing idea of the fungoid character of contagious diseases, and both took therefore, four times a day, a tablespoonful of a mixture of Eau Sedative, in water, and although it eased them for a little while, the prosoxysms soon broke out again in full strength.

Called in at this stage, I wavered in my mind between *Cuntharides*, *Stramonium* or *Lachesis*. I knew also of the high value which some authors of the last century put on *Cetoiné dorée*,\* this animal poison, so nearly related to *Cuntharides*; and put it on trial in this case, by putting some drops of the 4th dilution in a glass of water, to take a spoonful four times a day. On the second day amelioration set in already, and on the fourth day the nervous symptoms seemed to have ceased entirely; but they returned after three days of calmness, although in a far lighter degree, and without being accompanied with the inflammatory symptoms of the mucous membranes, which had already entirely disappeared. I preferred, therefore, at this stage, the *Stramonium*, in the same attenuation, to be taken three times a day for four days, which removed all the symptoms. After waiting four days again, I returned for safety sake to the *Cetonia* again, for four days, three times a day; and five months have since passed, during which both patients enjoyed the very best of health. S. L.

##### 5. *Bites of Venomous Reptiles and the Antidotes.*

THE prize of 1,000 rupees offered by the Mahârâschah, of Travamor, subsequently increased to 1,750 rupees, by Prince Ruma, (being about equal to £150 sterling,) for an antidote safe and sure against the bite of the crowned serpent, (cobra de capello, nassa), has incited a number of physicians and others to inquire more carefully into the subject. That the matter is one of the highest importance to India may be judged when we take into consideration that an average of 2,125 inhabitants annually lose their lives from the bites of venomous reptiles, particularly, however, from the terrible cobra de capello. Among those who interested themselves most earnestly is Dr. Shortt, in Madras, who handles the cobra with the impunity of the native snake-charmers, and who has made the most extended researches and experiments. The results may here be briefly stated: Dr. Shortt states, that the belief of the natives that the Mongus, when bitten by the cobra, seeks a certain herb, of which he either eats or rolls himself in, and is thereby protected from the results of the bite, is totally wrong and without foundation, but ascribes its immunity to its great activity and ability to avoid been bitten. As groundless is the wide-spread belief in the so-called snake-stone, (pambu kullu), which simply consists of the carbonized bone of some animal. As useless are all the other so-called remedies lauded by the natives. Dr. S. has made experiments with all of them on dogs, &c. Interesting is his observation, that the coagulated poison of the cobra, taken from the teeth when it had adhered (a gum-like straw-yellowish fluid) in minute quantities, a sixth of a grain proved sufficient to kill a strong horse

\* *Cetonia aurata*, a species of the genus *Cetonia*, family of Lamellicornes, order of Coléoptères pentamères, tribe of Scarabeides méliothiles of Fabricius.

in twenty-four hours; the usual belief having been that the poison must be directly brought into contact with the blood of the bitten person to kill. An antidote Dr. Shortt has been unable, to the date of the publication of his observations, to discover, but considers that of all the remedies now in use, the Spirits of Ammonia are the best, this remedy having in Italy proved its benefit in vipers' bites. The question is whether it is sufficiently energetic in action against the rapidly fatal poison of the cobra. Dr. Shortt experimented on dogs with the various remedies, the snake-stone, &c., &c., but with no success.

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6. Prof. FELIX NIEMEJER, in giving his views on the relations of capillary, bronchial and pulmonary hæmorrhages to phthisis pulmonalis, puts forth the following propositions:

1. Not all persons, suffering from capillary, bronchial or pulmonary hæmorrhages, are or will become phthisical.

2. Pulmonary phthisis follows frequently after capillary, bronchial or pulmonary hæmorrhage, although it is impossible to find a genetic connection between the hæmorrhages and the pneumonia processes, which form, as a rule the starting point of phthisis. The same persons, who are disposed to those hæmorrhages, possess also the disposition to the inflammatory processes.

3. Capillary, bronchial and pulmonary hæmorrhages produce frequently phthisis in persons whose lungs showed neither tubercles nor inflammatory foci; for, in such cases, the blood remaining in the *pulmonary alveoli*, and the products of inflammation caused by it, fall into a cheesy metamorphosis.

4. Bronchial and pulmonary hæmorrhages hasten in the same way sometimes the course of an already existing phthisis.

5. In some rare cases the hæmoptæ is not the cause, but the sequel of pneumonic processes, which, in their further course, lead to phthisis. Such cases may be easily recognized, as usually a severe fever and other inflammatory manifestations either accompany or precede the hæmoptæ.

6. The blood remaining in the alveoli and turning cheesy, with the pneumonic infiltration, becomes the frequent cause of an eruption of miliary tubercles.—*Berlin Klin. Wochenschrift*. 18. 1869.

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Prof. BOCK, in Leipzig, has been frequently asked: *Is vaccination of benefit or not?* He acknowledges, that in a practice of forty years, he has seen more evil from it than benefit, and vaccinated, therefore, his own children only at the age of three or four years, when they were strong and healthy. He confesses that he would not have vaccinated them at all, if the law of the State would not have compelled him to do so: for there is not the least doubt that vaccination, even with the best and purest lymph, produces in the infantile body a kind of pyæmia, and proofs of its deleterious consequences could be given in large quantities. He deprecates the most to vaccinate infants in the first weeks of their life, and considers it decidedly injurious during the period of teething or weaning.—*Gartenlaube*.

### 7. *Disposing of Dead Bodies.*

A MEETING was held by physicians some time ago in New-York, of which the object was to find some better way to dispose of bodies than to bury them. In the course of the discussions which arose on the question of burning the dead instead of burying them, Dr. Oloff said:

The Egyptian mummies, which Cambysis or time hath spared, avarice now consumeth. Mummy is become merchandise, Mizraim cures wounds, and Pharaoh is sold for balsams. In vain do individuals hope for immortality, or any patent from oblivion, in preservations below the moon. There is nothing strictly immortal but immortality. Life is a pure flame, and we live by an invisible sun within us. A small fire sufficeth for life, great flames seemed too little after death, while men vainly affected precious pyres, and to burn like Sardanapalus! but the wisdom of funeral laws found the folly of prodigal blazes, and reduced undoing fires into the rule of sober obsequies, wherein few could be so mean as not to provide wood, pitch, a mourner, and an urn. The lecturer then proceeded to give a description of the Yorkshire Wold Tumuli, and stated, that by discoveries made a short time ago, there was found a fourth period of burial, this time by cremation. On the northeast side, and just on the edge of the grave, but two feet above it, and only one foot below the surface of the barrow, was a burnt body in a cinerary urn, reversed. The urn is a fine one, twelve inches high, has the overhanging rim, ornamented with alternate series of vertical and horizontal lines of impressions of twisted thong. Cast in as grave offerings among the soil forming this interesting barrow, were several "thumb flints," a flint saw, showing by its polished teeth how much it had been in use, and some potsherds. Before leaving the district, Mr. Greenwell resolved upon trying a barrow of fifty feet diameter and six feet high, opened in the centre many years ago by the late Lord Londesborough, who was reported to have found a perfect skull and an urn, and to have reinterred the former. A complete examination of the house produced no further interment, but several pieces of pottery and five thumb flints were found. At the centre the skull was found, with the exception of the lower jaw, quite perfect. It is a great prize, being in good condition, and a very typical specimen of the brachy-cephalic race.

Dr. Archibald Stewart, in the course of a few brief remarks similar to the foregoing, said: "Turning over some days since, to answer a professional inquiry, the leaves of the reported trial of Webster for the murder of Parkman, in Boston, in 1850—one of the most remarkable cases on record—I could not help being surprised with the coolness and professional sang froid of Dr. Woodbridge Strong, one of the witnesses on the trial, as given in the report of the evidence. I cite it in order to show how difficult it is to burn the human body by ordinary agents. He said: I have dissected many bodies in my day; I had a pirate given me in warm weather, in the year —, and as I only wanted the bones, I dissected him rapidly, and as there was a good deal of fat about him, I thought it would be as good a way as any to burn him up; I, therefore, made a large, roaring fire, and kept at work by throwing on piece by piece all night, and at 11 o'clock

the next day I found I had not done a great deal. I consider it a great job to burn up a human body. Pitch pine would be the best thing to do it with. It is necessary to keep the fire well stirred up during the process, or it will go out." The only parallel which my memory supplies of such frankness in discipline of what, to most persons, is a very solemn proceeding—the disposal of the human body after death—is the account given me orally by one Forsyth, who kept, for many years, the principal hotel on the British side of Niagara, near the foot of Lundy's-lane. His house was standing at the time of the battle, which took place there in the war of 1812, and when I saw it, bore many marks of the conflict, of which Forsyth was himself an anxious eye witness. According to his account, it was determined, a day or two after the action, instead of burying, to burn the dead of both parties. He assisted in the work, which he thus describes, after the manner of Dr. Woodbridge Strong: "They took," said he, "my post-and-rail fence, for which the government—*curse 'em!*—afterwards refused to pay me; and first put down a layer of rails, and then a layer of men, and then another layer of rails, so on until the pile was as high as it could stand, and then we touched them off with pitch-pine. Thunder! what a roaring and crackling, and what a cloud of smoke! Straight up it went, three hundred feet high at least. Men are generally fat critters—they burn as well as pitch-pine knots. But I noticed one thing—the English burned a great deal better than Indians, for we had a heap of them. I would rather have one John Bull to make a fire of than two Indians any time."

The lecturer then proceeded to give the subjoined interesting account of the difficulty Dr. Webster had in disposing of the remains of Dr. Parkman:

Dr. Webster having deprived his victim of life, said that he raised the dead body from the floor of the upper laboratory, where it was stretched and dragged into a private room adjoining, in which there was a sink, and there he stripped it of every article of clothing, including the hat and boots; and these he consumed in the stove, along with the contents of the pockets, excepting a watch which he flung into the river in the evening as he made his way home to Cambridge. The next movement was to lift the body into the sink, and this Dr. Webster explained that he effected by setting the corpse partially erect in the corner, and climbing up into the sink himself, he succeeded in dragging it up. Then he quietly dismembered by means of the sharp hunting-knife found in the tan, and the blood as it flowed he washed down by a continuous stream from the water-pipe. The head and other parts he carried to the laboratory, and there burned them in the stove, the hands and feet being disposed of in the same manner the following day. The trunk thus disfigured he divided into halves, each of which he placed in the leaden cisterns under the laboratory tables, covering them thoroughly with a strong solution of alkali, in the hope that it would macerate, and dissolve the flesh. In this he was disappointed, and he was forced to withdraw the bones and dispose of them as they were eventually found in the box in the vault, from the latter of which places he could readily draw up the limbs with the fish-hook and grapnel, as he found facilities for burning them. In moving these heavy pieces of human flesh

across the pavement and down stairs, blood was necessarily spattered on the wall, and the marks of these he removed by washing the place with diluted nitrate of copper—a preparation which he knew to be an active solvent of blood. But the destruction of a human body by fire proved to be a greatly more tedious process than the professor had at first imagined, more especially as he had to work with a number of small stoves and fire-places, instead of one capacious furnace. An amateur anatomist, who gave evidence on the trial illustrated this difficulty by stating that he had much experience in “burning up and getting rid of human remains,” after dissection, and, from the peculiar smell, it was very difficult to effect it without attracting attention. He had once, he said, received as a present a dead body, the bones of which only he was desirous to preserve; and being obliged to get rid quickly of the flesh, as the weather was warm, he found that it required nearly two days to consume the soft parts alone, with pine chips and other highly combustible fuel. He had to account to the police for the effluvia it occasioned in the neighborhood. Professor Webster, although he had several fires alight, had other and greater difficulties to contend with; he had only a limited time which he could give on each day to the disgusting task. His appearance at the college at unusual hours would attract notice, and on the dark evenings of November the light from the fires would betray the fact that he had the furnaces burning in his room, after he had forbidden the janitor to have any fires kindled. Hence, day after day, he had to renew the hideous labor, to go from stove to stove feeding his “strange fires,” with such dreadful fuel as he thought they could consume.

Dr. Stewart said that modern discoveries, in applying the powerful agency of heat through such mediums as the calcium and other lights, would very cheaply and expeditiously reduce a body to ashes. There has also been recently discovered in this country large mines of asbestos, a mineral which may be stated to be a silicate of magnesia, lime and protoxyde of iron. It occurs in highly delicate fibres, often thinner than a hair, longitudinally coloring, and easily separated. The finest varieties are of a brilliant silky-white, and flexible. Anciently it was woven into drapery and towels, which, when woven, were thrown into the fire, from whence they came out perfectly clean. This cloth was employed by the ancients to preserve the bones of the dead in the funeral pile. Now, if cremation was introduced, there is every appliance necessary for burning our dead, and instead of all the expense and trouble of interment, bodies could be much better disposed of by fire, and being wrapped in asbelos cloth the ashes could be deposited in urns which would ornament a church, or be kept in a private dwelling after the manner of the ancients.

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### 8. *Lithotomy. A Rare Case.*

Mr. Hutchinson recently performed Lithotomy at the London Hospital, in a case supposed to be unique. The patient, a laboring man, stated, that whilst drunk he had lost a No. 10 flexible catheter, and that he believed he had passed it into the bladder. An operation was performed.



The catheter, No. 10, with a large mount at the end, was removed whole.  
—*Canada Med. Journal.*

The most notable case we have seen presenting a resemblance to this was that of a shoemaker of Northern Indiana. He was only treated in a desultory way by different physicians for phthisis, ending in this way. He was dissected at the Medical College. The general features of consumption were everywhere visible, the emaciation being very strongly marked. In the bladder was found an egg-shaped calculus, an inch and a quarter in length and three-fourths of an inch by the short diameter. It had crystalized around a piece of a cedar (black lead) pencil.

"The thing was neither strange nor rare,  
But how the ——— came it there?"

*North-Eastern Homœopathic Medical & Surgical Dispensary.*  
307 East 55th-Street.

THIS new Dispensary opened February 1, the present year, is now in complete working order. The city authorities have donated \$5000 to aid in its permanent establishment. Address F. Seeger, M.D.

9. *Correspondence.* Letter from G. W. GUNTER, M.D.

NATICK, MASS., July 10.

EDITOR OF NORTH AMERICAN JOURNAL OF HOMŒOPATHY:

*Dear Sir:* According to promise made you at Boston, I send you a brief statement of the case of malformation at birth of which I spoke to you.

Mrs. M., aged 30, in her fourth confinement, called me to attend her. On examination, I found a natural representation. The labor was short, being only four hours in duration. She was delivered of a fine healthy boy. On examining the child, I found the right arm shortened, as if *amputated* at the elbow, with the rudiments of three or four fingers only. These were very small, and presenting no more than the appearance of a good stump. I questioned the woman and husband as to the probable cause of this deficiency, (whether the woman had seen any amputations or encountered any frights,) but they denied that anything of the kind had occurred. In every other way the child was perfect. G. W. G.

10. *Correspondence.*—*Extracts from a Letter from a recently appointed Superintendent of a Hospital for the Insane.*

*Dear Friend,*—I have been thinking of you continuously for ten days, and saying to myself, "I will write to him soon"—when, to my great gratification, as if in answer to an aspiration something more than mortal, your letter appeared upon my table.

It shall be my life duty, with the honor of my native state upon me, and God's unfortunate to be healed, to redeem this Institution and place it on a footing with the best. Such were my thoughts—such is my purpose. Your

letter showing so deep an interest, makes my work even a labor of love. We have over 200 patients on hand—and are now ready to furnish the north wing, just completed, expanding our capacities 260 more beds. This will give us over 300 patients. The needs of the State would now require 1200 beds.

My interest in the manifestation of Insanity, and the relation of Insane ideation to diseased organs is intense. Of course I bring into the work some elements of education not common to those who are having charge of the insane. I keep much of this to myself. Will you send me any monograph, or article at your hand, on the subject of Insanity.

So far I find the Literature of Insanity very unsatisfactory when applied, or attempted to be applied. I have been surprised at the class of people which furnishes the majority of Insane—being of the poor, ignorant, and more or less depraved. Exhausted vitality from dissipation, lactation, venery, hard-labor, with indigestion common to our tobacco-chewing, pork-eating families, loss of sleep, from religious excitement, &c. &c., are the predisposing causes in a large number of cases.

Masturbation by men and women is the saddest of all. But these things are familiar to you.

11. *New-York State Homœopathic Medical Society.—Extract from the Treasurer's Report, 1869.*

AND, now, for the current year just past, our income has been as follows :

Balance from 1867-8.....	\$ 73.44
109 members and delegates at \$3.00.....	327.00
From delinquent Societies and members .....	88.79
Sundry sources.....	24.77
<b>Total.....</b>	<b>\$514.00</b>

EXPENDITURES.

There has been paid to Dr. H. B. Fellows on Secretary's salary account for 1867-8, the sum of.....	\$ 88.79
Dr. H. M. Paine, on Secretary's salary account for 1868-9.....	208.75
Expense account including printing, stationary, postage, expressage, reporting, care of rooms at meeting, &c. ....	159.75
<b>Total.....</b>	<b>\$457.29</b>
Balance in the Treasury, .....	\$28.48
There remain unpaid bills for stationery, printing, postage, amounting to about .....	\$100.00
Due Secretary on salary.....	41.25
<b>Total debt.....</b>	<b>\$141.25</b>

It thus appears that the society is in debt to the amount of \$112.77. Now, in view of this deficit, and the fact that only about one hundred of the per-

manent members and delegates are to be relied upon to pay their annual assessment, it behooves us to inquire what is to be done. It is manifest that the present rate of assessment is inadequate to meet the expenses of the society. In view of the experience of the past year, it does not seem best to your Treasurer to recommend a change in our financial plans. The only course remaining is to increase the assessment; and I would recommend in order to meet the debt and current expenses of the coming year, that the dues of permanent members should be increased to five dollars, while that of the delegates should remain at three dollars as at present. There being ninety-six permanent members and about sixty delegates, this plan would afford an income of \$660, providing all paid their dues; and probably we could count on enough to pay our current expenses and extinguish our debt, both of which amount to about \$650. Having gotten rid of debt, the dues on the following year could be reduced to four dollars on each permanent member, and on the succeeding year a further reduction would be possible. I confess that, while such a proceeding would be deemed onerous by us all, I can see no other course open, and this plan is therefore respectfully submitted.

Before giving the estimate of expenses for the year which is before us, I have a statement to make which will surprise you. With the exception of the salary of the Secretary, which is provided for by standing vote, not a dollar has ever left the Treasury legally. Section 4 of our By-laws provides that the Treasurer shall pay out on the warrant of the President, such sums (subject to draft) *as may be agreed upon at the annual meeting*. This rule has been disregarded, and the Treasurer has disbursed what and when he saw fit. We propose that this should be so no longer, and therefore, herewith submit an estimate of expenses for the coming year, asking you to vote the supplies demanded, as follows:

Recording Secretary for printing, stationary, postage, &c. ....	\$150.00
Corresponding Secretary for ditto .....	10.00
Treasurer for ditto .....	30.00
Expenses for annual meeting .....	35.00
<b>Total.....</b>	<b>\$275.00</b>

With this estimate I close, and respectfully submit my report for 1868-9.

W. S. SEARLE, Treasurer.

12. *To the Patrons of Homœopathy and Subscribers of the Bond-street Homœopathic Dispensary, 59 Bond-street, New-York.*

OTTO FÜLLGRAFF, M.D., Founder and Manager,  
113 East Seventh-street, New-York.

*Assistant Physicians and Surgeons:* J. P. Ermentraut, Virgil Thompson, H. B. Hund, S. W. Taylor, C. W. Kuhn, F. C. Hillmer, A. M. Woodward, F. Seeger, H. Salzwedel.

*Directors:* A. Oakey Hall, Charles E. Leow, Rufus F. Andrews, Shepherd Knapp, Orlando L. Stewart, Robert Gracie, Samuel B. Garvin, Otto Füllgraff, M.D.

This Charity being, however, an incorporated Institution, with a regular Board of Directors, the State laws require us now to render to the Comptroller a minute report of its doings annually, on the first of October. It has seemed advisable, therefore, to defer our usual Report until that time. In thus claiming the indulgence of our friends, we take occasion to give the following brief statement of the operations of this Institution, and its branch in Tompkins Square, from February 1st, 1868, to February 1st, 1869:— Cases treated, 26,850; Prescriptions given, 51,025, including 7,220 out-door visits. The expenses for the year amounted to \$4,662.78, of which sum only \$795 was received by voluntary contributions.

It is painful to be obliged to place on record the fact, that an Institution like this, which treats a larger number of patients than any similar Institution in the world, with a single exception, receives such meagre pecuniary aid and support from the numerous wealthy patrons of Homœopathy in New-York. Every year two thousand Reports have been properly directed and mailed to the leading wealthy families who patronize Homœopathy in this city alone: but no response has been received, save from the faithful few, who have stood by and sustained us steadfastly for fourteen years.\* The amount of donations now is but little, if any, larger than it was when but one thousand patients a year were treated. Why this is so, they can best answer whose hearts and pockets alike have been systematically closed against our appeals for assistance. Certainly, the thousands who receive no direct appeal from us, but employ Homœopathic physicians in their families, cannot be ignorant of the existence of the Bond-street Homœopathic Dispensary, when the editors of the leading newspapers of the city have, with uniform kindness, given it extended and favorable notices, year after year.

### 13. *New-York Ophthalmic Hospital,*

At No. 387 Fourth Avenue, Cor. 28th-street. Incorporated 1852. Open every day at 2 P.M., Sundays excepted.—1869.

*Attending Surgeons:* C. Th. Liebold, M.D.; T. F. Allen, M.D.; J. Mc. E. Wetmore, M.D.; C. A. Bacon, M.D.

*Aural Surgeon:* H. C. Houghton, M.D.

*Consulting Surgeons:* P. P. Wells, M.D.; H. D. Paine, M.D.; Geo. E. Belcher, M.D.; Carroll Dunham, M.D.

The last Report gives a classified catalogue of cases treated and operations performed during the year. Cases treated, 1240. Operations, 84.

The increasing usefulness and success of the Hospital since it came under the control of Homœopathists renders necessary a new and larger building which we hope will soon be provided.

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\* To Messrs. B. KEITH & Co., No. 41 Liberty-street, we are also again indebted, for a generous supply of their very reliable concentrated medicines.

#### 14. *New-York City Hospital.*

THIS venerable Institution of which we have given some account elsewhere (N. A. Journal, *Hom.* Feb. 1869, p. 446, 448), though diminished in size, continues to be used at Duane and Church-streets. Its Board of Governors have also received a donation of a large and valuable lot at the corner of Ninth avenue and 29th-street, on which operations are already commenced. This lot is the gift of Mr. Robert Ray, whose son, now dead, was so long connected with the hospital as curator of the Pathological Cabinet. The new hospital, for which ground was broken July 28th, is to be 100 feet square, with a dead-house and other needed buildings adjoining. When completed, it will furnish comfortable accommodations for 60 patients.

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#### 15. *New Home for Women.*

THE Home for the protection and rescue of young women and girls who are tempted from the paths of virtue, having been removed from No. 22 West Houston-street to more commodious quarters on Washington-square, south side (two doors east of Thompson-street), the re-opening exercises were recently held at the new Home. Addresses were made by the Rev. Drs. Muhlenberg, Adams, Murray, Booth, Foss, and others. A brief circular, issued from the House, says: "This Home, through the blessing of God, has been greatly useful. During the little more than three years since it was established 276 young women have been received under its care. Of these 66 have been restored to their friends; 119 have been provided with situations. Several have been married to their former companions, a number have gone to other institutions, and many have given evidence of true repentance and conversion to Christ. The fearful prevalence and increase of what is known as the 'Social evil,' its corrupting influence upon our young men who are tempted on every street and avenue; the great numbers of young women, and even young girls, who, on coming to the city for employment, are drawn into the vortex by the allurements of dress and pleasure, and by the acts of wicked men and women; all call for increased efforts to promote the salvation of the unfortunate though erring class. It is a department of Christian benevolence which has been too long neglected, and the sympathy, and prayers, and pecuniary aid of those who love to do good, are earnestly solicited in behalf of its institution."

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#### 16. *Willard Asylum at Ovid.*

OVID (Seneca County) is one of the most beautiful villages in the State. It is located on a bluff overlooking the Seneca Lake, and during the Summer-months the scenery is delightful. In 1865 the Legislature of New-York authorized the building of an asylum for the chronic insane poor—a class of persons that are now, and who have been for years, confined in the several County Houses of the State. The name given to the institution was that of the "Willard Asylum," and the location selected was upon the

shore of the beautiful Seneca, and very near to the Village of Ovid. Drs. Cook and Chapin of Brigham Hall, Canandaigua, were perhaps the most enthusiastic of the advocates of the Willard Asylum enterprise. The lamentable condition of the insane poor, confined without the comforts of civilization in our poor-houses and jails, excited the sympathy of these gentlemen, and Dr. Chapin wielded his pen heroically in their defence. Ex-Gov. Fenton and others became in time zealous advocates of the contemplated institution. The buildings are now nearly ready for occupancy, and the Trustees have selected that most active, vigilant, and thoroughly-educated physician, John B. Chapin, as the Superintendent. Dr. Chapin has been remarkably successful in the treatment of insanity, and his long experience as a physician at Brigham Hall will enable him to place the new institution upon a solid basis as respects popularity and usefulness.

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#### 17. *Homœopathy in Michigan.*—PROF. HEMPEL.

THE following communication from Dr. Lodge to a Regent of the Michigan University is highly honorable to Prof. Hempel, as well as to Homœopathy. On the 8th of April, 1867, the following official letter was written to one of the Regents of the University. "Hon. E. C. Walker. Dear Sir—Professor Hempel wrote me to day: '*If the appointment is conferred upon me in good faith I will leave all my property, and my wife will do the same, as an Endowment fund, for the Chair of Homœopathy.*' In conversation with you this morning, the fact was mentioned that both Mrs. H. and the Doctor are willing to devote their property to the promulgation of Homœopathy, but I was not authorized to make any proposition in relation to the endowment of any Chair in our University. I am particularly gratified at being able to communicate to you a proposition which does them so much honor, and which promises very great advantages to the profession. Considering Dr. Hempel's eminent qualifications, the recommendation by two-thirds of our Michigan practitioners, the noble offer to endow the chair of Homœopathy, and the fact that we have been for so many years deprived of the benefits which our Legislature designed to confer upon us, we trust that the appointment will not be deferred. Very respectfully yours, EDWIN A. LODGE, Secretary Michigan Homœopathic Institute."

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#### 18. *Venom of Reptiles.*

WE borrow the following remarks on this subject from an able article, by M. Gage, in the *Journal des Connaissances Médicales*. The toad, by some people considered innocuous, is, on the contrary, possessed of a venom strong enough to kill certain animals and to do harm to men. It is not, however, emitted from the mouth; it is a cutaneous secretion which will exercise a powerful action if it comes in contact with a spot where the skin has been rubbed off or otherwise injured. A dog will howl fearfully after he has bitten a toad; and upon examination his chops and tongue will be found swollen and a viscous matter will flow from them. Smaller animals will in a similar case experience the symptoms of narcotization, which soon end in convulsion

and death. The experiments of MM. Gratiolet, Gloetz and Vulpian had proved that the humor exuding from the parotid region of toads acts as a real poison when introduced into the tissues. A tortoise of the species *Testudo Mauritanica* having had this venom inoculated on one of the hind paws, remained paralyzed for several months. The secretion is very abundant on the back of the toad; when treated with ether, it will dissolve, leaving a residue, powerful enough, even after complete dessiccation, to kill a small bird. Tritons and salamanders possess a venom of the same kind, but its effects are less dangerous. Snakes provided with poisonous fangs are all carnivorous, and kill their prey by benumbing it. In the viper the quantity of mortal virus is on an average 14 centigrammes, or about 3 grains. This is sometimes sufficient to occasion death. The rattlesnake, however, is much better provided, the quantity being in its case as much as 75 centigrammes (15 grains) for each fang. It only loses a few drops every time it stings, but this is sufficient to kill even a large animal; a keeper of a menagerie some time ago died within the space of nine hours after the bite. The venom of this reptile is of a very pale, yellowish emerald hue; it has neither smell nor taste, and has the appearance of a gummy solution. According to Dr. Guyon the sting of the lance-headed viper of Martinique generally causes a congestion of the pulmonary organs, followed by a spitting of blood. The composition of the venom comprises albuminous elements (ptyaline), mucus, a substance soluble in alcohol, a yellow coloring matter, a fatty principle, and lastly, the phosphate and chloride of common saliva.

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19. *Disinfectant for General Use.*—*Carbolic Acid* has now been well tested and found effectual. The best form for convenient and satisfactory use of this article is the CARBOLATE OF LIME. It is not yet known to all druggists; but it should be in use everywhere. Carbolate of Lime is in the form of a pink-colored powder, with a strong but not unpleasant odor of coal-tar. A teaspoonful of this powder will destroy almost instantly the effluvia from a privy or a barrel of putrefying garbage. A small portion lying open in a sick room obliterates all offensive and unhealthy odors. Even the horrible smell from an extensive ulcerating cancer may be obliterated by merely *dusting* the clothes near the diseased part with the powder, shaken through a gauze bag.

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The rate of speed at which electricity travels was ascertained by the late experiments to be as follows: Time required from Boston to Buffalo and back, 10 seconds; to Chicago and back, 20 seconds; to Omaha and back, 33 seconds; to Salt Lake City and back, 54 seconds; to Virginia City and back, 70 seconds; to San Francisco and back, 74 seconds.

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*Bust of Hahnemann.*—A plaster cast of medium size, made after the oil painting in possession of the widow of Herr Moosdorf of Cæthen. This bust is supposed to present a true likeness of the first of Homœopathist. It is taken from the last portrait painted at Paris.

C. *Stursberg*, Pharmacy, 182 Bowery, above Broome-St., New-York.

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VOL. XVIII.

NOVEMBER, 1869.

No. LXX.

Original and Translated Papers.

ARTICLE XIX.—*History and Pathogenesis of Cyanuret of Mercury.* By Dr. DE MOOR, of Alost. [Continuation.]

(From the *Bibliothèque Homœopathique.*)

5TH OBSERVATION. M. H. 19 years old, architect, slim and of nervous temperament, took by mistake on the 13th of March, 1863, a glass of sugar-water, wherein a strong dose of Cyanuret of Mercury had been mixed. Two hours before he had partaken of some cake and tea and had dined richly before. Shortly after swallowing the poison the patient felt an icy coldness, followed by nausea, vomiting and frequent diarrhœic stools, preceded by severe colic. A sensation of general weakness accompanied the stools, followed by a fainting spell, during which he fell down on the carpet; how long he laid there, he does not recollect, but when recovering found his clothes full of vomited and fœcal matter. Being entirely alone, without help, he tried to reach his bed, where he was found next morning, 7 hours after having taken the poison. He drank some tea, which he threw up immediately again.

I visited him in the morning and he looked like a person suffering from intense cholérine; the face was pale and wan, the eyes sunken, the skin icy-cold; the pulse small, weak, 70 to 76; the face had a somewhat bluish cast; the tongue was dry with ex-



cessive thirst, but every drink was thrown up as soon as taken; a styptic disagreeable taste in his mouth; the mere idea of the sugar-water produced violent efforts to vomit, and as the stomach was empty, all his efforts were in vain. Since 2 hours he had passed neither stool nor urine. The abdomen was flat and not sensitive to pressure. ℞ Hep. sulph. ʒ in water, a tablespoonful every hour; milk and albuminous drinks. Seen again in the evening, he had vomited twice bilious matter, but the nausea kept on; six foul-smelling diarrhœic stools. The skin was warmer, pulse stronger, more frequent, 90.

The tongue remained pale, with a yellowish streak on its base; the throat looked rough, deglutition difficult, the base of the pharynx red, with its capillaries injected; burning thirst, did not vomit his medicine nor his drinks. Burning sensation in his stomach, epigastrium sensitive to the touch, abdomen slightly painful. Neither stool nor urine. No sleep during the night, patient was very excited, talked incessantly and acted wildly towards his nurses. He drank a great deal of milk and albuminous water, vomited six times, but a great deal less than he had drank, and had eight foul-smelling, green glairy stools. No urine.

In the morning the tongue was red on its borders, the root of it greenish metallic; the throat red and painful, also the stomach and abdomen; skin hot, pulse 90, slight moisture; headache, vertigo, when he raised himself; surring in the ears. Hepar continued.

The next day the pulse was less frequent and he had only once vomited some curdled milk; three fluid stools, but with less pain; had urinated once, the urine was of amber color. Had passed another sleepless restless night with cerebral irritation and intense headache; very thirsty; so weak, that he could not raise himself up; vertigo, surring in the ears. ℞ Bellad. ʒ, six drops in a glass of alcoholized water, a tablespoonful every 3 hours.

March 15. Same sleeplessness, same nocturnal headache, but less fury, thirst decreasing; no vomiting, six diarrhœic glairy stools with some tenesmus; less vertigo; pulse and skin more natural. But the mucous membrane of the mouth was now invaded, the gums swollen and covered with a white

adherent layer, under which was found a violet border; the tongue was swollen, red on its borders and covered by an adherent grayish coating. The mucous membrane of the pharynx and mouth red and injected. ℞. Acid.-nitric. 6 in water, a tablespoonful every three hours. Same drinks and cold beef-tea.

March 16. Same general symptoms; fever at night with sleeplessness and severe headache. The beef-tea was kept down; neither vomiting nor stools. The state of the mouth was worse; a white opaline layer, reminding one of the superficial syphilitic plaques muqueuses, had formed on the columns of the velum palati and the tonsils; on the inside of the right cheek was a round ulcer with a grayish base, the borders as if cut out and surrounded by great redness. ℞ Nitr.-acid. 12, 2 drops given as before.

March 17 and 18. State the same, only the ulceration of the mouth had extended, covered by a gray layer; intense thirst; could not bear hot drinks or beef-tea, which appear to him too salty; constipation, some abdominal pains, although the abdomen was flat and not sensitive to the touch. Urine clear, but scanty. ℞ Sulphur 24, 2 drops in water, a tablespoonful every 4 hours.

March 19 and 20. State of the mucous membranes the same, but since 24 hours he suffered from incessant hiccup, which was easily removed by Nux-vom. On the 20th his mouth looked better, the ulcers were cleaner and began to cicatrize; the pseudo-membranes had disappeared from the throat, which still looked red; the gums were less swollen, less red and the white layer had disappeared; the tongue was also cleaner, only there was a blackish spot still on its root. Less thirst, took his beef-tea and his drinks readily; constipation, urine more plentiful; the nights begin to be more quiet, although patient enjoyed no good sleep yet; the tearing headache made itself still felt, especially in the first part of the night; pulse small, weak, 75. Patient was up for an hour.

March 20. The same, only some diarrhœa.

March 21. Patient complained of colicky pains, had a hard stool, then a soft stool, during the night two soft stools with cutting pains. No urine. The tongue covered itself again with a gray coating, and he felt again that metallic disagreeable

taste; thirst returned with disgust for all food; nausea, even some slight greenish-yellow vomiting after the beef-tea; pulse small, but more accelerated; the skin moist and cold; general debility. ℞ Arsen. 12 in water, a tablespoonful every two hours, cold beef-tea.

March 23. Mouth better, but copious diarrhœa, 12 stools since yesterday, black, watery, foul; severe colicky pains; urine scant and dark-colored; great debility, pale face, icy-cold skin; pulse small, filiform, 100; moderate thirst, extreme disgust. ℞ China 6, every two hours beef-tea; wine and water.

March 24. Diarrhœa continued stubbornly; patient extremely weak, hippocratic face, icy-cold skin; no sleep on account of the frequency of the stools. ℞ Carbo-veg. 24, six globules in water, a tablespoonful every 2 hours.

March 25. Less diarrhœa, only eight stools in 24 hours, more yellow, one even a little blood-mixed, pulse stronger, 100; the skin less cold; the face more natural; less thirst, the tongue still covered by a gray coating; the gums less red and swollen, but the teeth ached; the throat was entirely clean as also the mouth. Same prescription every 3 hours.

March 26 and 27. Diarrhœa stopped and strength returned with some appetite. He complained of pains in the rectum, and round the anus when he sits down.

March 29. No diarrhœa, but the pains in the rectum are intolerable, the environs of the anus are swollen, sensitive, slightly red. No stool, but when attempting to go on the chamber, he passed a little clear dark blood. ℞ Bellad. 12 in water, a tablespoonful every 3 hours.

March 30. Aggravation of all the symptoms. Six times he had very copious hæmorrhage per anum, and he felt very weak again. The pains in the rectum keep up the same intensity; small hæmorrhoidal tumors round the anus, and knobby swelling of the mucous membrane. ℞ Rhus 18 in water, every 3 hours.

March 31—April 2. No more hæmorrhage, but the intense pains continued. Round the anus a grayish diphtheritic layer, exactly like that which was on his cheek, with erosions. It resembles exactly what is called "plaques muqueuses ulcérées. ℞ Merc. sol. 18 in the same manner.

April 3. Aggravation of all the pains in the rectum, extension of the ulceration and of the diphtheritic layer; from the rectum exudes a fluid with the characteristic odor of gangrene and forming on the linen large black spots.  $\mathfrak{z}$  Lachesis 24, 1 drop in water.

April 4. A little less pain, but great diminution of the odor of gangrene. The oozing was still copious, but looked more purulent; patient complained since yesterday of severe pains in the calf of the left leg, where the veins form two hard strings, which unite a little below the ankle. The least touch is painful. Lachesis 12.

April 5, 6, 7. Amelioration keeps on, the oozing decreases, is serous and without smell. He had yesterday a painful stool, but the sensitiveness diminished rapidly, so that he could sit down on an india-rubber cushion. The swelling of the leg is nearly the same.

April 10. Hardly any more oozing, the surroundings of the anus were still a little red, but the protrusion was gone. He was up several hours every day and digested his meat well. Stool daily and not very painful. The leg less painful, but still swollen. No medicine.

April 12—18. Amelioration continued, the leg was getting better. Lachesis 200, a dose daily.

April 28. Patient felt well and could walk about without pain. Sulph. 30, three globules.

May 14. Patient dismissed, as he was able to follow his occupation again.

1. Cerebral excitation with sleeplessness at night and excruciating headache, after three days. *S.*\*

The patient was calm, in spite of the persistency of the symptoms and answered promptly, complained about nothing. 7th day. *K.*

He laid on the right side and supported himself on it. First day. *K.*

General debility, followed by syncope and loss of consciousness, immediately. *S.*

5. General debility, frequent fainting; convulsive motions of

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\* *S.* Simon; *K.* Kapeler; *M.* Moos; *Th.* Thibert; *T.* Tendering.

the extremities; drowsiness, awoke easily, pulse small and soft. 8th day. *K.*

Extreme prostration, frequent fainting, continual hiccup, death during syncope. 9th day. *K.*

Great weakness, so that he could not remain up. 72 hours. *S.*

Great sensation of chilliness. *M.*

The skin felt icy-cold, after 11 hours. *S.*

10. The extremities were very cold. 13 hours. *M.*

The skin became warm again. 19 hours. *S.*

Pulse small, depressed, 76. 11 hours. *S.*

Pulse stronger and more frequent, 90. 19 hours. *S.*

Pulse weak, 130, with cold extremities and cyanosed face. 13 hours. *M.*

15. Pulse 132, small with frequent vomiting and frequent stools, mixed with blood. 24 hours. *M.*

Pulse 102, irregular in the morning of the 2d day. *M.*

Pulse 92 in the evening of the 2d day. *M.*

Pulse 88. 4th day morning. *M.*

Pulse 90. 4th day evening and 5th day morning, regular. *M.*

20. Pulse moderately frequent, rather slow, but at the same time full and hard; the beating of the heart strong, developed; respiration free and easy. 4th day. *K.*

Pulse slow, oppressed; extremities cold. 8th day. *K.*

The chest sounded clear all over. 4th day. *K.*

The lungs and the heart were intact, only the beating and the murmurs of the heart were weak. 13 hours. *M.*

The beating of the heart violent and rough. 5th day. *K.*

25. Excruciating thirst. 4th day. *K.*

The thirst was quenched, but the stomach rejected all drinks. 11 hours. *S.*

Ardent thirst; medicine and drinks were kept down, after 17 hours. *S.*

Sleepless night with great excitement and incessant talking, furious towards his nurses. 24 hours. *S.*

Night agitated, sleepless. 6th day. *K.*

30. Patient slept the whole night. When awaking, severe headache, nausea, increased thirst, strong redness of the throat and difficulty of swallowing. 2d day. *M.*

The extremities were agitated by light convulsive motions. *K.*

Vertigo with headache, after 10 minutes. *M.*

Severe headache with fever at night and sleeplessness after 3 days. *S.*

Tearing headache in the first part of the night. 8th day. *S.*

Headache and vertigo with copious epistaxis. 4th day. *M.*

35. Headache, vertigo when moving; surring in the ears. 2d day.—Vertigo and surring in the ears, decreasing when sitting down. *S.*

Atrocious headache; severe contractions of the heart, repelling the hand, when applied to the walls of the chest. 4th day. *K.*

Face pale, slightly cyanosed and wan, after 11 hours. *S.*

Face cyanosed, after 13 hours. *M.*

He looked, as if he suffered from intense cholera. 11 hours. *S.*

40. Face looked serious and animated, eyes fixed, conjunctiva injected. 4th day. *K.*

Pupils greatly dilated, after 13 hours. *M.*

The pupils were a little contracted. 2d day. *M.*

The eyes sunk in, after 11 hours. *S.*

Copious epistaxis. 4th day. *M.* Repeated itself during 2 weeks.

45. In the morning epistaxis and at the same time inclination to urinate, and passed his water in the bed, after retention during 4 days. *M.*

Daily alternately once or twice nose-bleed and vomiting, during six days. *M.*

The tongue was pale, after 11 hours. *S.*

The tongue was always pale and showed at its base a yellowish coating. 19 hours. *S.*

Tongue clean, after 13 hours. *M.*

50. Tongue always coated by a gray layer.

Tongue heavily coated, no appetite, no thirst, no urine. 3d day. *M.*

Vesicles on the left border of the tongue and on the left side of the velum palati. 5th day. *M.*

Tongue more red on its borders, covered on its base by a gray coating, like metallic. *S.*

Styptic, very disagreeable taste in the mouth, after 11 hours. *S.*

55. Bitter taste after the frequent vomiting and stools. *M.*

The lips, tongue, the inside of the cheeks were dotted by ulcerations, covered by a grayish-white coating. 4th day. *K.*

The whole mucous membrane of the throat was very red. 2d. day. *M.*

The throat was always red and painful in the morning. *S.*

The mucous membrane of the mouth is invaded, the gums are swollen, covered by a light whitish coating, adherent, under which is found a border of violet redness; the tongue is swollen, red on its borders and covered with a very adherent grayish coating; the mucous membrane of the pharynx is red and injected, also that of the mouth. 2d day. *S.*

60. The state of the mouth is aggravated; a white opaline layer, reminding one of the superficial syphilitic plaques muqueuses, forms on the columns of the velum palati and tonsils; on the inside of the right cheek a round ulcer with gray basis, its borders cut out, and surrounded by vivid redness (3d day); 4th and 5th days the ulceration extends and is covered by a grayish coating. By degrees it diminishes to disappear at last entirely. *S.*

The tongue covers itself anew by a gray coating, and the disagreeable metallic taste returns; thirst increases again; disgust for all food, nausea, some green vomiting after beef-tea; pulse small, but quickened; skin moist and cold; general debility. 17th day. *S.*

Extended inflammation over the whole buccal cavity. *Th.*

The salivary glands are swollen, tumefied. 4th day. *K.*

Abundant saliva runs incessantly from the mouth, giving off the peculiar smell of mercurial salivation. 4th day. *K.*

65. Salivation very copious with fetid mercurial breath and softening of the gums. *T.*

The teeth are painful, but the gums are less red and less swollen. 12th day.

Easy deglutition. 4th day. *K.*

Great difficulty of swallowing. 2d to 5th day. *M.*

Ruggedness of the throat, deglutition difficult; the base of the pharynx was red, injected, after 19 hours. *S.*

70. The throat was always red and painful. 30 hours. *S.*

Nausea and continual desire to vomit. *K.*

Nausea, followed by vomiting. *M.*

Vomiting immediately after drinking. 4th day. *K*.

Ardent thirst, medicine and drinks remain down. 19 hours. *S*.

75. He cannot think of the poisoned sugar-water without producing violent efforts of vomiting; the stomach being empty, he can bring up nothing. 11 hours. *S*.

Two bilious vomitings, frequent and vain efforts at vomiting. *S*.

Twice a day alternately nose-bleed and vomiting, lasting six days. *M*.

Intense thirst; cannot bear hot drinks or his beef-tea, which tastes too salty. *S*.

Two violent fits of vomiting during the night, containing a large quantity of dark blood. 5th day morning. *S*.

80. During the night, 20-30 times vomiting with very bitter taste, consisting of mucosities, of a dirty white color, alkaline reaction, without any particular smell. 4th day. *M*.

Vomiting and diarrhœa alternate for 12 hours, so that he had during that time at least 30 to 40 times vomiting and stools. 1st day. *M*.

Drank a great deal of milk and aluminous beverages, vomited six times, but in far smaller quantity than he has drunk; eight fetid stools, green and glairy during the night. 2d day. *S*.

Immediately after taking it, repeated vomiting mixed with blood; frequent copious stools and severe colicky pains over the whole abdomen. *K*.

At once, icy coldness, followed soon by nausea, vomiting, diarrhœa and severe colic. *S*.

85. Hiccup in the evening, greatly fatiguing the patient. 8th day. *K*.

Hiccup, which does not cease one moment, for 24 hours. 4th day. *S*.

Burning sensation in the stomach with insatiable thirst, without vomiting, after 19 hours. *S*.

Violent irritation of the stomach. *Th*.

Sensitiveness of the epigastrium to pressure, abdomen slightly painful, after 19 hours. *S*.

90. Abdomen flat, not sensitive to pressure, after 11 hours. *S*.

Abdomen soft and not painful to the touch. 4th day. *K*.

Abdomen neither bloated nor painful to the touch, after 24 hours. *M*.



Violent abdominal pains, increasing with every stool. *M.*

Two fluid stools, tainted with blood; passed urine ten times, after 19 hours. *M.*

95. Six diarrhœic stools, smelling badly, after 17 hours. *S.*

Eight fetid, green and glairy stools, after 35 hours. *S.*

Six diarrhœic glairy stools with some tenesmus. 24 hours. *S.*

Colic, followed by a hard stool, then a soft one, during the night two fluid stools, preceded by severe cutting. 7th day. *S.*

Very copious diarrhœa, 12 stools since yesterday; black, liquid, foul; severe colic. 20th day. *S.*

100. Persistent diarrhœa, extreme weakness, small pulse; moist and icy-cold skin, hippocratic face. 21st day. *S.*

Sanguinolent stool. 22d day. *S.*

Frequent inclination to stool, preceded and accompanied by tenesmus; stools scanty and mixed with blood. 4th day. *K.*

Great inclination to go to stool (with incessant vomiting), followed in ten minutes by liquid stool. *M.*

No stool on the 2d, 3d, 5th day; after an injection two stools of black fœces, slightly tinged with blood, without urine. *M.*

105. A stool of dark-colored fœces; 5th day. *M.*

No stool on the 3d, 4th and 5th day and then diarrhœa. *S.*

No stool, but when trying to have one, he passed some pure black blood. 6th day. *S.*

A fetid liquid oozes from the rectum, having the characteristic smell of gangrene and forming on the linen large black spots; after 2 days. *S.*

The oozing diminishes by degrees and loses its fœtor, leaving no trace behind, after 8 days. *S.*

110. Pains in the rectum, when sitting down, also around the anus, after 14 days. *S.*

The pains in the rectum are intolerable, the region around the anus is swollen, sensitive and slightly red, after 16 days. *S.*

The bleeding returns six times very copiously. 17th day. *S.*

Small hæmorrhoidal tumors around the anus and knobby swelling of the mucous membrane. 27th day. *S.*

A diphtheritic grayish layer around the anus, similar to what he had on the cheeks; erosions, which look like ulcerated plaques muqueuses. 20th day. *S.*

115. Retention of urine during five days. *K.*

Suppression of the urinary secretion. *Th.*

The bladder is empty from the 2d to the 5th day. *M.*

No emission of urine. *S.*

Has urinated once, urine yellow, amber-colored, a little painful, after 24 hours. *S.*

120. Urine clear, but scanty, after 5 days. *S.*

Urine more abundant. 6th day. *S.*

Urine scanty and dark. 10th day. *S.*

The urine just passed, showed an acid reaction. 8th day. *M.*

Microscopic examination showed numerous whole cylinders or broken down with fine detritus; no blood-globules; a quantity of albumen. 8th day. *M.*

125. Urine contained in the bladder is extremely albuminous. *Th.*

A large quantity of albumen and cylinders in the copiously secreted urine, after 15 days. *M.*

The scrotum is of a dark color, also the penis, which is in semi-erection. 4th day. *K.*

Severe pains in the left calf; the veins form two strings, which unite in the neighborhood of the ankles, the least touch is extremely painful (varices.) 21st day. *S.*

The leg keeps swollen up to the 25th day. *S.*      *S. L.*

ARTICLE XX.—*Toxicology.* Translated by S. LILIENTHAL, M.D.

### 1. CARBOLIC-ACID.

Dr. Machin was called to see three women, who, affected by the itch, had washed themselves with a solution of carbolic-acid, substituted by mistake for a solution of sulphur. On entering the room, he found the whole atmosphere pregnant with the vapors of carbolic-acid, and his patients suffering from profound prostration. Their respiration was agitated and they had lost all knowledge of what passed around them. One, Maria Pritchett was 60 years old, the second Anna V. 23, and Maria Backer something over sixty. The carbolic-acid had been used with a sponge over the whole body, and a few minutes after its application they felt smart pains, headache,

dullness and became insensible. About half an hour had passed before the physician was called in. He had them washed off immediately with tepid water and white soap, to remove as much as possible of the acid, and ordered a mixture of brandy, ammonia and sulphuric-ether and had them removed from the ward, where the air was impregnated with the poison.

Maria P. never recovered her senses; her pupils were normal and contracted under the influence of light. No convulsions, except a transitory spasm of the diaphragm; the respiration became difficult and slow and she expired during the same day. Anna V., after having been insensible for five hours, gradually recovered her senses and tried to vomit. She took an emetic, but in spite of considerable effort she brought up only the contents of the stomach; her expirations smelt strongly of the acid. She felt somewhat relieved, after taking a strong cup of coffee, but complained of pains in her head and throat; her respiration was rapid and irregular, though it had lost its spasmodic character. She tried to swallow some cold milk, mixed with a small quantity of brandy; but as epileptiform convulsions reappeared, leeches were applied to the temples. An alkaline mixture with some chlorate of potash was given to combat the pains in the throat, and afterwards a solution of chlor. Symptoms of pulmonary congestion came on, and she became gradually weaker, but kept her senses to the last. She died 41 hours after the application of the acid. She had epileptic fits before, but six months had passed, since she had the last one. Maria Backer, after reviving sufficiently, declared, that she had rubbed it in the first, and it felt during friction like rubbing in fire. Immediately after she felt oppression of the head and dullness as if intoxicated, lost her senses and regained them only after having been brought into another ward. She complains of a terrible smarting of the skin, which feels rough, dry and tense, but shows no blisters, as in the other two patients. No vomiting; the pulse 80, weak but regular. Desquamation came off in scales and in about three weeks she was fully recovered. No autopsy was permitted. On the surface of the skin were some dirty-looking spots. Some of the carbolic-acid left looked black and was sour, and it was therefore an impure article.

*Et Criterio Medico.*

## 2. PHOSPHORUS-POISONING BY DR. KNÖVENAGEL.

M. I., work-girl, 29 years old, has been treated several times for syphilis. March 28th she concluded to finish her mortal career and took the phosphorus from a quantity of matches and mixing it with water drank the whole of it. Frequent copious vomiting during the night and in the morning, when she was brought into the hospital. We will give here the course of the disease.

1) *Temperature and pulse.*—In the first five days after imbibing the poison moderate and not yet regular rising of the temperature in the evening, but in the morning normal and sometimes even a somewhat low temperature, with a comparatively frequent pulse of about 104–120 in the minute; on the 6th day a continued fever with remittent type, reaching its acme on the evening of the eighth day. Th. 104; on 9th day morning 101, evening 101½; on the 12th day evenings 104; pulse 96 on the 9th and 112 on the 12th.

With the 13th day a more intermittent state began under the form of distinct chills, accompanied in the beginning with distinct elevations of the temperature, diminishing by degrees, as follows.

13th day after poisoning. Chill 8½ A.M. lasting 20 minutes. Maximum of temperature 121, pulse 144. Minimum with copious perspiration 118, rising in the evening again to 119½.

14th day. Morning chill. Max. of t. 119, pulse 112. Min. with copious sweat 102, pulse 96.

17th day. Chill in the evening, lasting 20 minutes. Observation of temperature neglected.

18th day. Morning chill, lasting 30 minutes. Max. of t. 119 with 140 p. Evening 103, next morning 104 with 84 p.

Hence followed a nearly regular constant decrease of temperature with only temporary slight elevations without regular type to the 28th day, lasting to the 32d day.

32d day. 5th chill in the morning of less intensity and duration. Max. of t. 103; decrease with perspiration to 100 in the evening.

36th day. 6th chill in the morning. Max. of t. 101½ next morning 99; followed for a few days with morning tem. of 95 and evening of 96.

Now four weeks passed without chill and fever, only on the 63d day. Chill of 20 minutes. Max. of temp. 100.

65th day. 8th chill. Max. of t. 102. Minimum with perspiration 100.

71st day. 9th chill. Max. of t. 102. Minimum with perspiration 97.

79th day. A chill at 8 A.M. and another one at 10 A.M. Max. of t. 101, in the afternoon 98, next morning 96.

89th day. 12th chill. Max. 102. Min. with perspiration 99.

Then three chills followed, where the maximum did not reach over 100.

129th day. 16th chill. Max. 101. Minimum in the afternoon 97.

130th day. 17th chill. Max. 100. Minimum 99.

143d day. 18th chill. Maximum 99.

144th day. 19th chill. Maximum 99.

146th and 149th days. Two chills with the same temperature.

2) *General State.* a) *State and Color of the Skin, State of Urine in relation to the Icteric Symptoms.*—Three days after the poisoning perfectly dry skin; on the fourth day delicate icteric coloring, stronger on the conjunctiva. 10th day: the skin perspires a little, the icterus increases up to the 17th day, then steadily decreases to 48th day, when also the yellowish coloring of the conjunctiva has fully passed off.

On the 4th day also in the urine slight bilious tint and a small quantity of albumen, spec. gr. 1026. The bilious reaction increases, whereas albumen is not constantly found, temporary copious sediments of uric salts. On the 18th day the urine becomes more copious, of a brownish-green color, sp. gr. 1009, containing clearly the coloring matter of the bile and albumen.

On the 20th the urine looked clearer. Measurements gave for 24 hours

750 Cts. sp. gr. 1013	2100 Cts. sp. gr. 1014
1000 " " " 1014	2700 " " " 1019
1800 " " " 1012	2200 " " " 1016

After the 30th day albumen and bilious coloring matter could hardly ever be detected. Any relation to the chills could never be found out. Strangury came on between the

35th and 38th day with severe tenesmus. If she passes urine, the difficulties are renewed after micturition. The urine, taken away with the catheter looks clear, light-yellow with a strongly sour reaction.

b) *State of the Sensorium and of the Sleep.*—On the 5th day, when the skin took on its intensive jaundiced color, strong delirium, lasting over the 7th day; patient forgets to urinate; she says, she feels well, although her respiration is laborious, the pulse small, the skin dry and the tongue coated brown. Sleeplessness during the night. On the 10th day sleep returns and the sensorium is more free. On the 15th she complains only of a dull feeling in the head with general malaise and on the 18th day amelioration sets in with beginning decrease of icterus and more copious urination, on the 30th day she feels well enough to request to let her sit up a little.

c) *Peculiar, perhaps partly Critical (?) Manifestations.*—Frequent severe epistaxis on 7, 11, 14, 20, 22, 33d day, the latter times always accompanied by copious sweat. Solitary pustular eruptions on the forehead on the 20th day, spreading on the 22d over the whole face, about the size of a grain of oats and surrounded by a broad red aureola; in the centre the aperture of a hair-follicle and filled with pus. Simultaneously ecthymatous pustules form on the podex and anus, discharging a brownish bloody pus. They all heal up by the 32d day.

On the 58th day the menses appeared, after having been absent 9 weeks; 27 days afterwards again menses, and 21 days later for the 3d time.

On the 105th day after poisoning swelling of the right cheek, depending on a carious tooth (parulis.)

### 3. STATE OF THE DIGESTIVE ORGANS.

a) *Stomach and Bowels.*—Copious vomiting immediately after swallowing the poison; nausea, severe pains in the epigastrium, dry brown encrusted tongue, meteorismus; the stools firm and crumbling, of a clay-color. Purgatives produced copious stools of a grayish color, after which the abdomen felt softer from the 3d to the 7th day. After stopping the purgatives constipation set in and injections had to be given to produce evacuation; the stools are copious, mushy, consisting of partly white, partly yellowish masses. Towards the 10th

day the painfulness of the epigastrium decreases, the tongue becomes cleaner and moist. During the 1st and 2d chill the pains are renewed with copious vomiting of remnants of food of a grayish-yellow color which is observed nearly with every chill. On the 16th day the stools contain more bile and pass off spontaneously without any injection, once a day. On the 23d day she does not complain of any pain in the epigastrium, and on the 25th day the appetite returns. A few days afterwards inclination to costiveness again, removed by Castor-oil and injections. Simultaneously symptoms of faecal accumulations appear in the colon descendens: sensitiveness to pressure above the left lig. Poupartii and abnormal resistency deep in the regio iliac. sin. Purgatives always produce well-formed bilious stools. By the 40th day all the symptoms had nearly increased to a dysenteric state: watery stools mixed with whitish yellowish flocculent and cheesy masses, slight emesis, tenesmus; but the stools always show more or less bilious color without any blood. Thus the 60th day was reached, when it changed again to constipation; and only by the 112th day the bowels became regular and natural again.

b) *Symptoms of the Liver and Spleen.*—After having complained already for the first four days of considerable pain, when the hepatic region was pressed, we find on the 5th the dull sound over the liver more intense and over a larger space, and on the evening of the sixth the lower edge of the liver can be clearly felt exactly above the navel. On the 7th day the external border of the left lobe of the liver is felt by palpation three inches towards the left of the median line; and by percussion the dull sound of the liver can be found behind the fifth rib in the mamillary line. A further enlargement of the volume of the liver did not take place and the painfulness on pressure decreases, only during and after a chill it rises considerably. On the 17th day the dullness is far less intensive still its upper border is yet above the upper edge of the fifth rib; although a certainty is now impossible to demonstrate on account of a simultaneous affection of the respiratory organs. On the 23d day the lower edge of the liver can be felt considerably higher up, and from the 29th day even a chill does not influence any more the painfulness nor the en-

largement. Re-examined on the 36th day, more normal proportions are found: upper border on the lower edge of 5th rib, lower border passes 2 inches over the edge of the ribs in the right sternal line,  $1\frac{1}{2}$  inches in the parasternal line, 1 inch in the mamillary line. The median line is still passed by 2 inches. On the 79th day the dullness of the liver is found abnormally small: Left of the median line no dullness is found, and in the right hypochondrium it reaches only with small intensity the edge of the ribs. Till then no palpable enlargement of the spleen could be discovered, but about the 98th day it was clearly discernible.

#### 4. STATE OF THE RESPIRATORY APPARATUS AND OF THE HEART.

a) *Respiratory organs.*—In the first days considerable frequency of respiration, undoubtedly depending on abdominal painfulness; for the physical examination of the respiratory apparatus showed only scanty catarrhal murmurs on the right side front and back. Soon there appeared a frequent dry cough with scanty dextritic expectoration and the catarrhal manifestations in the lower parts of both lungs increase, especially on the right side.

On the 13th day, (1st chill), percussion shows a slight dullness on the right posterior side in the lower lobes with weakened respiration and finely vesicular rattling murmurs; change of position gives a change in the niveau of the dullness; fremitus weakened below the line of dullness on the right posterior side from the 9th thoracic vertebra. On the 14th day, (2d chill), the dullness rises half an inch and bronchial respiration is heard off and on in the dull sounding parts. Even up to the 50th day nothing abnormal could be found in the respiratory apparatus, still the intensity of the cough remains the same, producing a tough, mucous puriform expectoration, ramified according to the bronchia. After every chill an aggravation of the cough sets in.

b) *Heart.* The heart never showed any essential physical abnormalities. The second arterial sound was weak in the beginning; over the pulmonalis a rough first sound could be constantly perceived during the first weeks.

(*Berlin Klin. Wochenschrift.*)



ARTICLE XXI.—*Dr. Thos. Addis Emmet, vs. Dr. Noeggerath. Uterine Flexions.* By F. M. BOYNTON, HENDERSON, TEXAS.

In the May No. of the North American Journal of Homœopathy may be seen the views of these two leading Gynæcologists on uterine flexions. Emmet, "considers flexure of the uterus as an effect of inflammatory disease." Noeggerath: "It is my firm conviction, that the symptoms of irritation present in cases of dislocation are either the effect of flexion or mere coincidence, aggravating all the signs of disease usually found in cases of ante- or retroflexion."

I must place my observation and experience upon the side of Emmet. Women who have by accident dislocated the uterus, generally suffer to such a degree, as to require the immediate attention of a physician. In these cases mechanical assistance and rest is about all usually required. Many of the the women who apply to me for treatment are suffering from uterine congestion, inflammation, erosions, ulcerations, and hypertrophy of the cervix, accompanied by flexions. The question of pathology is, whether of any therapeutical value or not, do the flexions precede the uterine lesions; or are these lesions the result of the flexions, or the flexions the result of the uterine inflammations.

In these cases I give no attention to the flexions until I have reduced all inflammation, in a word, restored the uterus to a normal state; and if *flexions* remain, the woman is unconscious of it, and is generally easily relieved by a little mechanical assistance. The conclusion following the facts would be: That uterine versions and flexions, if not mechanically produced, are the result of inflammations.

The medicines from which I have obtained the best results, are Belladonna and Arsenicum-album, assisted by copious warm water vaginal injections.

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ARTICLE XXII.—*On Alcoholic Liquors predisposing the Generation of Syphilis and Gonorrhœa.* By JOHN HORNBY, M.D., Poughkeepsie, N.-Y.

THERE is one fact connected with syphilis and gonorrhœa, which has escaped the observation of all previous investiga-

tors of these diseases, namely, the influence of alcoholic liquors, as drunk by the people of various nations, in different beverages, being their predisposing cause.

This fact which has long occupied my attention and has been verified by time, I propose to elucidate as briefly as possible.

In tracing the history of our race from Adam to Noah, there is no evidence to be found of syphilis and gonorrhœa having existed among them, educible by definite description or figurative allusion; nor from the regeneration of our species after the deluge, till the period when the Israelites had established themselves as a nation, do we find any traces of them.

There is no evidence of these diseases existing among the Jews during their sojourn in Egypt, from the time of Abraham, the founder of their race, to their exodus under Moses, or during their wanderings in the wilderness; and it was not until they had adopted the habitual use of wine as a beverage, which they did only after their possession and long-continued occupation of their promised land, where the grape abounded, that we find proofs of their contamination with them. From which time as the number of victims multiplied, these became the objects of hierarchal denunciation, and civil proscription, and were expelled from cities and habitations and compelled to exist separately; while the special appellations of "Leper" and "Unclean," which were applied to them, indicate clearly that these diseases existed among them, and that the constitutional symptoms of them correspond to our present knowledge of them, as Psoriasis, Lepra and Tubercle, which modern experience teaches as being the so-called "secondary" form of syphilis, as propagated by tainted individuals.

As we pass from Jews to Greeks, we find similar facts; for syphilis and gonorrhœa were known among them only subsequently to the introduction of the orgies of Bacchus, their deity of drunkenness and debauchery.

From the Greeks we turn to the Romans, and among them we find the same facts, namely syphilis and gonorrhœa following the habitual use of alcoholic liquors; and also the collateral fact, of all those nations subjugated by the Romans becoming infected with these diseases, who in imitation of

their conquerors, had adopted the use of alcoholic liquors. And from those periods to the present, we meet these diseases and their predisposing cause, progressing together as cause and effect among the populations of Europe and their American descendants.

Among those nations who do not use alcoholic liquors, and by some of whom they are religiously prohibited, we find no traces of the existence of the objects of our search. They show no signs of ever having been contaminated by syphilis and gonorrhœa, for among the Mohammedan and Pagan people, from the Arctic to the Equator we miss their presence. And we find the same evidence as we travel over the islands of the Pacific Ocean, including the continent of Australia; excepting only those portions of their territories that have been visited by European navigators and traders and by whom they have been initiated into the use of alcoholic liquors, followed by their inevitable consequences, syphilis and gonorrhœa and their sequelæ.

Inquiring briefly into the *modus operandi* of alcoholic liquors, in predisposing syphilis and gonorrhœa, we find data plentiful and well authenticated, of their physiological action on the assimilative and reproductive functions of man. They cause hyperæmia by their moderate use, superinducing by stimulation an excessive assimilation of nutriment, and consequent excited activity of the sexual function of both sexes; followed by debility of their nervous and vascular systems, causing congestions in them of blood, altered from its healthy standard and resulting in vitiated secretions, which terminate in syphilis and gonorrhœa, in proportion to the malignity or mildness of their qualities, at the time of their absorption, and modified in their development by the controlling influence of climate, diet and hygiene.

And we find evidence also of the pathological conditions they produce in the brain, digestive canal, liver and kidneys, by their long-continued use in moderate quantities or inordinate use in larger ones, inducing exhaustion of their previously overtaxed functions, and ending in organic diseases of the viscera, and transmitting syphilis, scrofula, tuberculosis and cancer to the adult and infant.

And finally each year's experience teaches that these diseases are increasing in alarming proportions among those populations with whom they have become located, and that they are perpetuated by their predisposing cause, the habitual use of alcoholic liquors, threatening as they multiply to become ultimately the means of exterminating the infected populations of Europe and America.

From the facts stated, I propound the following propositions, the investigation of which I invoke:

*First.*—That alcoholic liquors, *per se*, are predisposing causes under favorable circumstances, of the generation in the human species of syphilis and gonorrhœa.

*Second.*—That the mode of their predisposing these diseases lies in the altered qualities of the secretions of the sexual organs, generated by their habitual use in moderate quantities, producing venereal diseases of a mild character such as balanorrhœa, leucorrhœa and non-virulent gonorrhœa.

*Third.*—That they produce alterations in the viscera by their degenerating influence over the blood, when used in immoderate quantities, manifested by:

a) Exaltation of the nervous and vascular systems.

b) Relaxation, depression, congestion and phlogosis of the viscera.

c) Diseases of a chronic nature in the brain, digestive canal, liver and kidneys.

d) Diseases of a specific and virulent nature, as syphilis in all its varieties, and its so-called "secondary" or constitutional effects, as psoriasis or lepra.

*Fourth.*—That syphilitic and gonorrhœal diseases are controlled in their development by climate, diet and hygiene.

*Fifth.*—That the constitutional effects of syphilis and gonorrhœa of the virulent kind, do not terminate with their disappearance in infected individuals, but are propagated to their offsprings and reappear in the second or third generations, in the form of scrofula, tuberculosis and cancer.

*Sixth.*—That the rapid multiplication of these diseases and their sequelæ, threatens in the end to exterminate the populations of Europe and America, among whom they have become located, and by whom they are propagated and dissemi-

nated, by the addiction of these people to alcoholic liquors, producing thereby alcoholism, syphilism, scrofula, tuberculosis and cancer, to an extent perplexing to the physician, and alarming and lamentable to the philanthropist.

#### CLINICAL CASES.

The fact that alcoholic liquors predispose the generation of syphilis and gonorrhœa, under conditions favorable to their development, was made apparent to me in the army hospitals of India, where I first discovered that married men of connubial fidelity, but given to the indulgence of alcoholic liquors, were frequently the subjects of these diseases. This fact I observed also, among unmarried men of fastidious disposition, who were known to be careful in avoiding all riskful sources of syphilitic infection, but who I found invariably to have been indulging to excess in alcoholic liquors previous to their contamination with them, and having in addition a cachetic condition of health, from the effects of climate and military fatigue.

The same facts I have observed during my sojourn in England, and also in this country; and from a careful investigation of the particulars of each individual case, I have arrived after 30 years' observation, at the conclusion embodied in the propositions stated above, and in illustration of which I offer the following cases selected from among a large number of similar ones.

*Case First.*—In 1833 at Cawnpore in India, a sergeant in one of the regiments stationed there, 40 years of age, a native of England, of full stature, with bilio-lymphatic temperament and debilitated constitution, presented himself with a syphilitic soft chancre on the left side of the glans-penis. He was a married man of good character and known connubial fidelity, and never before had syphilis or gonorrhœa.\*

He acknowledged to have had for some time past a predilection for alcoholic liquors, in which he had been indulging in excess of his usual habits previous to the appearance of his disease.

His wife was of good character, and sound health, and was

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\* N.B. The private and public behavior of soldiers, is made the subject of careful observation by the non-commissioned officers of regiments, which was my source of information.

found on inspection to be free of any syphilitic or gonorrhœal disease.

*Case Second.*—In 1836 at Cawnpore, as mentioned above, a conductor of military ordnance, a native of Ireland, 50 years of age, of middle stature, of nervo-sanguine temperament, of intemperate habits and debilitating constitution, had a syphilitic soft chancre on the upper part of the corona-glandis.

He said that he had been abstemious from women since the death of his wife, for the last ten years, but that after indulging to excess in alcoholic liquors for the last month, he had lately cohabited with a native female domestic. The woman on inspection, I found free from all syphilitic taint, and her previous moral character proved to be unobjectionable. In five weeks after he developed psoriasis or the constitutional symptoms of syphilis.

*Case Third.*—At the General Hospital at Calcutta, in the province of Bengal, a hospital assistant, 17 years of age, born in the country of European parents, of middle stature, of nervo-bilious temperament and enervated constitution, had virulent gonorrhœa. He had been drinking freely of alcoholic liquors for some time previously, and could not account for having the disease, as he had, he said, been particular in the choice of his paramour; who on inspection proved to be perfectly free from syphilitic or gonorrhœal disease, nor could I discover on investigation of her character and habits any circumstance to lead me to assign to her the cause of the infection.

*Case Fourth.*—At Whitchurch, a village in England, a farmer's laborer, 22 years of age, born in the country, of middle stature, sangino-lymphatic temperament, and a constitution enervated by labor, who was given to the free use of alcoholic liquors, had a soft chancre on the glans-penis near the frænum, which terminated in a hard chancre in the course of ten days, followed by a bubo in the right groin. He said he never had syphilis or gonorrhœa before, nor could he ascribe the cause of his present condition; as he said, he had connection only with a young woman he intended marrying; but that he had been drinking freely for some time previously. The woman on inspection proved to be free from syphilis or gonorrhœa, and her character unimpeachable, excepting her laster

*Case Fifth.*—In 1847, at Ashton-under-lyne in England, a young man, 26 years of age, of middle stature, a native of the city of Manchester, of sanguino-nervous temperament, and enfeebled constitution, who was habitually a free drinker of alcoholic liquors, had virulent gonorrhœa, following connection with the maid of the tavern, where he resorted for his potations. The girl on inspection, had no appearance of any syphilitic disease, and by the report of the landlord of the tavern, had always borne a good moral character. The girl denied having had intercourse with any other man but the subject of this case.

*Case Sixth.*—In 1861, at Poughkeepsie in the State of New-York, a married man, a native of Ireland, a resident of the city for many years, 45 years of age, of full stature, of bilio-lymphatic temperament, and good previous health, reported that he had been to the city of New-York on business a month before, where he had been excessively fatigued by business which required over-taxation of his physical energies; during which time he partook freely of alcoholic liquors, to which he was addicted.

In 10 days after his return home, he had virulent gonorrhœa for which he could not account, as he had not, he said, had any communication with women, excepting his wife. His known character of integrity and morality confirmed his assertion, and his wife on investigation, proved to be free of all syphilitic contamination.

*Case Seventh.*—In 1864 at Poughkeepsie, an unmarried man a native of the State of New-York, of middle stature, 30 years old, of bilio-nervous temperament and previous good health, had been absent with company, on a visit to a neighboring State; during which time he had indulged freely in alcoholic liquors, to which he was addicted for some years. On his return, he had connection with a young woman of previous unimpeachable character, and in a fortnight following, he had syphilitic soft chancre on the glans-penis. The young woman on inspection proved to be free from all syphilitic or gonorrhœal taint.

*Case Eighth.*—This case is taken from a number of similar ones, to show the effects of climate and hygiene in controlling the development of syphilitic diseases.

In 1838 at Calcutta, Bengal in India, three young men aged respectively 21, 19, and 17 years, all born in the country of European parents, the first of whom was of tall stature, nervo-sanguine temperament and good constitution. The second was of middle stature, nervo-lymphatic temperament and sound constitution; both of whom had been residing in the northern parts of the continent, and were of abstemious habits. The third individual was of middle stature, nervo-bilious temperament, and enervated constitution from climate and a too free indulgence of alcoholic liquors, of which he had partaken very freely for a week before his application for the treatment of virulent gonorrhœa. He stated that in company with the two individuals mentioned above, he had visited a prostitute, with whom he had intercourse, in which the two others had preceded him but a short time, who on inspection were found free from the disease, and had never been affected with it; which they thought they had escaped, through their habit of abluting themselves immediately after coition.

The woman on inspection, I found affected with virulent gonorrhœa, which she acknowledged to have had on her, for a fortnight previously.

*Case Ninth.*—For the etiology of scrofula, tuberculosis and cancer, I present the following cases, from among a number of similar ones, that have fallen under my observation.

In 1859 at Poughkeepsie, New-York, a boy aged 10 years, a native of the city, of nervo-lymphatic temperament and small size, with light hair and eyes, and fair complexion, prominent abdomen, and frail constitution, and delicate health had inflamed cervical glands. His father's history elicited, that a year before the birth of the boy, which was his eldest child, he had had syphilitic sores on the glans-penis, which he had cured before his marriage. His own father, he acknowledged to have been of intemperate habits through life, and had died from chronic disease of the liver.

*Case Tenth.*—In 1868, at Poughkeepsie, New-York, an unmarried woman, a native of the State, 26 years of age, of nervo-bilious temperament, middle stature, and previous delicate and declining health, presented herself with phthisis pulmonalis. Her mother 50 years of age, of middle stature, a



native of the State, of nervo-lymphatic temperament and delicate health, had when a child, suppuration of the cervical glands and weakness of the spine. The subject of this case was her only child, whose father, she said, had died shortly after the patient's birth, and had been given throughout his life to habits of intemperance and dissipation.

*Case Eleventh.*—In 1863, at Poughkeepsie, New-York, a married woman, a native of Germany, 42 years of age, of bilio-lymphatic temperament and delicate constitution, had cancer of the womb. She reported that her mother died when she, the patient was 22 years old, that she had a light complexion, small stature and feeble health, and had when young, "*drüsen geschwulst*" the German term for scrofula. Her father, she said, was of dark complexion and middle stature, a laborer by occupation, and given to intemperance. Her paternal grandfather she could not report about, but her maternal grandfather, she said, she had been told by her mother, had been in the Prussian army for some years, and was of intemperate and dissolute habits.

In conclusion, I beg to observe, that with the exception of the first few years of my observations, I have always resorted to the speculum, in inspecting the females concerned in the cases recorded above.

ARTICLE XXIII.—*The Blood in Pulmonary Tuberculosis, Showing the Importance of Proper Food, as a Preventive and Means of Cure.\** By HENRY N. AVERY, M.D., of New-York.

IN studying diseases of the chest and throat, the investigator has frequently been called upon to express his satisfaction, and acknowledge the great assistance the microscope and laryngoscope have afforded him in prosecuting his studies.

By their use he has been enabled to reveal to his view portions of the body heretofore hidden, and discover new elements that have proven of great importance in revealing the mysteries of pathological changes.

\* Read before the semi-annual meeting of the New-York Hom. Medical Society, held in New-York, Sept. 14th, 1869.

As the blood is the principal agent in maintaining the living organism, it is of the highest importance, that its condition should be such, that the nutritive properties for the carrying on the successful workings of the body should be preserved in their highest state of perfection. Otherwise the impaired condition of the blood would produce effects, encouraging to the rapid development of disease.

It is in this brief and imperfect monograph, my desire to call attention to the importance of preserving in the system a high nutritive condition of the blood, if phthisis pulmonalis is to be avoided.

Blood is derived from the materials furnished in the food, by the digestive and assimilative processes. From this liquid (blood) each portion of the solid tissues composing the living organism, has the power of extracting and appropriating to its individual part for its own use, the components that are essential to the proper condition of its substance, these nutritious components either pre-existing as such in the blood, or capable of being formed from it by a process of chemical change.

Hence it may be said, the blood contains the materials for the nutrition and renovation of the tissues, and also the products of their decay. As long as these processes continue in a normal ratio, just so long the tissues will remain in a healthy condition. If they are disturbed and the tissues of the body are not properly nourished, then disease is an inevitable result.

*Healthy blood* recently drawn has a consistence and density somewhat greater than water, and a high scarlet color, when taken from an artery; and a dark purple when taken from a vein. It is alkaline. Has a specific gravity of 1055 and a temperature 100° F.

The composition of the blood is *liquor sanguinis*, a colorless liquid, and a set of *corpuscles* which are suspended in it. The density of these *corpuscles* give the red hue to the blood.

Among this mass of red corpuscles may be seen a few *colorless corpuscles*. In *circulating* blood the liquor sanguinis is composed of fibrine, albumen and salts. If the blood is allowed to stand the fibrine and corpuscles unite and form the clot, while the albumen and salts remain in solution forming the serum.

The *red corpuscles* of the blood are minute transparent bodies of a flattened or discoidal form, and have a distinct circular outline, and in the centre may be seen a spot which has been considered a nucleus by some, while others have regarded it as an evidence of refraction.

Heretofore the red blood-corpuscles have been considered *non-nucleated*.

In using a powerful illuminator I have observed frequently a spot, that may be taken for a *nucleus*, and Prof. Freer of Philadelphia goes even further and says that he has discovered nipple-like eminences in the centre of the concavity of each well-formed disc.

In order to see this, reflected light must be used, as a polished jet slide.

The red corpuscles vary in size, and have great tendency to adhere together, especially when influenced by inflammatory action. They are influenced by water, and become enlarged and sometimes rounded.

The *white* or *colorless corpuscles* are *nucleated*, and larger than the red, they are 1-3000th of an inch in diameter and are distinguished by their high refractive powers, their want of elasticity, their softly shaded and granular aspect, and the absence of any disposition to adhere to each other, which may be illustrated by placing blood between two pieces of glass and rubbing, when the *white corpuscles* will be seen alone, independent of the agglutinated *red* corpuscles.

In circulating blood the white corpuscles occupy the exterior of the current, moving slowly and showing a tendency to adhere to the sides of the vessel, while the red occupy the interior and move more rapidly. The proportion of white corpuscles to red corpuscles is very small, 2.55 to 1000. The white are more abundant in children, during pregnancy, and in some diseases the quantity may vary after a meal.

Both corpuscles have a definite life, like other cells some undergo disintegration, while others are in a state of advancing development. The limit of the life of either has not ascertained.

The current opinion of physiologists of the present day appears to be that the corpuscles of the blood (red and white)

are generated by progressive metamorphosis from the corpuscles of the chyle and lymph. Dr. Carpenter says: "The most probable view is, that the ordinary lymph globule, which is a nucleus, may either develop into a white corpuscle, which is a nucleated cell, or into a red corpuscle."

*There is no evidence that the white corpuscles are degenerated red corpuscles, as some have supposed.*

The white corpuscles are influenced by *water*, they swell up to two or three times their natural size, and frequently burst.

The office of corpuscles appears to be to supply *vital activity* to the nervo-muscular system, by supplying oxygenated blood, and acting as a receiver for carbonic acid.

Having seen 1) that *vital activity* depends upon the *corpuscles*. 2) The *corpuscles* upon the *chyle* and *lymph*. 3) The *chyle* and *lymph* upon the *food*. The importance of well-directed *food* will be obvious.

We next pass on to show what *is* a great cause of tuberculosis. Dr. Carpenter gives so full a description of what he is pleased to attribute as the cause, we quote:

"In persons of that peculiar constitution which is termed *scrofulous* or *strumous*, we find an imperfectly organizable or *cacoplastic* deposit, or even an altogether *aplastic* product, known by the designation of *tubercular* matter, frequently taking the place of the normal elements of tissue; both in the ordinary process of nutrition, and still more when inflammation is set up.

From an examination of the blood of tuberculosis, it appears that although the bulk of the coagulum obtained by stirring or beating it, is usually greater than that of healthy blood, yet this coagulum is not composed of well elaborated fibrine; for it is soft and loose, and contains an unusually large number of *colorless* corpuscles, whilst the red corpuscles form an abnormally small proportion of it. We can understand therefore that such a constant deficiency in plasticity must effect the ordinary nutritive process; and that there will be a liability to the deposit of *cacoplastic* products, instead of the normal elements of tissue, even without inflammation. Such appears to be the history of the formation of tubercles in the lungs and other organs, when it occurs as a kind of metamorphosis of the

ordinary nutritive process; and in this manner it may proceed insidiously for a long time, so that a large part of the tissue of the lungs shall be replaced by the tubercular deposit, without any other ostensible sign than an increasing difficulty of respiration. In the different forms of tubercular deposit we see the gradation most strikingly displayed between the plastic and aplastic formations. In the semi-transparent miliary gray, and tough yellow forms of tubercle we find traces of organization in the forms of cells and fibres, more or less obvious; these being sometimes almost as perfectly formed as those of plastic lymph, at least on the superficial part of the deposit, which is in immediate relation with the living structures around; whilst they may be so degenerated, as scarcely to be distinguishable. In no instance do such deposits ever undergo further organization, and therefore they must be regarded as *cacoplastic*. The researches of Gulliver originally proved that crude or yellow tubercle, though often originating in or connected with cells, which appear in recent or miliary deposits, is really not allular, but chiefly granular or molecular, entirely devoid from the beginning of any plastic force, as "even its primitive cells can only retrograde and degenerate."

These degenerating cells he has depicted in crude tubercle amid the mass of granular and amorphous matter. The larger the proportion of this kind of matter in a tubercular deposit, the more is it prone to *soften*, whilst the semi-organized tubercle has more tendency to contraction. Thus it may be held now as established with certainty that tubercular matter is always, even in its most amorphous state, a product of cell-formation, and that the difference between the amount of organization which its several forms present is due rather to a variation in the degree of its subsequent degeneration, than to an original diversity in histological condition.

"But although tubercular matter may be slowly and insidiously deposited by a kind of degradation of the ordinary nutritive process, yet it cannot be doubted that inflammation has a great tendency to favor it; so that a larger quantity may be produced in the lungs after a pneumonia has existed for a day or two, than it would have required years to generate in the previous mode. But the character of the deposit still remains

the same; and its relation to the plastic element of the blood is shown by the interesting fact of no unfrequent occurrence—that in a pneumonia affecting a tuberculous subject, plastic lymph is often thrown out in one part whilst tubercular matter is deposited in another.

“Now inflammation producing a rapid deposition of tubercular matter is peculiarly liable to arise in organs which have been previously affected with chronic tubercular deposits by an impairment of the process of textural nutrition; for these deposits acting like foreign bodies may of themselves become sources of irritation; and the perversion of the structure and functions of the part renders it peculiarly susceptible of the influence of external morbid causes.”

We see by the foregoing that tuberculosis is evidently encouraged by improper nutrition (if not the cause!)—the result of improper food, and impaired digestion and assimilation.

We now proceed to ascertain what the effect of tuberculosis is on the blood. It has been shown that *white corpuscles* increase and *red corpuscles* are decreased in tubercular subjects, as well as a diminution of the fibrine. These are the *vital properties* or “life of the blood,” and it is of the greatest importance that they should be maintained in proper and due relation one to the other, and in sufficient quantity.

The albumen is decreased, owing to improper digestion and assimilation, whereby the preparation of the albuminous substances are impaired.

If *healthy blood* is examined with a powerful microscope, immediately after being drawn, it will be seen to be filled with *fibrin filaments* interlacing each other, and forming a network, the meshes of which are sufficiently large to admit of the passage of the corpuscles.

In pulmonary tuberculosis the filaments are larger and the meshes more contracted, and entangling within themselves, corpuscles, granules, spores, &c., characteristics that will distinguish this disease, and may be used as diagnostic indications of pulmonary phthisis. From what we have seen we must infer that the blood of pulmonary tuberculosis is not as dense and rich in nutritious material as healthy blood, and so to speak, is “watery.”

What the immediate cause of ulceration of the lungs and other parts may be—whether tubercles are produced by *degeneration* and *deposition* of the red or white corpuscles as a nucleus for ulcerative processes, we do know that the blood is altered in its character and the system presents the usual appearance of impaired nutrition.

In conclusion we would say, that a great cause of *pulmonary tuberculosis* is improper digestion and assimilation of the food, and impaired nutrition—though the subject may present no evidence of indigestion, through the early stages of the disease.

And any cause that may excite the nutritive functions into proper action, viz.: change of climate, tonics, proper food, exercise, &c., should receive the early attention of the physician.

ARTICLE XXIV.—*Pathogenesis of Anantherum Muricatum.*

By Dr. L.T. HOUAT. (Translated from the Nouvelles Données de M. M. H. et de Toxicologie.)

1. Heat of the head, with vertigo.

Vertigo, with debility and stupidity of the head.

Head excessively heavy, with burning and pulsating pains.

Vertigo and dullness, with cerebral congestion, red face and tendency to let it fall backwards.

5. Vertigo and dullness, with burning, stitching pains in the head, and sensation as if it was crushed.

Vertigo, with feeling of drunkenness and vacillation in walking—unsteadiness.

Vertigo, with confusion of sight and great heaviness of the head.

Vertigo, with debility in the back and lower extremities, and impossibility to remain on his feet.

Vertigo, with heat and heaviness of the head, perturbation of ideas and senses.

10. Vertigo, in all positions, aggravated especially by motion and strong air.

Heaviness and weakness of the head, with pressure in the sinciput.

Sensation as if something turned round in the head, with

pains in the stomach, great appetite, colic, venereal desire; chills and shaking, notwithstanding the great heat; depression or great alacrity. (Very persistent symptoms.)

Great heat of the head, with desire to bathe it with cold water.

Sensation as if he had water in the head, especially in walking, with confusion of the cerebral faculties and great headache.

15. Burning, lancinating, pulsating headache, principally on the right side, on the forehead and temple, with nausea, vomiting and great heaviness of the eyes.

Head excessively weak and heavy, so that he cannot keep it up and lets it drop on one side or another.

Sensation as if the brain was in air, and as if currents of cold air passed through it.

Sensation as if heavy subjects and bells moved about in the head, especially at night and when he lies on the right side.

Cramps and cold chills in the head, with confusion of ideas.

20. Pressive and lancinating headache, accompanied by pains, as if they were hammering in the brain.

Vertigo, with contractions and stitches in the internal angle of the eye, spreading hence to the brain.

Sensation as if the head were struck against a stone and were crushed.

Neuralgic pains in the temples, with sensation as if pointed irons were thrust in.

Lancinating, cramping and dilating pains in the temples, with desire to compress them with all force.

25. Pulsative and lancinating pains in the brain, as if it were pricked every moment.

Pains as if the brain were pierced by steel arrows, passing from the front of the forehead to the nucha.

Desire to lean the head towards something hard and cold.

Pressure on the top of the head, with sensation as if the cranium were crushed.

Bruised and wounded sensation in the brain.

30. Pains in the head as if there were abscesses and tubercles in the brain, with lancinating, burning and spasmodic pains on many places in the head, with insensibility.



Dull pains in the head, torpor of the brain, desire for rest and nausea.

Inflammation of the brain, with heat, as if he had burning coals in the head.

Neuralgic and spasmodic pains in the head, producing fits of craziness.

Pressive and constrictive pains in the head as if it were compressed by a band of iron.

35. Cerebral congestion, with great heat, dullness, loss of consciousness and epistaxis.

The pains in the head get worse in the afternoon and night, also from noise, light and motion.

Aggravation afternoon and evening, also by noise, motion and light.

All the ailments in other parts of the body produce in the head congestions, cramps and stitches.

Nearly constant headache, with burning and pulsative pains.

Spasmodic tightness of the head, going from one side to the other.

40. Nervous trembling in the head.

Smarting and excessive heat in the head, extending to the face.

Herpes and ulcers on the hairy part of the head, with compact, thick humid scabs and prurigo.

Compact tumors, like lupia, which form abscesses and ulcerate on the head.

Productions like warts and lupia on the eyebrows.

45. Protuberances like exostoses on the sinciput and temples.

Redness, smarting, excoriation, herpes and scabs on the forehead.

Heat and burning in the eyes. Pressure and painful stitches in the eyes.

The eyes enlarged, red, inflamed, with frequent obfuscation and vision of sparks, as if they were struck or pressed together.

50. Great photophobia; light produces a kind of itching in the eyes.

Swelling and pains as if an abscess would form in the right eye.

Spasmodic contraction of the eyes, which remain turned upwards.

Sensation of wrinkles and excoriation of the eyes, especially when rubbing the eyelids.

The sclerotica of a yellow color.

55. The pupils greatly dilated, with desire to wink with the eyes in order to distinguish objects.

Sanguinous congestion of the eyes, with tickling, itching, and like rheumatic pains in the eyes.

The slightest local application aggravates the sufferings of the eyes.

Inflammation and swelling of the eyelids.

Ulceration of the borders of the eyelids, with impossibility to open the eyes.

60. The eyelids turned upwards and like cracked.

Abundant secretion of mucus, considerable lachrymation, lippitude, especially when a sharp air predominates.

Trembling of the lids

Swelling and ulceration of the lacchrymal glands.

Amaurotic debility of the eyes.

65. Neuralgic and rheumatic pains in the orbits, with sensation as if the frontal bone were fractured.

Intense and burning pains in the eyes, with spasms and alteration of their axis.

The eyesight failing, dull, uncertain, obscured, without expression.

Very prominent or deeply sunken eyes.

Contracted pupils.

70. All objects appear dark and vaccillating, red or covered by a gray cloud.

The images of objects are seen in a disagreeable and inconvenient way.

Black points, muscæ volitantes and fiery circles before the eyes.

Everything appears luminous and brilliant.

Candlelight appears diffused and the letters run together in reading.

75. Confusion of sight, as if he had watery vapors before the eyes.

Desire to wink and to put the hands frequently before the eyes, as if he wishes to remove a veil which hangs before them.

Sensation as if he had a great weight on the eyelids, obliging him to keep them closed.

Pressure on the eyes, as after being tired and wishes to sleep.

Convulsive motions of the pupils, which obscure the sight for some moments.

80. Heaviness and stoppage of the nose.

Stinging in the nose, with bruised sensation at the root of the nose.

The air which passes through the nostrils feels icy-cold.

Great dryness and heat of the nose, with frequent and painful sneezing.

Ulcers in the nose, with epistaxis.

85. Very frequent epistaxis.

Fluent coryza, with pressive pains in the head and root of the nose; burning in the nostrils.

Lachrymation and sneezing, as if he had snuffed up pepper or tobacco.

Abundant flow of purulent matter, green and foul-smelling, from the nostrils.

Stitches and pulsations in the root of the nose, with nasal hæmorrhage.

Dry or fluent coryza, with cerebral torpor, intoxication, headache and sensation as if the head were full of water.

90. Nasal catarrh, with bronchitis.

The nose thick and rubicund.

Insupportable tickling in the nose, with violent sneezing as soon as he inhales a little cold air.

Inflammation and swelling of the bones of the nose, with hammering pains.

Furuncles and small tumors, like lupia, in the lobes of the nostrils.

95. The nose cold, pallid, pointed or thick, inflamed, and a quantity of small blood-vessels ramifying through it.

Heat in the interior of the ears, with pulsations, and sensation as if there were abscesses in them.

Intense lancinating pains in the ears, with discharge of yellowish purulent matter.

Excessive secretion of cerumen.

Heat and itching in the lobes of the ears.

100. Fissures in the lobes of the ears.

Crusty burning eruption in the ears, with impossibility to lie on them.

Deafness, especially in the evening and in damp weather.

Paralytic debility of hearing.

After having heard plainly for a few moments the hearing gets tired and the words become confused and indistinct.

105. Noises, murmurs and hissing in the ears.

He hears frequently a noise as if waves strike against rocks; a deafening noise, so that one cannot hear a word.

Sensation as if he had a reed or a spongy substance in the ears, which swells up.

Pains in right and left ear.

Sensation of great weakness, starting from the ears and extending over the whole head.

110. The face yellow or red, heavy, inflamed and congested.

The face pale, transparent and white as wax.

The face gray, cold-like, chilled and paralyzed.

The face emaciated, bluish, with cyanosis, contracted, shrunken, with sunken eyes.

The face speckled similar to that of a drowned person.

115. Deep-red face, with cerebral congestion, vertigo and stupefaction.

Itching and burning in the cheeks with sensation as if they were excoriated.

Ulcers and scabs in the face.

Red spots on the face, as if they were rubbed in several places with vermilion.

Small furuncles in the face, which sting like the points of needles.

120. Intense squamous herpes, with loss of eyebrows and beard.

Erysipelatous swelling of the face with closed eyes, fever, metastasis to the brain, desire to expose himself to the fresh air and to throw himself out of the window as from sunstroke.

Yellow spots and pustular herpes on the face.

Inflated face with tense skin and which ulcerates easily.

Subcutaneous red spots as in smallpox.

125. Red lumps in the face as from sanguineous congestion.

Furuncles and abscesses in the face.

Sensation as if stung by insects, in the face.

Very marked red or yellow spots on the face.

The skin of the face feels painful and excoriated as after shaving.

130. Flushes on the cheeks with abscesses of the gums.

Burning, pulsative, lancinating pains in the face.

Facial neuralgia, from the eyebrows to the chin, contortions of the face and grimaces.

Convulsive motions with stitches in the face and trismus, with pains in the lips and chin.

Spasmodic motions of the muscles of the face and involuntary grimaces especially on the left side.

135. Miliary and urticarious, pruriginous and burning eruptions on the face.

Painful swelling like an abscess in the centre of the right superior maxilla.

Pulsative pains in different parts of the face.

Pains in the bones of the face, with sensation as if they were bruised and disunited.

Ulcers and scabs on the nose and chin.

140. Convulsive contraction of the jaws.

Convulsive agitation of the facial muscles with difficulty of biting and masticating.

Great weakness of the bones of the face and of the teeth, the least thing seems to make them break.

Sensation as if the lips were continually full of oil.

The lips thick and inflamed.

145. The lips covered with phlyctænæ, which renew themselves constantly.

The lips swollen, enormous, ulcerated, everted, yellowish, violet.

Ulcers, especially on the commissures of the lips, looking like a syphilitic affection.

The lips dry, pinched and contracted.

Lancinating, boring and drawing pains in the teeth, with

sensation as if they would separate violently or as if they were torn with pincers or pulled out.

150. Desire to press the teeth constantly together.

Sensation of cold in the teeth, with heat in the gums and the whole mouth.

Burning in the teeth, gums and lips, as if they were calcined.

Sensation of uneasiness and pain in the region of the last molars, as if new ones would break through.

Pains in the carious teeth, especially at night, in the cool air or when eating, with foul breath.

155. The gums swollen, inflamed, burning and like scorbutus.

Severe pains in the teeth with cramps in the jaws, especially after having been exposed to a draught of air.

Gnashing and cracking of the teeth, they crumble and break.

The teeth seem to be elongated with an adstringent taste.

Caries of the teeth, with acute stitches and lancinating pains in the roots of the teeth.

160. Odontalgia with the sensation as if the jawbones were broken.

Toothache, aggravated especially in the evening and at night, when touching something cold and at the change of weather.

Wine, and especially coffee aggravate the pains.

The teeth are loose and fall out easily.

Pulsative, lancinating and distensive pains in the gums.

165. Gumboils with swelled cheeks and swelling of the sub-maxillary glands.

The mouth burning and inflamed, as if it were erysipelatous and excoriated.

Ulcers like aphthæ or thrush in different parts of the mouth.

Exfoliation of the mucous membrane of the buccal cavity.

Inflamed palate with very painful nodosities.

170. Smarting and small burning pimples in the palate.

Fetid breath.

Thick and viscous salivation, with bitter mouth.

Froth and saliva in the mouth with constant desire to expectorate.

Very painful pimples on the tongue, with smarting and heat.

175. Inflammation of the tongue with great tumefaction and great difficulty to speak.

Severe pains at the root of the tongue, as if it were cut off.

Swelling of the submaxillary and sublingual glands.

The tongue fissured, lacerated and as if cut on its edges, with abundant and weakening salivation, as if from the effects of Mercury.

The tongue is covered by a gray, greenish, bloody coating or of a brick-color.

180. Difficult speech, stammering.

Inflammation of the throat with sensation of fullness and heaviness, as if he had a cork in it.

Burning in the throat, as if it were full of mustard, with violent and convulsive cough.

Inflammation and swelling of the tonsils.

Frequent and tenacious abscesses in the tonsils.

185. Angina with nearly impossible deglutition.

Pains of excoriation, tumors and a quantity of tenacious mucus in the throat, with great difficulty to swallow even the saliva.

Debility and fits of constriction of the throat with danger of suffocation.

Heat and stinging in the throat with constant sensation of strangulation.

Sensation as if he had a burning stick in the throat, reaching down to the stomach.

190. Liquids pass frequently in the larynx and through the nasal fossæ; with convulsive and violent cough.

Considerable accumulation of mucus in the throat, with granulations, grayish ulcers like pseudo-membranes.

Impossibility to drink, though he suffers from thirst on account of the spasms in the throat, which contracts and feels tight as soon as he hears talking of water or sees brilliant objects.

Sensation either of burning heat or of icy-coldness in the œsophagus.

Sensation of tickling, as if he had something alive in the œsophagus, with fits of suffocating cough.

195. Ulcerated spots on the throat, aggravated by cold.

Bitter and bloody taste.

Bitter, acid, and sometimes sweetish taste, extending to the stomach, with epigastric burning; hunger at the same time.

Bitter and bilious taste.

Flat taste of the food, which seems to him too much salted or seasoned.

200. Unhealthy appetite in the evening and during the night, which keeps him awake in order to eat something.

Hunger even after eating; his whole mind is occupied with eating.

Desire for food, except those which are tasteless, watery or sugared; preference for salty or spiced food.

Hunger, as if he had fasted for a great while, with sensation of emptiness; burning, as if he had a tænia in his stomach.

Hunger, with excessive weakness, arising from the stomach.

205. Burning, stinging and oppression in the œsophagus.

Intense hunger, still he cannot eat.

Hunger, with sensation of fullness in the stomach; pressure on the teeth and throat from the small amount which he ate.

Contraction and oppression in the stomach and chest, so that he cannot take anything, and fear of suffocation.

Inextinguishable burning thirst.

210. Desire for cold water, strong liquors, cider and sour drinks.

Desire for strong smells; desire for garlic, sweet basil, laurel, &c.; he wishes for aromatic drinks.

Anorexia; excessive repugnance to all food.

The stomach appears full and as if it were ulcerated.

Very frequent eructations especially after eating and drinking.

215. Tenacious and painful eructations, especially after eating vegetables.

Regurgitations, with the taste of the food and of saffron, or acid or of ammonia.

Spasmodic and tenacious hiccough.

Burning in the stomach, as if it were on fire.

Violent and continual pituitous state.

220. Pituity, especially in the morning when getting up, before eating, in walking and sometimes at night.

Pituity, with nausea, insipidity or acidity and heat in the stomach.



Incessant nausea and desire to vomit.

Vomiting of the food and of bile, with hunger even after having eaten.

Vomiting of blood and even pus, as if a tumor broke in the stomach.

225. Vomiting of acrid, burning matter, followed by bile and blood.

Vomiting, with horrible pains in the stomach.

Watery, acid or tasteless and sweetish vomiting, with burning and stinging in the stomach.

Vomiting of food or mixed with blood, after the meal.

Vomiting of pure blood, as if he had broken a blood-vessel in his stomach.

230. Vomiting, bilious and black.

Vomiting, a mixture of bile, blood and water.

Watery vomiting, with whitish particles in it, and most foul eructations, stinging and cramps in the stomach and extremities; hurry for stool and very liquid diarrhoea; painful icy-coldness over the whole body; excessive thirst; pressure and constriction in the epigastrium; spasms; agitation; cold perspiration, especially on the head; a state like intoxication, prostration and emaciation.

Vomiting, with fear of death.

It seems as if the whole vital power was concentrated in the stomach to produce an infinity of suffering.

235. Sensation of fullness and constriction in the stomach, with total absence of appetite, bitter and salty taste.

Contracted and burning stomach, with desire to vomit.

Sensation as if worms pass through the œsophagus and stomach.

Contractions and cramps in the stomach.

Food passes from him soon after eating, without being in the least digested.

240. Poor digestion, with painful movements of the ingesta in the stomach, without the power to expel them; great headache; desire to vomit; twisting in the stomach and sensation of intoxication.

Sensation as if he had tumors, needles, or sharp-pointed stones in his stomach.

Extreme debility, coming from the stomach, which, apparently nothing will conquer.

Painful stomach, as if it were full of ulcers.

Painful, impossible digestion ; he vomits food which he ate several days ago.

245. Contracting, perforating and tearing pains in the stomach as if caused by some living being.

Spasms and contractions in the stomach, hindering respiration and obliging him to twist and groan.

Pains in the stomach as if it were torn, cut and perforated in different places ; pains which leave him no rest day nor night, so that he cannot do anything else.

Pains in the stomach, with continual moral irritability.

Sensation as if he had in the stomach a hard tumor, starting from the pylorus and extending on the right side towards the liver.

250. Burning, tearing and crampy pains in the stomach, radiating to the chest and right hypochondrium.

Pinching in the stomach, extending to the chest and back.

Very painful pressure as if he had a bar of iron in his stomach, with short and anxious respiration.

Crampy pressure in epigastrium, extending to the back.

Spasms of the stomach, with a sensation as if all the viscera contained in the chest and abdomen became contracted and were reduced in volume ; oppression and fear of choking.

255. Very painful contractions in the epigastric region.

All the symptoms of the stomach are accompanied by headache.

Heaviness and flatulent noises in the stomach, as if it were full of water.

Sensation as if the stomach were closed by a bar.

Cramps and pains in the stomach as if stuck with a pen-knife, and as if struck by lightning.

260. Spasmodic contractions of the œsophagus and pylorus, with impossibility to swallow.

Spasms and heat in the stomach, with violent colic, so that he has to bend himself.

Digging, tearing, clawing and clutching pains in the stomach.

Sensation as if the stomach were punched out in different places, and the bowels punctured and cut.

Pains in the stomach, extending to the chest and liver.

265. The pains in the stomach are worse in the evening, at night, after eating, by motion, emotion and by every occupation.

Desire to change his position every moment to ease the sufferings of the stomach.

Inflammation of the stomach, with fever, constipation, thirst and intense hunger.

Pains in the stomach, with cold chills on the face and back.

Sensation of heat and infarctus of the liver.

270. Cramps in the hepatic region, with a sensation as if it were full of painful tuberosities.

Pulsative, burning and digging pains in the region of the liver.

Sensation as if the liver were pricked and scraped in different places, with copious biliary secretion.

Inflammation and swelling of the liver, as if caused by abscesses, with œdematous swelling of the belly or of the whole body; prostration; impossibility to move without groaning; stool hard, difficult; dark, black, gray or yellowish color of the body.

Vomiting of bile, as if it came directly from the liver.

275. Sensation of hard points, as if there were concretions in the liver.

Burning, pulsating and lancinating pains in the region of the spleen

Sensation as if there were foreign bodies in the spleen, and as if the blood would tear it to pass through it.

Cramps and pinching in the spleen, with loss of respiration.

The spleen like ulcerated and hypertrophied.

280. Heat in the whole abdomen, as if he had erysipelas.

Inflammation and swelling of the abdomen, painful to the touch.

Abdomen full of gases, tense and hard, with tympanitic sound on percussio.

Colic, cramps and tearing pains in abdomen, with sensation as if there had been a red-hot iron.

Colic with great flatulency as soon as he moves.

285. Colic with cramps in the extremities, icy coldness and choleraic diarrhœa.

Sensation as if the bowels were excoriated and extirpated.

Lancinating crampy pains in abdomen, radiating to the hypochondria and kidneys.

Colic and pains in the bowels as if they were full of rodent animals; he twists about and does not know what position to take to get ease.

Sensation as if he had a tumor in transverse colon and thousands of small boils in the intestinal tube, with inflammation of all the abdominal glands and serous membranes.

290. Burning and cramps in abdomen with alternating chills and heat.

Pains like bruises and tearing in the bowels like in iliac passion, with nausea and vomiting.

Tumors like hernia, or like buboes in the groins.

Chronic constipation, followed by dark, dry, voluminous stools, then diarrhœa.

Rebellious constipation with fever, heat, thirst, sweat and debility.

295. Difficult, thick and hard stools.

Hard stools, like nuts, compressed and passing with difficulty, except after the use of injections.

Violent colic with sinking in of the stomach and pains which oblige him to bend himself; twisting colicky pains.

Abdomen tense and hard, without being swollen.

Repeated mucous and bloody stools with colic, burning in the intestines and anus, tenesmus and great weakness.

300. Diarrhœic stools with cramps and pains in the back, chest, stomach and abdomen, dullness of the head with sensation of drunkenness and prostration.

Dark, yellow diarrhœic stools of a foul smell.

White choleraic stools, with cramps, general chills, pressure and painful constriction in epigastrium, colic and burning in the stomach, frequent insatiable thirst with impossibility of drinking on account of the spasms in the throat and stomach; vertigo, heat of the head, weakness in thinking, great prostration, emaciation, suppression of urine.

Tœnia, lumbrici and other worms pass with the stools.

Stools containing only blood, with severe colic and extreme weakness.

305. Pains as if he had any quantity of iron points in his bowels.

Involuntary stools.

Heat in rectum and anus during stool.

Flowing hæmorrhoids with black blood and steady burning pains in rectum.

Large inflamed hæmorrhoidal tumors.

310. Hæmorrhoidal tumors with abscesses, which ulcerate and suppurate.

Tumors like mushrooms in ano.

Prolapsus ani with great sensitiveness, even when he does not defecate.

Insupportable itching in ano.

Constipation as from inertia of the bowels; retraction and paralysis of the rectum.

315. Coldness of the ears and of the nose during the vomiting and diarrhœic stools.

Continual desire to urinate with stitches and a curling pain in the kidneys.

Frequent emission of urine, which is or soon becomes turbid.

Sensation of shrinking and of obstruction in the kidneys.

Sensation as if the kidneys and the bladder were always full and swollen.

320. Pressive and burning pains in the bladder with desire to urinate every minute; the bladder cannot hold the least quantity of urine.

Difficult, painful intermittent urination; it stops to flow again the next minute.

Frequent, copious and turbid urination.

Fullness and distention of the bladder with impossibility to urinate.

The urine turbid, thick and full of mucosities, as in catarrh of the bladder.

325. Retention of the urine with retraction of the canal of the urethra.

Urine dark or yellowish and bloody.

Frequent desire, with burning urine coming out drop by drop.

Urine with yellow, gray or dark sediment.

Frequent desire to urinate without accomplishing it, with lancinating and spasmodic pains in the kidneys and bladder, and great fullness in them.

330. Passage of gravel with the urine.

Clear urine with chalky sediment, looking like milk when shaken up.

Cramps in the kidneys with frequent urination or urine completely suppressed.

Clear abundant urine, by day and by night with debility, great thirst, dryness of the mouth, hard gray stools or dark-colored with much pains, especially in the liver and stomach.

Urethrorrhagia.

335. Urine which burns in the canal of the urethra!

Urine with pellicles of the colors of the rainbow.

Urine thick, red, full of sediments.

Incontinence of urine, with involuntary urination when walking, at night in bed, during sleep, as if caused by paralysis of the neck of the bladder.

Tenesmus vesicæ with ischuria; spasms of the kidneys and extremities, and burning in the urethra, which seems retracted.

340. Ulceration, or like chancres in the urethra.

Sensation as if the canal of the urethra was obstructed and filled with tumors and excrescences.

Syphilitic looking ulcers in meatus urinarius.

Thick yellow, or green mucus flows from the urethra with priapismus, burning and tearing pains in the urethra, inflammation and swelling of the penis and inguinal glands.

Excoriation of the prepuce and meatus urinarius.

345. Secretion of a thick strong-smelling matter between the glans and prepuce, which are swollen.

Heat and stitches in the penis.

Syphilitic pimples on the penis with intense pains, traversing from one part to another.

Ulcers and pustular herpes as in acne rosacea on the penis.

The penis excoriates easily during coitus and even from an erection.

350. Ulcers looking like indurated chancres on the penis.

Encrusted herpes on the pubis.

Inflammation and swelling of the testicles.

Swelling of the scrotum, as if caused by accumulation of serum.

Sensation of hard tumors in the testicles and spermatic cords with severe pains.

355. Tumors like buboes or hernia in the groins.

Heat, stinging and pricking pains in scrotum and anus.

Furfuraceous herpes with great itching in the scrotum.

Redness and painful excoriation between the thighs.

Great exaltation of the venereal appetite.

360. The venereal appetite increases the oftener coitus is accomplished and increases even to furor and onanism.

During the coitus all his sufferings cease, only to appear afterwards with more severity.

Venereal desire with impotency.

Total absence of venereal desire.

Difficult ejaculation incomplete and of longer duration.

365. Frequent seminal and prostatic losses.

Nocturnal pollutions without dreams and unconscious of them.

Burning pains, as if she had a chafing-dish in the ovaries.

Sensation of swelling in the ovaries, as if they were stretched and every moment pinched.

Burning, crampy, pinching, penetrating pains in the womb, with great debility and general prostration.

370. Lancinating and distensive pains in the womb.

Infarctus of the uterus.

Hard tumors, like scirrhus, on the neck of the womb.

Burning pains in the uterus, radiating towards the kidneys, with general weariness.

Pains in the uterus, as if it were twisted and compressed.

375. Stitches, which pass like lightning from one side of the womb to the other.

Pressure of the womb, as if it would be pressed out of the pelvis.

Prolapsus and malpositions of the uterus.

Sterility as from atrophy of the ovaries.

Swelling of the womb, as if it contained a collection of water.

380. The os uteri swollen, hard, ulcerated, closed.

Menstruation anticipating, very painful and copious, the blood generally thick and clear.

Menstruation retarded, the blood black, thick, followed by clear, but fetid leucorrhœa.

Menstruation suddenly suppressed.

Menstruation frequent and painful, as in the climaxis.

385. Menstruation very marked, with pains and bruised sensation in the kidneys and thighs, with great prostration.

Vulva inflamed and ulcerated.

Great itching and heat in the vulva, especially in the afternoon and at night in bed.

White and reddish eruptions, like sycotic excrescences in the vulva.

Leucorrhœa watery, clear, or milky and of bad odor.

390. Thick, purulent, yellow, green leucorrhœa.

Contractions and spasms of the womb.

Stitches and distensive pains in the breasts, with sensation of enlargement.

Erysipelatous swelling of the mammæ, with pains in the muscles of the chest.

Heaviness and dullness in the back and hypochondria, and impossibility to support the upper part of the body.

Heat and pains in the mammæ, as if they received gashes.

395. Inflammation and swelling of the mammary glands.

Congestions of the mammæ as from accumulation of milk.

Lancinating, pulsating and pressing pains in the mammæ.

Distending and crampy pains, with the sensation of bites in the breasts.

Indurated and ulcerated tumor in the breast, with swelling of the ganglia of the chest and axillæ; burning, lancinating, deeply-seated pains, as if there were a gnawing animal in the breasts.

400. He feels as if he had an armor on his chest, hindering his breathing and eating.

Phlegmonous erysipelas in the breasts, with tendency to attack the head.

Excoriations of the nipples.

Excessive secretion of milk.

The mammæ are atrophied and become soft.



405. Itching in the larynx, with great accumulation of phlegm, rough voice and stertorous respiration.

Heat in the larynx, with the sensation as if it were ulcerated and cut.

Sensation as if he had a corrosive acid in the larynx.

Desire to cough every minute in order to breathe easier.

Voice altered, bass, nasal.

410. Voice stopped as if from want of respiration.

Hoarseness and aphony, with symptoms of laryngitis, tuberculosa or granulosa.

Exquisite swelling of the laryngeal cartilages.

Excoriating pains in the larynx, with severe, tearing, rough cough, with purulent and sanguinolent expectoration.

Dry, short and frequent cough.

415. Violent cough, sensibly felt in the back, chest and abdomen, with stitches in the head.

Parexysmal cough, fatiguing, rebellious, with itching, burning, and large quantities of phlegm in the larynx and aphony.

Cough, especially in the afternoon and night.

Hard, noisy cough, as if it would tear the lungs to pieces.

Parexysms of cough nearly every half hour, leaving hardly time to breathe, and finishing off with copious mucous expectoration.

420. Rough cough, nearly tearing the chest, with bloody expectoration, palpitations and fainting.

Short cough and tusculation, with heaviness and stitches in various parts of the chest and oppression.

Heat and sensation of excoriation in the whole chest and larynx, with severe dry cough, producing expectoration of blood.

Parexysmal cough, with vomiting of food and bile; surring and noises in the ears.

Cough, especially at night when lying down and even during sleep, with itching and accumulation of mucus in the larynx.

425. Rough sibilant cough, with occlusion of the larynx, as if from false membranes.

Spasmodic cough, as in whooping-cough, with vomiting and involuntary urination.

Sensation during the cough as if a rough cord passed through the bronchi.

Cough generally dry and painful and aggravated by heat.

Cough, with congestion of blood, stitches and tearing pains in the chest and spasmodic motions of the extremities.

430. Cough, with fever, chilliness and coldness, copious sweat of a putrid smell, especially in the afternoon and night.

Great debility before and especially during the cough.

Expectoration of blood, with stitching pains in the chest, especially in the left side and in the region of the heart, accompanied by severe suffocating cough.

Expectoration of mucus mixed with blood, which looks black and rusty.

Hæmoptysis of coagulated blood.

435. Expectoration of white, glairy matter, or of thick yellow or green mucus.

Expectoration of pus mixed with blood and tuberculous deposits.

Lancinating, tearing, or compressive and tensive pains in the chest, with crepitation and crackling.

Stitching pains and heaviness in the pleura, with cough and oppression.

Rules of different kinds.

440. Anxious, frequent respiration, or frequently interrupted, caused by spasmodic contractions of the chest.

Asthmatic sufferings, with cough and copious whitish, flaky expectoration.

Contraction and oppression of the chest, so that he can neither eat nor breathe.

Cough, with vomiting of decomposed blood, black and clear.

Sensation as if the chest were tightly laced.

445. Great oppression of the chest, with continual fits of suffocation.

Sensation as if he had a heavy weight on the chest, which feels engorged and on fire.

The symptoms of the chest increase with the fever, with the chilliness and ague, pulse greatly agitated, great irritability, desire for choice food, the head heavy, weak and dull.

Intense pains on the right side of the chest and more persisting on the left side.

Rawness and ulcerative pains in the chest, as if furuncles or herpes were in the lungs.

450. Sensation as if there were tubercles in the upper part of the chest.

Excoriating pains in the bronchi, as if they had been scraped.

Heat and sensation of weight in the heart, with mournfulness, anguish and fear of death.

Stitches and prickling sensation in the heart, with great anxiety.

Lancinating pains, cramps and weakness of the heart, which seems excessively full of blood and could not beat, with oppression, slow and full pulse, then accelerated, hard, and dicrotus.

455. Sensation as if the blood-vessels of the heart and larynx contracted.

Violent palpitations, with fits of suffocation at the least emotion.

Stitches and cramps in the heart, with sensation as if something pierced it through and through.

Trembling of the heart, with a sensation as if it shook.

Sensation as if the large blood-vessels of the heart became distended in various parts.

460. Heavy and painful heart.

Heart seems paralyzed, as if it could not beat any more, with deathly debility.

Heat and moisture of the skin, with redness and itching.

Excessive itching over the whole body, especially in the evening and at night in bed.

Pruritus, with stinging and heat of the skin.

465. The skin very tender, every little wound suppurates and ulcerates easily.

Burning heat of the skin, with stinging, itching and miliary eruption.

Sensation as if he were covered with bristles, which prick the whole body.

Spots and stripes over the whole body as if he had been whipped.

Large quantities of pimples over the pores of the skin, which form points like flea-bites, fill up and scab over, especially on the face and thighs, with chills, heat and fever.

470. Many furuncles and abscesses in different parts of the body.

The skin of scarlet redness and burning.

Sensation in the skin as if he had been scratched.

Red pimples, like miliaria or urticaria, with pruritis and obstinate burning.

Miliary eruption, appearing one day and disappearing the next.

475. Itching and eruption like compact and small scabies, or like lichen agrius.

Pustular eruption, with the aspect of confluent small-pox.

Eruptions simulating scarlatina and measles.

The skin cold, frigid, pale or violet.

The skin flaccid and without elasticity.

480. Calor mordax, with disagreeable dryness of the skin.

Herpes, with excoriation and scales, which renew themselves constantly.

Frequent shuddering of the skin, with great general debility.

The skin frequently cold, red, violet, bluish or very pale, with cold chills and cold sweats. !

Erysipelatous swelling on different parts of the body.

485. Compact furuncles on the face and neck, and on all fleshy parts.

Enlargement and painful tumefactions in different parts of the body, as if bitten by venomous insects.

Itching of the skin, like of ants, with sensation of drowsiness and loss of sensibility.

Pains as if the skin were torn by nails.

Deep-yellow complexion and black color around the eyes.

490. Large painful furuncles, extending and becoming erysipelatous.

The least prick becomes a sore and produces a suppurating tumor.

Bluish, scorbutic-looking spots over the body.

Nervous irritation, with great agitation, although every movement is difficult and painful.

General tremor.

495. Severe, lancinating, spasmodic pains, with weariness all over the body.

Burning, lancinating, tearing, rheumatic and gouty pains, principally aggravated during the evening and night, by change of position, by strong winds, by cold air and moisture, and by strong heat.

Coffee aggravates all the symptoms and afterwards it calms them.

Strong liquors aggravate, aromatic ones calm.

Congestion and ebullition of blood in the head.

500. Tiredness and debility, with continual agitation.

Fits of debility as if he would lose consciousness.

Frequent dizziness, especially after eating and drinking.

Cramps and spasms.

Tetanus, with inclination of the head backwards, frequently with nausea and vomiting.

505. Eclampsic convulsions and involuntary motions of the extremities as in chorea.

Epileptic convulsions, which commence with loss of spirit, restlessness, hiccup, contraction of diaphragm, heat in the stomach, cerebral congestion. After loss of consciousness he falls down under violent motions of the extremities; bloody foam from the mouth; seminal losses; stool and urine pass involuntarily.

Great physical and mental debility, with mournfulness, accompanied by suicidal ideas, and abundant sweat at the least motion.

Disposition to chilliness, with great sensitiveness to cold.

Cold sensation in one part of the body, although it shows apparently the same temperature as the rest of the body.

510. Extreme prostration, with desire to sit and to lie down, although he does not know how to lie easy.

Frequent sensation of contraction and oppression over the whole body.

Nervous perturbation, with alteration of the circulation; the bile seems to be in constant revolution, and the blood hot and congested.

Spasmodic fits, with contractions of the extremities, of the eyes and face.

Weariness and debility, as if every organ of the viscera were atrophied and paralyzed.

515. Difficulty of defining and expressing his sufferings, they appear so great and numerous, that he feels entirely enervated.

Giddiness and stupor, followed by a paralytic sensation of the right side of the body, of the tongue, and of the upper and lower extremities.

Semi-lateral pains in the head, eyes and ears.

Inflammation and suppuration of the glands.

Induration of the submaxillary and cervical glands, with difficulty of speaking.

520. During the march general heat, with cold ears, which become hot, when the body gets cold.

All symptoms are aggravated by motion and heat.

Swelling of the periosteum of the bones.

Easy luxation.

Tension of the nape of the neck.

525. Contraction of the trunk, with the sensation as if the back became crooked.

Pains and bruised sensation in the vertebræ and kidneys.

Rigidity and painful weakness in the whole spinal column.

Rheumatic pains in the back and shoulders.

Tension in the back and kidneys, with cramps and tearing pains, excited by the least motion.

530. Sensation as if he was stabbed under the ribs.

Paralytic weakness of the vertebral column and extremities.

Bruised feeling in the shoulder-blades.

Drawing, lancinating, crampy pains in the articulations of the shoulders and between the shoulder-blades, especially when moving the arms.

Sensation of debility in the kidneys, with desire to lie down.

535. Weakness of the kidneys, extending to the back.

Weariness in the kidneys and scrotum, with great debility and impossibility to keep up.

Stinging, stabbing pains, with sensation of tension in the kidneys.

Sensation of itching, like of ants, and of dullness, in the kidneys.

Lumbago, with great debility.

540. Sensation as if a nail were driven in the kidneys.

Sensation, as if he had in his arms a bar of iron, which keeps them stretched and stiff.

Burning and lancinating pains in the arms.

Red swelling of the articulations of the arms, with burning and tearing pains, as in rheumatism.

Contusive pains in the arms.

545. Convulsive motions of the superior extremities, principally in the forearm.

Red and violet spots on the arms, as if he had been beaten.

Erysipelatous swelling of the arms.

Excoriations of the arms as if caused by burns.

Abscesses and ulcers on the hands penetrating to the bones.

550. Infiltrations of the arms, during the forenoon and afternoon.

Paralytic weakness of the arms.

Eruptions like itch or lichen on the arms and hands.

The hands are icy-cold and go to sleep.

Ulcers and fissures in the hands.

555. Sensation of tearing lengthwise in the fingers, as if they were dislocated or broken.

Swelling of the articulations of the fingers, with rheumatic and gouty pains.

Tophi in the articulations of the fingers, which move with difficulty.

The fingers deformed and contracted.

Burning pulsative pains and whitlows on the fingers.

560. Weak and deformed nails.

Weary feeling in the hip-joints, with impossibility to move, after having been rested some time.

Tension, with lancinating and crampy pains in sacrum and iliac bones.

Obstinate stiffness, extending from the hip to the knee.

Paralytic debility and palsy of the feet, with complete insensibility.

565. Sciatic and rheumatic pains in the legs, making him shriek, aggravated by cold.

Burning pains in the thighs and knees.

Erysipelatous swelling of the legs.

Spasmodic pains and acute stitches in the legs and in the instep.

Inflammation and red pimples on different places of the legs.  
570. Rheumatic pains and gout in the legs and feet, especially in the heels.

The feet swollen, red, burning, he cannot bear anything on his feet.

Ulcers on the outside of the right thigh, as coming from an abscess, penetrating deeply and suppurating copiously.

Very painful furuncles on the legs.

Varicose swelling of the legs.

575. When walking, acute contractions in the extremities of the toes and below the nails, with bleeding fissures in the feet.

Lancinating pains in the corns, which inflame.

Blisters and ulcers on the soles of the feet.

The nails grow in a transverse direction and feel sore.

Cold in the feet.

580. Foul-smelling perspiration of the feet.

Continual somnolence with desire to lie down.

As soon as night comes, the eyes close involuntarily, and he falls asleep in any place, where he is.

Early sleep and is awake again at midnight, with impossibility to fall asleep again.

Sleep disturbed with shrieks, fear, movements of the extremities and dreams with anguish.

585. Comatose sleep, with continual delirium and snoring.

Sleep prolonged to the morning, with desire to remain late in bed.

Sleep with frequent dreams with alternately of cold and of heat, with general heat, intense thirst and dread.

Unrefreshing sleep, when waking up he feels, as if he had not slept at all.

Sleeplessness as from nervous over-excitation.

590. Sleeplessness for many nights, with fatigue, tired feeling and debility.

Sad dreams or of every day's business.

Disagreeable and frightful dreams.

Dreams of epidemic, contagious diseases, especially of hydrophobia.

Dreams of journeys, of sumptuousness, of pleasure and satisfaction.



595. Dreams as if he fell from a frightful height with agitated awakening, rush of the blood to the head and palpitations of the heart.

Dreams as if he were in festive and pleasant society.

Dreams of disputes and quarrels.

Anxious dreams which he cannot define.

Chilliness and cold feeling in the head and down the back.

600. Chilliness and shivering followed by burning heat with headache.

Excessive general coldness with trembling, spasms and cramps, hunger and great thirst.

Pungent heat and excessive dryness of the skin with hunger and thirst, congestion of blood to the head, the pulse accelerated and hard, headache and delirium.

Nearly continual alternation between chills and heat.

Chilliness and shivering with cold sweats, chattering of the teeth, colic and cramps in the stomach and extremities.

605. During the fever repugnance to all sugared or bitter drinks, desire for strong drinks; water tastes bad; dizziness, stupefaction, delirium, fear of falling, of slipping, and he slips always down to the foot of the bed; anger, with nervous attacks, perversion and unconsciousness.

Fever with chilliness and shivering and aggravation of all the pains.

External chilliness and shivering with internal heat especially in the chest.

Fever with typhoid character and great constipation.

Aggravation of the fever in the evening and at night.

610. Intense chilliness.

Pulse generally accelerated and rebounding, or slow, small and imperceptible, or irregular and intermittent.

Abundant and weakening perspiration.

Gay humor with disposition to laugh and to sing.

Sadness and restlessness with fear of death and of the future.

615. Cries easily.

Hypochondria, with dread of society; he seeks solitude and obscurity, he does not want to hear or to see anything.

Anguish and anxiety, moaning and crying with constant apprehension of disagreeable events.

Restless, distrustful and very irritable character, or apathy and as if besotted.

Disposition to anger with desire to strike and to destroy.

620. Quarrelsome and contrary humor, but, after getting mad, he is sorry for it afterwards.

Ungovernable jealousy, every thing causes jealousy.

Foolish joy and satisfaction without any motive.

Constant changes of character and ideas up to idiotism.

A state like drunkenness and stupefaction, so that he forgets to eat and to drink.

625. A great deal of self-esteem, is highly satisfied with himself and his labors, internal satisfaction, with a smile on his lips.

Steady desire to cry, even about lively things with reveries and hallucinations.

Ardent desire to travel.

Bluntness of the senses and loss of memory.

Feverish haste in all that he does.

630. Great fear of death during all his ailments.

Monomania, as to ride in a skiff, to dress and to walk out in a peculiar manner, to go always the same rounds and to do the same same things continually.

Frequent delirium, idiocy, mental alienation.

NOTE.—From the pathogenesis of *Anantherum-muricatum* we see, that its symptoms have a great deal in common with *Belladonna*, *Camphor* and *Opium*. S. L.

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ARTICLE XXV.—*Cases Reported from the Poughkeepsie Dispensary.* By EDWARD W. AVERY, M.D.

Case 1. Sep. 22. Alfred G——.

Varicose ulcers; indolent, edges indurated and whitish; tumefied around the leg; oedematous ulcers itch and burn continually; most at night. Had them three months. Same condition five years ago. Sulphur 1.

Sep. 28. Improved. Burn much. Ars. 1, and Sulph. 1, with wash of Hydrastin.

Oct. 5. No change. Continued treatment.

Oct. 12. No better. Substitute Tannic-acid for Hydrastin.

Nov. 3. Improvement. Continued treatment.

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Nov. 10. Much better. Leg smaller; edges of ulcers soft; tumefaction about disappeared.

Nov. 19. Ulcers one-half smaller.

Dec. 1. One ulcer healed. Two left, rapidly going.

Jan. 19. Stood long time. Surface red and itching. Bell. 1 and Ars. 1.

Two weeks subsequent to last date leg was entirely normal.

Case 2. W. OATES. Oct. 24. Last fall, bilious fever; since then occasional pains through the stomach, extending to right side and then to shoulder-blade; head aches all over much of the time; back cold; constipation; heart palpitates. Hydrastin, 1.

Nov. 4. No better. Head stupid; dartings through arms and legs. Nux-vomica, 2.

Nov. 10. Much better. Continued treatment.

No. 24. Improving. Same treatment.

Lost sight of this patient.

Case 3. Dyspepsia, three years, as if fine stitching in sternum and stomach, with pressing together; sensations; eructations of wind and sour water; digging at times; constipation. Better before breakfast and when working. Borborygmi, which keeps him awake and causes pain.

Nov. 5. Gave Nux-vomica, 1. Says that he was entirely relieved while taking the medicine.

Case 4. Susan H——. Nov. 9. Six weeks tubercular eruption on face, neck and privates. Those on face and neck red and slightly sore, the others were ulcerated, indurated rim around ulcers, which were raised, sore and itchy. Magnesia-carb. crude.

Nov. 12. Bearing down in hypogastric region.

Nov. 19. The tubercles disappearing from face and neck; bearing down gone.

Dec. 8. Disappeared from face and neck; ulcers improving; excessive itching. Magnesia-carb. and Ars., 1.

Dec. 23. Nearly well. Itching gone; burning of labia; sleeplessness and gnawing pain in vagina. Ars. and Cham. 1.

Entirely cured in a few days.

Case 5. Nov. 12. Enuresis; tenesmus; vesical. Little

water passes at a time; burns; passes most at night; wets the bed. Graphites, 4, and Cantharides, 2.

Nov. 20. No better. Continue treatment.

Dec. 12. Burning better. Other symptoms same Graph. and Pulsatilla, 1.

Jan. 27. Better. Cal.-carb. and Pulsatilla.

In a few weeks did not wet the bed at all. Made water four or five times during the day.

ARTICLE XXVI.—*Helcosis Dermatica. Ulcers of the Skin.*  
From KAFKA'S Hom. Therapy II., 506.

THEY are lesions of continuity of the external skin, produced partly by general morbid states, partly by local actions on the external skin.

Hebra divides ulcers into idiopathic and symptomatic ones. The latter differ by their aspect, their seat, their products, and the accompanying symptoms from the former, and are based on certain internal diseases, as scrofulosis, syphilis, scorbut, tubercles, carcinoma, &c.; the idiopathic ulcers are always caused by immediate noxious influences on the cutis, as in injuries and wounds; or when foreign bodies penetrate through the skin, by pressure, by chemicals, by uncleanliness, by the action of acrid excrementitious fluids on the skin, as the urine, by corroding excretions of the mucous membrane, by scratching open the vesicles of pustules on the skin; or by former local disorganizations of the skin, as abscesses, furuncles and other exudations.

Ulcers generally appear as *simple ulcers*, or as ulcers with prevailing defects of vitality, of organization, or of form.

The *simple or granulating ulcer*—*ulcus simplex*—is a lesion of continuity of the skin, occurring in healthy persons, without any local complication, surrounded by soft healthy edges, discharging a good thick pus, and showing on its base firm, reddish granulations, or a dirty-white exudation, which penetrates the tissues. Such a state every idiopathic ulcer has to assume to get well, and this is only possible through reparation of the loss of substance by granulation and consequent epithelial formation. The form of the simple ulcer is either

oval or indented, or cleft; the edges are either flat or like a tray; we know that a cure begins when the edge of the ulcer begins to be covered with a thin epidermis.

In consequence of prevailing faults of vitality an ulcer may become inflamed. *Ulcus inflammata, erethica.* These are very red, hot, extremely painful, bleed easily and the discharge is scanty, watery, or red or acrid and corroding; the surroundings are swollen, red and hot, sometimes occupied by bloody blisters or abscesses. The more that part of the skin attacked by ulcers is rich in blood-vessels and nerves, the more painful it will be; they become neuralgic if the inflammatory character is not too clearly expressed, and the pains appear then in paroxysms. The most painful are those ulcers in whose surroundings we find numerous varicose veins, or exposed periosteum, or numerous peripheric nerves, or they may show very little irritation. *Ulcerata torpida, atonica,* having no granulations whatever, or they are hard, finely-grained and sparse; their edges are corroded and raised, their surroundings thickly cicatrized, and the copious thin exudation dries up to gray scales. The ulcer itself is yellowish-red, painless, deeply excavating, and looks as if it were chiseled out; or they are gangrenous and septic—*ulcus gangrenosum, septic putridum.* Such ulcerations are of a deep-red color, very painful, covered with diphtheritic exudations, and discharge a foul-smelling, corroding, bloody ichor; or they are ashy-gray, muddy-red, withered, rimous lesions of continuity, their base covered with a decayed, fungous, bleeding layer, discharging a copious foul-smelling ichor, and whose surroundings are covered by violet, spotted or pointed suggillations in the cellular tissue of the skin; or they are corroding and peregrinating—*ulcerata phagadenica, serpiginosa*—spreading rapidly on all sides, with scanty discharge, and having their base covered with diphtheritic exudations. They extend sometimes in certain directions, healing on one side and spreading on the other, forming thus serpentine figures and scabs, or like chains or rings.

In consequence of prevailing faults of organization we see the callous ulcer—*ulcus callosum*—surrounded by a thick, dry, whitish and insensible edge, tilting over or steeply hol-

lowed out, and of cartilaginous hardness. The ulcer is usually deeply hollowed out, its base is uneven, lardaceous, hard, grayish-red or yellowish-green; the number of granulations is scanty, the secretion thin, foul-smelling, greenish; the periphery hypertrophic, hard and infiltrated; the whole prone to extensive decay; or the ulcer becomes fungous—*ulcus fungosum*—fungoid granulations shoot up either in the total circumference or only on solitary places, or only on the edges of the ulcer, of loose texture, dark-red, velvety, insensible and easily bleeding, growing above the level of the edges and covering the edges, like mush-rooms; or the ulcer becomes œdematous—*ulcus œdematosum*—the surrounding cellular tissue of the edges become œdematous; the secretion thin and watery, very copious, its base pale, smooth, shining and insensible; the granulations pale and flabby; or we have before us the *varicose ulcer*—*ulcus varicosum*—pale-brown or bluish-red, usually painless, but sometimes causing severe burning; its granulations are scanty and withered, the edges flat or indented or callous, its base of considerable depth; the periphery either serous or with fibrous infiltrations, or strongly pigmented, surrounded by a meshy varicose net; the secretion a bloody serum, soon drying up to a brown flat scab. Inflammation or sudden rupture of a vein anticipates the formation of the ulcer, or an eczema; or a mere itching of the skin, with scratching and tearing open the skin, or a diffuse cellular inflammation, with formation of blisters, which sometimes even turn gangrenous, is the cause of ulceration. The ulcer itself originates by puriform fusion, or by ichorrhæmia, sometimes also by gangrenous destruction of the skin, surrounding and covering the varix.

In consequence of prevailing faults of formation we have the round ulcer—*ulcus rotundum*—a large ulcer, most frequently found on the lower leg, callous, and surrounding the leg on all sides; attacks mostly old people and is hardly ever entirely cured; or we have the sinuous ulcer—*ulcus sinuosum*; the edges are thin, undermined, sinuous, loosened from the ulcer, bluish or brown-red and flabby, the secretion watery or cheesy, with very little sensitiveness. Several such ulcers are sometimes connected by bridges, formed by the skin, under

which the ulceration keeps progressing; or we have the *ulcus fistulorum*—narrow, deep, tubular ulcers, emanating either from a deeply-lying organ or tissue, as a gland, bones, fascia, &c., or from an abscess, and standing in direct abnormal communication either with the surface of the external skin, or with a mucous membrane, and discharging from its callous wells a watery, puriform or ichorous secretion. By such characteristic marks the incomplete external or internal fistulous ulcer distinguishes itself from the complete fistula, which is always connected with a secreting cavity, and discharging therefrom its pathological or normal secretion. Deeply-lying abscesses communicate often by several fistulous sinuses with the external skin. The narrowness of the external opening, the stoppage of the secretion and the callous epidermidal consistency of the walls often prevent a cure, which can only be effected by artificial means.

Ulcers run mostly a chronic course. The more extended they are in depth and breadth, the more painful an ulcer is, the more copious its ichorous secretion, the more nutrition suffers; and a cachectic state is the consequence; but, after all, in low, tedious ulceration, the organism becomes used to this loss of animal fluids, if the latter are only steadily renewed. The sudden healing of old, copiously-secreting ulcers, may, perhaps, produce a momentary disturbance of nutrition, but it is not as dangerous as the old humoral pathologists feared, who considered such ulcers as useful secreting organs of pathological products.

The prognosis of ulcers is not in all cases the same. We have to consider the possibility of removal of the ulcer. Ulcers of the skin and muscular parts heal sooner and quicker than ulcers of glands, bones or fasciæ. Ulcers of the lower part of the body appear slower and take a longer time to heal than those of the upper part. The more unclean an ulcer is the more lardaceous its base, the harder the edge, the more ichorous and foul-smelling the secretion, the more the destruction extends in depth and breadth, the more difficult will be the cure. Youth and manhood, a good constitution, and a plentiful supply, to keep up nutrition, favor a good prognosis; in old, cachectic and decrepid individuals, a cure is not so easily accomplished.

The homœopathic treatment of ulcers has also its difficulties, and surgical means are sometimes necessary for a successful issue. It is frequently the case, that in old and degenerated ulcers, our hopes are raised for a speedy cure of them at the beginning of homœopathic treatment: they look cleaner, granulations rise up in quantities, the secretion becomes puriform, loses its foul smell, the edges soften, and the long-wished-for white rim appears at the edges, showing the beginning of the healing process, when at once, all amelioration stops! In spite of well-selected remedies we are unable to take one step forward. In such a case we find the curative power either exhausted, or disturbances have arisen in the state of the patient which are the cause of this cessation or aggravation.

Another drawback consists in the selection of the dressing: Some ulcers mend or aggravate by greasy salves; some need dry bandaging, others wet ones; some improve under an indifferent treatment, others need irritating or cooling, or soothing dressing. Physicians who are in the habit of treating all ulcers in one and the same manner, will be just as unsuccessful as if we tried to cure every toothache with the same remedy.

The simple ulcer offers us a picture how an ulcer should look, to be cured; for all ulcers deviating from this form have to pass through a metamorphosis, the knowledge of which is of the greatest moment to the physician. Degenerated ulcers have usually a dirty, unclean basis, unhealthy-looking edges, the secretion is fluid and foul-smelling, the granulations are either scanty, or discolored or entirely wanting. When improvement sets in the basis of these ulcers begins to lose its unclean, ashy aspect, cleanses itself and looks redder; in the same degree the secretion also improves, getting more consistent and puriform, and losing its foul smell. We find also connected with such a procedure, the development of copious, good-looking, firm, red granulations, shooting up either from the base or from the edges of the ulcers, to repair by degrees the loss of substance. The hard edges simultaneously turn softer, the pale ones become more red, the flabby ones take on more activity, the bluish color gives way to a pink; and thus



all the conditions come up which alone may produce a cure in an old degenerated ulcer, and we feel assured of it as soon as the ulcer decreases in size and when we find on the soft and pinky edge of the ulcer a white edge, representing the epithelial formation. In old times such a procedure was divided into three stages: that of digestion or purification; that of granulation and of cicatrization.

The *simple ulcer* needs no internal treatment; it is well to cleanse it morning and evening with tepid water, and then to dress it with white cerate, (ceræ-alb., ol.-amygd.-dulc., axung-porc., āā,) or with a mild, unsalted, not rancid fat, as *e. g.* lard, mutton suet, chicken-grease, unsalted butter, ung.-simpl., so that the diseased part is neither kept too hot nor too cool, as either state might change a simple ulcer to an erethic or inflammatory one and thus retard the cure. The patient needs to nurse tenderly the affected part, to guard it from any injury; because excessive corporeal efforts produce a cessation of the cure, an exhausted vitality, a torpid state, or traumatic injuries may cause a reaction, which will interrupt the curative process. If granulation becomes too luxurious and elevated above the level of the ulcer, it suffices to paint the granulations with the first watery solution of alum, and to protect the ulcer with the usual dressing against the air; or, we may use the first watery solution of nitrate of silver in the same manner, if the former does not act enough. Commonly the hæmorrhage ceases, the granulations retract, and cicatrization advances more rapidly. When the cure suddenly ceases we may blame either an excessive corporeal effort, or a morbid change has taken place in the patient, enjoying before a good state of health; and we find then at once the simple ulcer losing its good aspect, the edges turn pale, blue and flabby; the granulations become pale and flabby, the base unclean and covered with yellowish exudation, the secretion thin and ichorous. In such a case a strict examination of the patient is necessary, and the internal treatment varied accordingly. With rest and appropriate treatment reaction sets in again in the ulcer and the cure henceforth takes its ordinary course. The simple ulcer arises mostly from wounds, abscesses, pimples, pustules, eczema, furuncles, by scratching, from ulcera-

tive inflammation and infiltration, without any other morbid state being present in the patient.

The *inflammatory ulcer* requires, as long as it is merely red and hot and the surroundings swollen, only the application of cold in the form of moist, cold towels, which have to be frequently renewed. When the pain is severe, the secretion scanty, and the swollen, red and hot periphery of the ulcer covered with blisters, we use internally *Bellad.* 3, in hourly doses, and continue with the cold wrappers, but if they are not well borne, we leave them off and exchange them for tepid ones. Should the exudation be acrid and corroding, an eczematous prurition arises on the edges and in the periphery of the ulcer, which is extremely painful, and needs *Rhus-tox.* 3, or *Merc-sol.* 3, a dose every two hours, for its removal. Sometimes the secretion is suppressed and the ulcer appears red and dry, when *Calc.-carb.* 6, a dose every two hours, will be the remedy indicated. Ulcers becoming inflamed from traumatic causes, will quickly take on a favorable turn by the internal and external application of *Arnica* 3, or *Conium* 3. If colds are the cause of the inflammation, *Merc-sol.*, *Hep-sulph.*, or *Rhus* (3) will help, sometimes also, *Aconite*, *Bellad.* or *Bryon.* (3), a dose every hour or two.

When such an ulcer is very painful, showing an *erethismus nervosus*, in consequence of an affection of the cutaneous nerves, we have to notice carefully the kind of pains, their extent, the time of their appearance, and the conditions of amelioration and aggravation, in order to select the appropriate remedy, which may frequently be found in *Bellad. and Atropine*, *Hep.*, *Merc.*, *Ars.*, *Carb.-veg.*, *Nux.*, *Lachesis*, *Puls.*, *Graph.* With hysterical persons, *Nux.-mosch.*, *Chamom.* or *Asa-fæt.*, may do good service; as long as the inflammatory or irritative period lasts it will be found beneficial to restrict the diet; rest and forbearance are necessary, or the patient may become reduced by the frequency and intensity of the pains.

The *atonic or torpid ulcer* depends either on local relaxation or general debility. Every ulcer may become torpid pro momento, when a partial paralysis of the supplying blood-vessels is set up, by too copious suppuration or granulation, or

by sudden feverish diseases, combined with copious evacuations. It is generally caused by debility or old age, and appears mostly in places whose vitality is anyhow not very great, as on the lower part of the leg. Deficient circulation, caused by sedentary occupation, by diseases of the lungs, heart or abdomen, by tumors, aneurisms, &c., or certain occupations necessitating constant and continuous standing, favor the breaking out of an atonic ulcer, and after existing for some time we find the edges callous, the circumference is or becomes varicose, the surrounding cellular tissue indurated or œdematous. The atonic ulcer is usually painless, but the sensibility may be increased to inflammation or neuralgia by accidental, traumatic or atmospheric influences. In treating such an ulcer, we have, before all, to consider: if the want of irritation is recent or existed for a long while already, with sudden torpor, we examine at first the local relations of the ulcer, the quantity and quality of the secretion, the quality of the granulations, the possible pressure from tumors and too tightly-fitting clothing, &c. If it is impossible to find a local cause, we have to examine the patient, and we frequently find an internal morbid state, with too frequent evacuations, which should be removed, before we can expect to mend the state of the ulcer. Should the energy of the conducting vessels be checked in consequence of too copious suppuration or granulation, it will usually suffice to apply a mild irritant, to revive, as it were, the walls of the ulcer. For that purpose we paint the ulcer, after cleaning it, with camphorated oil (camphor gr. i., ol.-amygd., dulc.,  $\text{ʒi}$ ), morning and evening, and cover it with common cerate. After two or three days reaction sets in, which should be kept up, till normal relations are established; or, we may use for the same purpose ol.-chamom. (Tinct. Cham., dil. I.,  $\text{ʒi}$ ; ol.-amygd., dulc.  $\text{ʒi}$ .) Everything compressing the ulcer must be carefully removed.

When the atonic ulcer has already existed for a long while, we should look for the cause of it in order to remove them. There may be diseases of the respiratory organs, of the heart or abdominal complaints, and we should use such remedies, as will regulate these abnormal states of the circulation, or an exhausted state may be the cause, which we try to re-

move by *China* 1, *Chinin-sulph.* 1, *Ars.* 3, *Phosph.* 3, or by *Acid-phos.* or *Nitr.* 3, in connection with a strengthening diet. At the same time we apply local remedies, which rouse the vitality of the ulcer and induce a better reaction. For the torpid state of the ulcer we prefer *turpentine dressing* (*Terebinth*, *ceræ flav.*, *axung.-porc.*, *ol. olivar.*, *ā.ā.*) twice daily, under the use of which we have seen atonic ulcers close, which had already existed thirty years. If the edges were callous or the basis lardaceous and hard, or the circumference indurated, we dress the ulcer with a watery solution of Iodine. We put on the cleansed ulcer some lint, thoroughly imbued with a solution of Iodine (*Tinct.-iod.*, *ʒii.*; *liq.-dest.* *ʒi.*) so that the whole ulcer with the indurated periphery is covered, put oil-silk over the whole, in order to keep the fluid from evaporating and fasten the whole dressing with strips of adhesive plaster. With the beginning of the reaction the indurated places soften and a radical cure rendered possible. We would only remark that both remedies are applicable, if the ulcers become perfectly painless, before we apply such irritating dressing.

The homœopathic treatment of the *gangrenous ulcer* requires the removal of its cause. Neglected cleanliness, accumulation of maggots or worms in the secretion, bad food, wrong treatment, stoppage in the circulation, a general state of debility, dissolution of the blood or contagious influences (*hospital-gangrene*) may produce the gangrenous degeneration of an ulcer. Neglected ulcers must be cleansed; numerous maggots or worms must be carefully washed out, or if that does not suffice, the ulcer should be dressed with a solution of *Merc.-cor.*, (*Merc.-cor.* *gr. i.*, *aq.-dest.* *ʒi.*) or with oil of turpentine (*ol.-terebinth* *ʒi.*, *ol.-amygd.* *ʒi.*) Poor patients have to be brought in well-ventilated rooms and receive good nutritious fare. Disturbances in the circulation must be amended and adynamic, septic, or states of general debility treated by internal remedies according to indications. Where a contagium is present, the patient should be removed to healthy localities. In relation to the local treatment of a gangrenous ulcer, we have to consider the special manifestations. If its course is one of rapid destruction, with severe pains, diphtheritic deposits and ichorous, corroding, foul-smelling secretion, we

will also find a feverish adynamic state, against which we apply internally *Secale* 3, *Sabina* 3, or *Lachesis* 6, and dress the ulcer with a solution of Chlor. (Chlorin.-liq. ʒi., aq.-destill. ʒi.) or with a solution of Ether (Ether-sulph. ʒi., aq.-dest. ʒi.) which will also help to remove the deleterious influences of the foul smell.

With a slow and protracted course of the ulcer, we find it of an ashy-gray hue, dirty and flabby, its basis, in consequence of the slow dissolution of the tissues, covered by an amorphous, smeary, foul-smelling, dark-brown mass, its secretion ichorous, brown-red and extremely fetid, its surroundings covered with blue ecchymosis. Such a state is rarely accompanied by severe fever, the strength wastes slower away, and its course is therefore not as dangerous as the former.

As soon as the gangrene stops, we find usually a line of demarcation, the gangrenous parts slough off, or are to be taken off with scissors; the ulcer thus receives a better aspect, and by and by with improved vitality we find healthy suppuration and granulation. To produce such improvement the internal use of *Arsen.* 3 or *Kreasot.* 3 is required with nourishing food and wine and we dress the ulcers with a solution of *Kreasot.* (Kreasot. ʒi. aqua.-destill. ʒi.)

The *ulcus phagadænicum* or *serpiginosum* is mostly of syphilitic nature and is mostly seen as *lupus serpiginosum*, to eradicate which we have seen good effects from *Kali-hydroiod.* 1 in increasing doses, given for a length of time. *Arsen.*, *Merc.-sol.* and *Silic.*, have been used without any benefit whatever.

The *callous ulcer* is based on faults of organization, complicated mostly with a faulty vitality, for we find with the hard edges, or indurated base and periphery also a high degree of torpor, more rarely a chronic inflammation or an increased sensibility about the indurated parts. Of its treatment we have already spoken.

The chronic inflammation we try to subdue by *Bellad.* 3, or *Hepar* 3, *Merc.-sol.* 3, *Silic.* 3, the increased sensibility according to the kind of pains by *Arsen.*, or by *Bellad.*, *Graph. Nux-vom.*, *Puls.* or *Sulph.* After this is accomplished we apply the Iodine-dressing. Very old and far advanced callosities need surgical interference. By scarification, compression

or by cutting away the indurated parts many a cure has been performed, which withstood stubbornly all internal treatment.

The *fungous ulcer* then only needs an internal treatment, when the patients are anæmic or decrepid, where we have recourse to *Arsen.* 3, *Phosph.* 3, or *Silic.* 6. The fungous state is sometimes kept up by a stagnation of pus or by the presence of bony splinters or by remnants of sinews, which necessarily have to be removed. A too copious granulation may be kept in check by painting with Nitrate of Silver, Alum or Sulphuric acid. Should the fungoid granulations run over the edges of the ulcer, and should it be impossible to suppress them by the means mentioned already, we have to destroy them with caustics or the knife.

The *œdematous ulcer* is commonly also *atonic or varicose*, and is mostly found with dropsical or weakly states, against which we use internally, *China*, *Ars.* or *Phosph.* The local treatment consists in putting the diseased part in a raised position; in the application of appropriate dressing, as already mentioned under torpid ulcers, and in compression of the swelling by appropriate bandaging.

The *varicose ulcer* is either without pain or painful. In the former case it is mostly also atonic, in the latter case we either find an inflammation of some varicose veins or only an erythema of the cutaneous nerves. For the atonic varicose ulcer we apply the treatment of atonic ulcers. Compression by bandaging is here of great advantage, either by methodically applied strips of adhesive plaster or by circular bandaging. Inflamed varicose ulcers require the treatment mentioned under inflamed ulcer. Painful sensations in the ulcer, without inflammation, require careful internal treatment, for the application of narcotics is worse than useless. In a case of an old varicose ulcer of the foot, surrounded by indurated skin, in consequence of repeated inflammation, we soothed the burning pains on the edges of the ulcer with *Carb.-veg.* 6; and when this remedy ceased to act favorably, we tried other remedies, as *Arsen.*, *Caust.*, *Rhus*, *Phosph.*, without any benefit whatever, till we covered the whole copiously-secreting ulcer with pulverized charcoal, which had for months reduced the burning pain and the acrid, serous secretion. For the in-

flammation of a varix, which frequently irritates the whole ulcerating surface, we find *Belladonna* and *Pulsatilla* doing good service, combined with absolute rest and cold fomentations. After the inflammation has stopped, there remains frequently a sensitive induration of the varix, in consequence of which the inflammation is renewed from the most trifling cause. Against this anomaly we found more benefit from painting it with a solution of Iodine, (Iodin.-pur. ʒi., Spir.-vin. ʒi), than to cover it with Ungu.-merc. Compression by any bandage is absolutely contra-indicated, as long as the least pain remains, and a perfect cure of a varicose ulcer is hardly ever possible without absolute rest.

According to the formation of the ulcers we treat the *round ulcer* according to its specific character, but not always with satisfaction, although it seems to improve, amendment stops frequently and the destruction progresses rapidly. We find very frequently at the base and on the edges, diphtheritic deposits, and after their dissolution the destruction extends in depth and in breadth, against which we used internally *Kalichlor.* and *Bichrom.*, or *Kali-arsen.* ʒ. Externally we used a lotion of corrosive Mercury, but seeing no benefit we had recourse to surgery, but without success.

The *sinuous ulcer* can only be cured by surgical means, where we have to remove all the undermined edges and bridges.

In the treatment of *fistulous ulcers* we examine carefully, with what deeper-lying organs or tissues the ulcer is connected, or if it is not kept up by foreign substances, as balls, bone-splinters, embedded therein, which, of course, must be removed. The narrow fistulous opening of such an ulcer has to be dilated with compressed sponge, and afterwards the callous walls injected with the Iodine-solution. Internally we use, when the bones are affected, *Silic.* 6, or *Calc.-carb.* 6; for glandular affections, *Lycopod.* 6, *Con.* 3, or *Calc.* and *Sulph.* 6, one or two doses daily. Order a good supply of nourishing food, and, if possible, country air. Just in such cases homœopathy has achieved many a great triumph. Complete fistulas belong to surgical treatment.

S. L.

ARTICLE XXVII.—*The Comparative Curative Effects of Strychnia and Electricity.* By A. H. HULL, M.D., Chicago, Ill.

(Read before the Cook County Homœopathic Medical Society.)

MR. PRESIDENT AND GENTLEMEN :

I have chosen, as the subject of this essay, the comparative curative action of Strychnia and Electricity. The reason for selecting this subject is to get an expression of the Association as to the best mode of curing the disease which I shall mention in connection with the subject under consideration, as particularly amenable to them as medical ; agents and further, to learn from the Society which of the two medical agents is to be preferred when either is indicated. Both of these remedies are applicable in about the same condition of the physical organization. Prof. Wood classifies strychnia as a diffusible stimulant. While Prof. Headland and other writers call it simply a neurotic. I shall not attempt to say which of these different theorists is correct, as it is not the design of this paper to engage in any general analysis of the agents, but simply to give you, as homœopathists, the curative qualities.

Strychnia may, perhaps, be said to produce its prime action upon the nerve structure—both of brain and spinal cord—affecting the voluntary muscular system as a first result, and the involuntary muscular system, through paralyzed nerve force, as a secondary result, provided its administration be carried sufficiently far to reach its toxical effects.

Strychnia, like many other drugs of its kind, produces death by the extreme stimulus it affords the muscular contractile forces through the numerous nerve ramifications and dependencies. In case of poisoning by strychnia, the heart will be found to be convulsed in a tetanic spasm, and the muscular coating of the arteries seriously contracted. This powerful stimulant is not confined in its action to any particular locality or organ, but is universal, extending its force even to the smallest and most minute capillaries and cells. With the exception that I have referred to in a preceding clause, there can be found no abnormal appearance after death by poisoning from strychnia. A peculiarity, in cases of poisoning with the



substance under consideration is, there are few if any real antidotes; though coffee, made strong, and given without milk or sugar, counteracts its effects to some extent; but my inexperience in any case of the kind precludes any real knowledge as to its availability as far as I am concerned. Should it ever occur that such a case should come under my observation, I should not hesitate to use the coffee, and from accounts that have appeared from time to time should employ it with considerable confidence.

It has recently been stated that we have another agent that is a *positive antidote* to the poisonous effects of strychnia I refer to [Curare? U. S. Jour. Hom., No. 1, App. p. 10.] I can only recommend its use from what I have seen in print on the subject.

A peculiarity of strychnia, as regards its poisonous effects, is, that it is not *alike* poisonous to all animals, there being other classes that are not susceptible to effects, with any reasonable amount.

From what has already been observed, it will appear that there is no ground left for pathologists in cases of poisoning by strychnia, except the conjectural. Electricity, in *its* action upon the body corporeal, produces death by the sudden stimulus it affords to the nerve-centres, though it leaves the sanguinous fluid of the body in a different condition from any ordinarily observed—a condition of non-coagulability.

CURATIVE ACTION.—Either of the remedies, used in moderation, has a similar effect to the other, though I have never considered them in action, nor do we find any two things in nature that produce the *identical* effect. Upon the nerves that supply the muscles of motion, and upon the cells, the effect in the use of either of the remedies is nearly the same; but upon the sensorium it is entirely different—strychnia having little or no observable operation, while electricity acts with wonderful force.

Strychnia, like all drugs used for medicinal purposes, possesses two distinct actions—the primary and the secondary. Given in small doses, it produces increase of appetite, more active digestion and a general alteration of all the vital or nerve-forces. In large and continued doses we have diarrhœa, diaphoresis, cardialgia, stiffness of the jaws, contortion of the

muscles of the neck, trembling of the limbs and quaking of the knees; great sensitiveness of the skin, (cannot endure to be touched,) involuntary twitching of the forearms, sensation like an electric shock, tightness about the chest, constriction of the throat, involuntary passages of the fæces and of urine, intense headache and contraction of the pupil of the eye. It is a significant fact that electricity is curative to precisely these symptoms; and it does not lessen the argument in point of right, to say that *Nux-vomica* is a well-authenticated medicine for all these symptoms. In other words, *Nux-vomica* is homœopathic to the conditions herein mentioned.

The preceding symptoms that have been enumerated are known to be those of the primary action of strychnia. Paralysis simulates what I conceive to be the secondary action of strychnia, were it possible for the power to pass beyond the primary result. Paralysis is a condition oftentimes the result of some predisposing agency, and more rarely a disease independent in its nature.

THE KINDS OF PARALYSIS that are amenable to either of these agents, are not the varieties produced by direct inflammatory action, or in cases of effusion into the membranes surrounding the spinal cord, or pressure upon the brain, by effusion into the tissues and membranes surrounding and in the brain substance—nor from paralysis resulting from external violence; but in those cases resulting from pressure or any debilitating disease; in infantile paralysis, (distinct from the classes that I have referred to); in all cases resulting from white softening of the brain or spinal cord, in the cases spoken of by Brown Sequard as caused by the reflex action, and in all non-inflammatory cases where we do not have a lesion, or impeded action, from a pressure of a tumor upon the spinal cord. For the purpose of illustrating my idea, I will relate a case that came under my observation:

Case. Eddie Brown, of —, four years of age, was suffering from an attack of paralysis, which had made its appearance over a year previous to his visiting me, which was a sequel of diphtheria.

He had complete paralysis of both lower limbs, accompanied with a complete absence of sensation; the sphincter mus-

cles were also paralyzed, and, as a consequence, he had the very great annoyance of having involuntary passages both of urine and fæcal matter. The legs presented a peculiar appearance, being greatly reduced by atrophy. The skin lax, in large flabby folds, and was cold and clammy. Above the crest of the pelvic bones a marked change met the eye. The skin was warm, florid and healthy, presenting as complete a contrast as could well be defined. A more perfect appearance of health is hardly to be conceived.

There was no motion below the pelvic bones; no life or action apparent, and the patient was scarcely cognizant of the fact that he had lower extremities. Strychnia became at once fixed upon my mind as the remedy for this case. I gave Strychnia 3, cent. d., after preparing it from Braithwaite's Retrospect, (with a slight modification.)

℞ Strychnia cr. . . . .	gr. ij.
Aqua-dist., . . . . .	ʒ 1.
Acidum-muriaticum, . . . . .	gtts. x.
Alcohol, . . . . .	ʒ ss.

From this it is an easy task to make our homœopathic attenuations. Continued to give this strength for several days, but could get no apparent effects. I then gave the same remedy of the 1st attenuation, for six days. The limbs of the patient presented signs of vitality, and from this encouragement I decided to add electricity to the treatment, believing that I should receive positive benefit in the direction of re-developing the suspended action. Upon the second application the clammy appearance was perceptibly reduced, and the patient experienced prickling and itching sensation of the lower extremities. The alternate use of strychnia and electricity was continued in for ten days with noticeable effect. The muscular structure seemed to receive an immediate stimulus, and soon began to increase in size and firmness. I omitted strychnia at this point, desiring to observe if electricity would continue the action already inaugurated. For this purpose I used the battery twice per day for eight days, with continued improvement. At this juncture all treatment was suspended, and blank powder substituted for two or three days. The case continued to improve; but at the expiration of that time the improvement apparently

subsided, and continued until the remedies were resumed, which was in about ten days. In three months from the date of the patient's coming under my charge he was declared cured; sensation was completely restored and all the functions normal.

**INDICATIONS FOR THE USE OF STRYCHNIA AND ELECTRICITY.—**  
In traumatic palsy; hysteric palsy, fatty muscular atrophy, &c., this treatment will be found of great advantage.

In many cases of incontinence of urine, which are produced by paralysis of the sphincter muscles, when not accompanied with lesion of the spinal cord, and also in those cases which result from paralysis of the bladder itself, great benefit may be derived from electricity in some of its many modes of administration. This latter agent, I am convinced, is not sufficiently employed in medicine. Many are wont to look upon it as the resort of quacks and impostors who are unscientific, and who have no true knowledge of the field of usefulness for which it is adapted. This prejudice alone has done much towards bringing it into disuse. Its range of usefulness is so great that for this reason alone I am prevailed upon to cite most of the diseases or conditions for which it is adapted. In deafness, after low fevers, either of the desquamations or typhoid characters; in amaurosis, (there being no organic disease or congestion present); in constipation, from want of tonicity of the bowel, either of the mucous or muscular structure; in cases of debilitated women, who have exhausted their vitality by bearing and nursing children in rapid succession; in women who have experienced frequent abortions; in those cases in males of involuntary seminal emissions; and in all cases arising from want of nerve-force, I can safely say, that in just the proportion we supply the electric or the electro-magnetic, and the electro-galvanic currents, just in that proportion we shall be successful in their treatment. Even the quacks who employ the battery, in all their ignorance of its real sphere of action, occasionally cure cases that have been unsuccessfully treated by really scientific men, who depended wholly upon their materia medica for the medicine wherewith to produce the cure. Strychnia has also been generally ignored as a medicinal agent, from the fact that but few

knew how to prepare it, and too, as another reason, many *could* not administer it after it was duly prepared. I know quite a number of homœopathists even, who actually shudder at the idea of employing strychnia to produce a cure.

In this essay it has been my aim, not only to present the curative actions, but to encourage the more general *use* of the remedies, the subject of my paper.

In a preceding clause I assumed the primary and secondary action of all medicines, and attempted to substantiate this assertion by giving the universal experience of all schools of medicine with regard to the action of all drugs upon the human organization. Following that general observation, I wish to support the theory advanced by Prof. E. M. Hale, viz. : that attenuated medicines are always indicated in those symptoms of disease which resemble the primary action of the drug upon the human organism; and, that *appreciable doses* are necessary in those cases of disease where the condition resembles the secondary action of a medicine. The present split and consequent difference that exists in homœopathic ranks to-day arises from a failure to comprehend the two distinct actions of any single drug. When this, the rock on which we split, shall be removed, and we take the broad, rational view, admitting the result of each other's experiences, homœopathy will have become rationalized and the science undisputed. The position we occupy to-day before the world does much to retard our progress, and a much greater prolongation of the strife will result in a wider breach that will be difficult to unite. Fears are already entertained by many that there must be two distinct schools of homœopathic practitioners—seriously, there must be but one.

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ARTICLE XXVIII.—*Insanity.* By EDWARD W. AVEET, M.D.

MODERN science has been tasked to its uttermost in the vain endeavor to give an unobjectionable definition of insanity. Many cases are manifest, others are obscure and require discrimination. Precisely where accountability ends is a point upon which few physicians agree. Here juries divide. The public is ever ready to pronounce its verdict. If it were not

for our courts, half of the population would be busy sending the remainder to lunatic asylums.

In the medical literature on insanity we find an equal variety of opinions. Heinroth and Kant, representing a certain phase of the psychological school, consider all abnormal manifestations of the mind as derangements of the soul proper. Friedrich and Struve take a physiological view, and hold that the soul *per se* is always intact, and that the brain is the offending organ. Esquirol confines himself to the observation of facts, and constructs no theories *à priori*. Jahr, the only extensive writer on insanity in our school, after weighing the various opinions, concludes that all are in error. Giving himself wide range, he says: "Mental disease is always there to be found where, without demonstrable causal disease of any physical organ, the clear self-consciousness of the individual, and his idea of his own moral condition with respect to his own perceptions and feelings appear more or less obscured."

The above definition is subject to criticism. It does not include all cases. The insane person frequently is fully conscious of his actions. After striking his attendants, using improper language, &c., he bows submissively to punishment, and asserts that he realized his condition but could not control himself. According to Jahr many monomaniacs would be excluded. In pyromania, kleptomania, &c., the moral perceptions are clear. The subjects are fully conscious that their acts are wrong, and use the utmost precaution to prevent detection. Again, if we were to adhere to the strict meaning of Jahr's definition, we should include a large portion of mankind. Who is to judge of another's self-consciousness and moral condition? Few people see clearly the state of their own minds and tendency of their thoughts. The self-consciousness of the metaphysician is more isolated and distinct than that of an individual absorbed in the gratification of his desires. The moral nature of the ethical Butler would have shrank from acts which Byron might have approved. The self-consciousness and moral nature of the majority of mankind appear at times "more or less obscured."

*Letting the = to the ...*

We shall not endeavor to define insanity. From the character of the mind we should necessarily differ from others as to the precise phenomena which constitute mental aberration. Our opinion is based upon knowledge derived from two sources, subjective and objective. The workings of our own minds and the conduct of other people. In judging of a reported case of insanity we consider how the majority of mankind would act when similarly placed; and at the same time inspect our own minds as to the moral status of certain acts. Now if all minds were cast in the same mold, or if those who are to pass judgment had met with the same persons and studied the same natures during their lives, we should all agree as to the precise condition of each individual case. As health and disease are relative terms, so sanity and insanity mean different degrees of the same qualities. In many cases the rational man becomes insane as gradually as day merges into night. In craziness the will is comparatively inactive. The brain is so hyper-sensitive that the least impression appears to disturb the whole organ. Thoughts the most disconnected present themselves in rapid succession. School-teachers and those who pursue sedentary occupations, such as tailors, shoemakers, &c., are more prone to this variety of insanity than others. Metaphysicians and hard students are seldom thus affected. In the latter, is not the will-power so educated by concentration of thought as to control more effectually the mind? We may here see the perniciousness of permitting our thoughts to wander at random. The subject of monomania does not view his actions as do others. One cannot satisfactorily draw the line of distinction between an enthusiast and a monomaniac. Neither sees himself as "others see him." The sybarite pursues his pleasures until he arrives at a point where it is virtually impossible to desist. Desire is here stronger than will. He understands the evil effects of his acts and yet rushes on. He whom only the Inebriate Asylum withholds from his cups is as insane as he who has an irresistible desire to steal, fire buildings, &c. The toper enjoys indulgence of appetite; the kleptomaniac takes pleasure in gratifying his propensity to steal. Habits of thinking, like habits of acting, are easily acquired. Thoughts readily fall into accustomed channels.

The continual contemplation of any one subject gives a definite course and uncontrollable tendency to the ideas. Thus we approach monomania. In erotomania we have only a higher degree of that melancholy which possesses us all when deprived of what gives us pleasure. In mania, the mind is like a kaleidoscope, constantly turning. The most varied thoughts appear in monomania; but the ideas flow in one direction. The will becomes powerless in the extremes of both states. Jahr mentions the martyrs, and implies that they were insane from the fact that they were enabled to endure the pain without shrinking. In this connection he mentions a number of insane persons who drank boiling water, placed their hands in fire, &c., apparently without feeling pain. These illustrations are but extremes of conditions with which we daily meet. The mind, when intently fixed upon any one object, fortifies itself against pain. A toothache vanishes the moment we become engrossed. To what extent must the mind be insensible to impressions made upon the nerves before insanity can be pronounced?

The approach to insanity is, usually, gradual. The various manifestations of it are as great as the qualities of mind. In judging of responsibility, the whole life of the individual should be taken into account. The tendency of his mind and the way in which the thoughts manifest themselves should be studied. Any deviation from the ordinary bent of an individual, without apparent cause, is suspicious. An irrational, uncontrollable temper, appearing suddenly in one of naturally mild disposition, should cause alarm. Certain acts in one person would be perfectly rational, while the same acts in others would be the sign of disease.

The late conduct of Com. Meade would, undoubtedly, have been sufficient evidence of insanity in the majority of persons. Com. Meade had been, from a boy, subject to fits of uncontrollable passion, and was readily irritated. Family trouble was sufficient to increase to an unwonted extent the natural bent of his mind. Insanity, like other morbid conditions, should be individualized. The time, probably, will never come when medical men will, with unanimity, agree upon every case.



ARTICLE XXIX.—*The New-York Homœopathic Medical Society.* Report of the Speech made by Dr. WM. WRIGHT, President of the New-York State Homœopathic Medical Society, in response to the following toast, read by Dr. H. D. Paine, President of the City Homœopathic Medical Society, on the occasion of a festival given by the City Society, in honor of the meeting of the State Society, at Cooper Institute, September 14th, 1869 :

“THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW-YORK. May it ever be, as of right it should be, the true exponent of Homœopathy in the Empire State ; and may its support be always equal to its commanding position, and to the merits of the cause which it represents.”

GENTLEMEN OF THE PROFESSION :

The world are strongly inclined to judge of the merits of any system of theory or practice by the zeal and devotion of its advocates and followers. And, although this may not always be a safe and reliable rule, yet in the main it will do pretty well to guess by. And, in regard to medicine, I think that it has even more than an ordinary application.

The outside world ever have, and will continue to judge of the value of our system of practice by the value we ourselves seem to attach to it. And so long as associated effort is regarded as one of the great instrumentalities for the propagation and establishment of any theoretical notion or dogma, any wanton neglect of that instrumentality which self-preservation has instituted, and the laws of the State not only hallowed, but made imperative, can scarcely be regarded as anything less than a betrayal of sacred trusts. It matters not whether the State Society is, and always has been just what it ought to be—whether the most judicious selection of men to preside over its deliberations, and to give tone and character to its proceedings, have been made ; or, whether those elected have always managed its affairs with the greatest wisdom and discretion, the great fact still remains patent, that the character and claims of homœopathy in the State will be—*and ought to be*—judged by the character and standing of our State Society and other Homœopathic Medical Institutions.

‡ If there were no law authorizing the establishment of County

and State Societies; if it were not required that every practitioner of medicine should be a member of such society; then, perhaps, it might answer, though the wisdom of the act is more than questionable, to ignore these organizations; cease to combine our efforts; have no standard of faith and practice; no rules of medical etiquette; but leave every man to fight his own battles, establish his own creed, and act his own pleasure, and call himself a homœopathist!

But do you think that the cause of this new system of practice would be best promoted thereby? That the science of homœopathy would thus be advanced? And that the honor and dignity of our profession would thus be established? I trust not. None here so blind or so stupid as for a moment thus to imagine. What then is our duty, and what the dictates of common sense, and a common interest? Certainly it must be to sustain the State Society, by sending a larger number of delegates to its annual and semi-annual meetings; to furnish abler and better written papers for its "Transactions;" to infuse more life and animation into its deliberations; and to make *it* and its publications thereby an honor to the State and to the cause which we here represent.

And this all can be done. For, although the State Society has done well, both in regard to its attendance upon the annual meetings, and in the matter of its "Transactions;" yet it can do better! All of the best minds of the State have not yet combined their efforts to make this Institution the *Banner State Institution* of the Union. From my personal knowledge of the amount of literary attainment and scientific knowledge embraced in the Homœopathic Profession in the State of New-York, I have no hesitation in saying, that all that is wanting to make us such, is a little more faith; a little more liberality; a little more confidence, and a *good deal less jealousy*; with a proper concert of action, and the work is done.

My friends Dr. F. and Dr. W. may think, with the late Col. Young, who, in answer to the question propounded to him some years since, by one of his brother Senators: "What is Homœopathy?" said, "it is a system of medicine by which they throw a pound of Motherwort into Lake Erie, and then

take a drop of water out of Lake Ontario for a dose." While, on the other hand, our venerable Drs. G. and W. and F. believe that the Motherwort had better be macerated in a very much smaller vessel than the basin of Lake Erie, and that no serious injury would probably arise from administering it even in sensible doses.

Now these nice distinctions may, for aught I know, be of considerable importance. But they are not *vital*, and ought not to be made a ground of discord or dissension among us. If my friend Finke can build up and re-invigorate the broken-down and emaciated system of his patient, by ordering the broth of a *chicken-shadow*, boiled for fifteen minutes, and then reduced to the 70,000th; why, all very well; let him do it! But if I find it necessary, under like circumstances, to boil the *chicken*, instead of the *shadow*, and then to give my broth *undiluted*, with an occasional leg of the fowl, perhaps, by way of seasoning—why should I be denounced as no homœopathist at all, so long as, in the use of the chicken, *we both recognize and obey the law of similars?*

No, Gentlemen, we must be a little more liberal, and less exacting; and so long as we recognize the fundamental law of our school of medicine, *Similia Similibus Curantur*, we are all homœopathists; and no man should presume to sit in judgment upon us and our practice; or, above all, to attempt to read us out of the profession!

Again, I say, let us throw aside these small way-side bickerings about "tithing anise, mint and cummin," and let us look a little more to the weightier matters of the "law." Let us come to a frank and cordial support of our State Institutions, both Society and College, and not dishonor either them or ourselves, by sending 12 or 15 delegates to a far off and distant city, to attend the American Institute of Homœopathy, when we cannot muster more than one or two reluctant delegates to represent this great city in our own State Society, though holding its annual sessions within six hours' ride of our own hearth-stones.

The last volume of our "Transactions," made too voluminous, perhaps, by some matters that might better have been left out, nevertheless evinces, in some of the papers, much re-

search, close observation, discriminating judgment, and scientific knowledge; they are, therefore, very creditable, both to their authors and to the State Society which publishes them. Let the next volume be more creditable than either of its predecessors.

But, Gentlemen, allow me again, in conclusion, to repeat the sentiment which I have uttered, that, if our State Society and its Transactions are not all that they should be, the fault is *with the profession*; and no small share of it belongs to the cities of New-York and Brooklyn. It is not for the want of intellect, but for the want of its application. Not because we have not the material for making these institutions just what they should be, but it is from the want of an honest devotion and consecration of these materials to that end. Let us see to it then, that these evils be speedily remedied. That there no longer be any ground for complaint; but that the next annual meeting of our State Medical Society shall combine *all the wisdom, all the intelligence, and all the skill and discretion* of the Homœopathic Profession in the State.

Again, I say, let us have peace.

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ARTICLE XXX.—*Asthma*. By S. LILIENTHAL, M.D.

JOHN RANDOLPH was one day, while panting with the asthma, looking out of his window, and was almost deafened by the noise of a bawling fellow who was selling oysters. "The extravagant rascal," exclaimed Randolph, "he has wasted in two seconds as much breath as would have served me for a month.

It is utterly impossible to give a better definition of this harrowing disease, not dangerous to life itself, and still rendering life a burden. Hyde Salter, that great authority on asthma, defines this disease to be *the spasmodic stricture of an excretory duct*, the lungs being a great pair of conglomerate glands and the bronchial tubes its excretory ducts; but it differs from other spasmodic strictures, by its being seated in organs of vital and ceaseless function, susceptible to many and various sources of irritation. When a person suffers from an asthmatic fit, we see his chest extended to the greatest extent, the intercostal spaces widened, the diaphragm is pulled down

to its greatest extent, so as to produce great fullness of the abdomen, and cause the heart's impulse to be felt at the pit of the stomach. The whole chest is full of air, and gives, when percussed, the sound of a drum; and it is this bronchial spasm which produces this locked-up stagnant state of air in the lungs. But inspiration and expiration are performed by unequal forces: the inspiratory force is a strong one—muscular action; while the expiratory force is a weak one—elastic resiliency; thus the obstruction is easily overcome by the one, and with great difficulty by the other; the same force—muscular action—must be, therefore, called in to perform expiration in asthma, where we find a tedious and almost imperceptible expiration suddenly terminated by an expiratory jerk. The simple reason then, why, in asthma, expiration is so much more prolonged than inspiration, is, that unequal forces unequally overcome the same obstruction.

The same authority states, that men are more liable to this disease than women, in the proportion of two to one, because the causes of asthma are such as men are more exposed to than women, for example: wet, cold and night-work, especially at the age between 20 and 30, when organic diseases of the lungs are likely to exist; whereas, in children, the females exceed the males, because their nervous system is more excitable.

In considering the causes of asthma, Salter wishes us to bear in mind the broad distinction between the causes of the disease and the causes of the paroxysms, although we find frequently, that which has laid the foundation of the disease will also produce the subsequent attacks, and in other cases the very reverse will be found.

What then is the primary cause of asthma? We might as well acknowledge we know it not: all we know is, that the bronchial spasm is secondary to an antecedent nervous condition; and this bronchial spasm, Brown Sequard remarks, is kept up by the very conditions which it generates. The bronchial spasm locks up carbonic-acid to an unusual degree in the air-passages, producing contraction in the bronchial muscles, increasing still more the accumulation of the effete gas, to remove which, reflex muscular contraction is set up. The immediate causes of the paroxysm are nearly as manifold as the

stars, and may be local irritants, or physical causes, or sources of reflex irritation. It may arise from the effluvium of hay, (although late researches give to hay-fever a cryptogamic origin), from a late supper, mental excitement, catamenial period, thundering weather, wine, nuts, fogs, the smell of a match or the effluvia of certain animals. One of the most frequent causes is change of temperature, however slight, for paroxysms of great severity have been brought on just by going from one room to another, especially in the night air. Some inappreciable quality of air is also one of the commonest exciting causes of asthma, expressing itself in different ways and different degrees in different cases, and it is a curious fact, that the most central, densest, smokiest parts of a city is the very one where the asthmatic sufferer forgets his troubles and where he is comparatively free from his suffocating fits. Others again, to get relief, are obliged to take up their abode in the country, or by the sea-side, although the air is damp and the temperature changeable. We see, therefore, that from the caprice of asthma, no rules could be laid down about the locality suitable to such cases; but there are some dietetic rules which are beneficial to all persons suffering from asthma, and which may ward off, at least, the dreaded attack.

Asmatics are generally dyspeptics. Their stomachs are generally irritable, their digestion capricious and irregular. Attacks of asthma may be frequently traced to errors in diet: a debauch, a late dinner, a heavy supper; and even with the utmost care nearly every meal produces a tightness of breathing, and many a sufferer is obliged absolutely to starve as long as the attack is upon him. As most attacks come on at night, it will be a good rule *to take no food after such a time in the day as will allow digestion to be completed and the stomach empty before going to bed.* An asthmatic ought only to take two meals a day, and his food should be as nutritious as possible. They had better let tea and coffee alone, and make a good breakfast from beef-steak or mutton chops, with an egg or two, or chickens or game. As a drink, light cocoa is digested well by some, but milk and water agree with all. For dinner, let mutton be the staple meat, beef or lamb taken rarely, pork or veal never. A little succulent vegetable and

potato should be taken, and a little farinaceous pudding or stewed fruit as a desert, and all only in moderate quantities. No stimulant whatever at any time of the day; fish yields more readily and rapidly to digestion than butcher's meat, and some kind, therefore, may be allowed for a change. With one word, *an asthmatic's meal should be small in quantity, highly nourishing, and of easy digestion*, and his best meal ought to be his breakfast, because the digesting power of the stomach diminishes as its resources are exhausted by succeeding meals, and which requires a night's rest for its restoration; and he should break his fast early and heartily, as he is obliged to pass through long hours of inanition before and during sleep.

So far we have mostly copied from Dr. Salter's excellent treatise; let us now see what homœopathy can do to alleviate this dire complaint.

Our first duty certainly is to shorten the attack as much as possible. For that purpose we put our patient in an easy sitting position, remove everything from the chest and neck which could compress them, and provide for a judicious temperature, cooler with plethoric and fatty persons, warmer for anæmic and emaciated ones. Fresh air is a great adjuvant, if the season and the state of the weather allows it, but even then the air can be kept pure and fresh through the door of an adjoining room. Kafka says, all asthmatics show either the stamp of *hyperæmia of the brain*, or of *cyanosis*, or of *anæmia*, or of *collapse*.

For this congestive state we may give: *Aconite*, *Bell.*, *Opium*, *Nux-vom.*, *Bryonia*, according to the symptoms, or *Chamom.*, *Bellad.*, or *Cuprum-acet.* for that nervous erethism so often found among children and delicate, especially hysteric women.

Should the patient turn blue in the face, (cyanosis) during an asthmatic fit, we may try: *Ipecac.*, *Hyosciamus*, *Carb.-veg.*, *Lachesis*, *Veratr.-alb.* Jahr commences the treatment of this affection always with *Ipecacuanha*, and follows it with a dose of Sulphur, which he allows to act for several weeks.

But sometimes the asthmatic paroxysm appears with the symptoms of collapse, with pale and sunken features, restlessness and great anguish, cold sweat on forehead and extremi-

ties, with small and filiform pulse; and we have an unsurpassable remedy then in *Arsenicum*, or in *Phosph.*, *Veratrum* or *China*.

*Moschus* is also an excellent remedy in that kind of asthma which sets in without any cough, with the sensation of severe constriction in the throat, giving us all the symptoms of spasmus glottidis, especially in hysterical, hypochondriacal, irritable persons.

To cure such a disease as asthma is, the totality of all symptoms, during the paroxysm as well as during the interval have to be carefully studied, a study, in which even the smallest item is often of great importance and tasking the learning and patience of old and experienced physicians to treat them successfully.

Baer advises all asthmatics not to neglect those means which may strengthen their constitution and give tone to their nervous system, as cold sponging, the cold bath, the park, mountain air, or residence in a pure fresh air. (Many an asthmatic one finds this advice impossible.) He recommends especially the movement cure, which has done good service, even after every remedy had failed to alleviate, especially with delicate persons. Gymnastics have also that advantage, to act favorably on the constitution. The compressed air-bath has frequently a surprising effect, and will shorten the paroxysm.

S. L.

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ARTICLE XXXI.—*Pathogenesis of Curare.* By Dr. HOUAT.

Translated from the Nouvelles données de M. M. H. et de Toxicologie.

CURARE compares well with Alum., Ars., Bell., Caps., Carb.-v., Con., Cubeb., Dulc., Hep., Ign., Lach., Merc., Natr.-m., Nux.-v., Oen.-croc., Phos.-ac., Puls., Samb. Tanac.

1. Trismus.

Agitation and trembling of the whole body.

Violent movements of the blood in the head and in the heart.

Painful contractions in the vertebral column.

5. Desire to twist the back and the extremities.

Inflammatory swelling of the axillary glands and of those of the groins.



Bruised sensation over the whole body, especially over the arms and shoulder-blades.

Sensation of tingling and of a morbid feeling around the bones.

All the bones feel like broken, he has no strength to move them.

10. Debility, followed by sleep, with night-mare and dreams, which frighten him.

Strange visions, somnambulism, he talks in his sleep and gets up.

Cerebral congestion, with hæmorrhage in the mouth, epistaxis and otorrhagia, oppression of the throat and suffocation.

Paroxysms of tetanic tension over the whole body.

Dolores osteocopi during the whole night.

15. Pains in one or the other side of the body, coming frequently crosswise.

Aggravation of the symptoms in the morning and at night, during atmospheric changes, humidity, heat and wind.

Great physical and moral debility.

Default in the connection and steadiness of ideas.

Indecisive will, obtuse intelligence, he wishes to be commanded and impelled to do a thing.

20. Great disposition to be frightened and to cry.

Excessive dread of death.

Paroxysms of craziness, with impulse to hurt himself; he strikes, scratches and wounds himself with a kind of pleasure and without any sign of pain.

Anxiety, apprehension, excessive anguish.

Crazy mirthfulness, interrupted by fits of anguish and crying.

25. He is constantly displeasing.

Confused ideas, with sensation as if he were in a constant delirium.

Irrascibility, wickedness, desire to catch and to murder and to rob, while lying in ambush.

Mournful, egotistical, invidious, stubborn and intractable character.

Indifference to everything that passes around him.

30. Cheerfulness, alternating with sorrow and suspicion.

Painful reminiscences of the past.

Great depression of spirits, he does not care what happens to him.

Intense downheartedness, frequent crying, with desire for solitude.

Aversion to society.

35. Everything appears to him disordered and nasty.

Predisposition to suicide.

Laziness and great indifference.

Love for luxury and magnificence.

Great desire to be out and to travel in great style.

40. Debility and stupefaction of the head.

Sensation of great pressure in the cranium.

Contractive motions in the brain, with difficulty to fix his ideas.

Lancinating, beating, spasmodic pains in the head, with desire to lie down and to stretch himself.

Cerebral congestion, with pulsative, vibrating pains and loss of consciousness.

45. Cerebral hæmorrhage, followed by paralysis, especially on the left side.

Sensation of great pulsation, which is felt to go from the head to the heart.

Lancinating, stinging pains and contractions in the brain, with fits of dizziness.

Burning heat, spasmodic and lancinating pains in the head, with muco-purulent discharge from the nose.

Cerebral tuberculosis.

50. Contraction of the head backwards, with tension of the neck.

Sensation of oscillation and of trembling in the head.

Neuralgic pains, starting from the forehead and extending to the face and neck.

Semilateral headache, with pulsative pains, either on the left or on the right side.

Headache, with such heaviness of the head that he cannot raise it.

55. Painful oscillation in the brain, as if in consequence of a serous effusion.

Great pressure on the parietal bones, as if the head were encased in an iron band.

ARTICLE XXXII.—*Ancient and Modern Ideas of the Human Soul.\** By F. W. HUNT, M.D.

WE are so much accustomed in our country to hear or to give annual messages, that it is not always easy to find a new subject. In selecting from the themes not already worn out, I choose one for this occasion which is so far from being *new* that it is VERY OLD—*so* old, indeed, that it has been almost entirely forgotten by all the investigators of the mysteries of the human mind and the human body—a theme that has scarcely ever been touched upon in any medical college. Having had the subject of the *Human Mind* and *Mental Diseases* assigned to me by the authorities of this College, I think proper to precede our researches by inquiring what ideas the world has ever entertained of that Human Soul of which the science of Psychology professes to treat. I ask then, what have been the ancient and modern ideas of the human soul and its relation to the body, of which we claim to know so much? That human life on earth is short and unsatisfactory we have been often told.

“What from this barren being do we reap?  
 Our senses narrow, and our reason frail;  
 Life short, and truth a gem that loves the deep,  
 And all things weighed in custom's falsest scale;  
 Opinion an omnipotence, whose veil  
 Mantles the earth with darkness until right  
 And wrong are accidents, and men grow pale  
 Lest their own judgments should become too bright,  
 And their free thoughts be crimes, and earth have too much light.”

What then has man ever thought of himself? What has he ever believed of his own nature, physically and psychologically?

In looking back upon the past history of the human family, I have observed that certain primary ideas seem to have held place in the minds of the leading men of all ages and all countries. It will not be my present purpose to decide whether these ideas are correct or not. I think you will be able to decide this question for yourselves. If before you as jurors

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\* A Lecture preliminary to the course on Psychological Diseases in the New-York Hom. College.

in the presence of this august court, I introduce even a portion of the evidence at my disposal, I will not doubt the wisdom and justice of the verdict you will reach. I briefly state the theory of the past and passing ages.

The books say: "*The human, physical or natural body is not the whole man. It is so far from being the whole man that it lasts and retains its form but a few years at most; and then dissolves into dust and gases under the operation of the chemical laws through which the Creator governs all other material substances.*"

The physical body then, is but a temporary structure. It is only a temporary house for the residence of the real man. He is to live in it for a short time only; and very soon he will leave it for a state of existence which is to be perpetual—eternal. He will soon throw off the material body as an old worn-out garment, (and it is likely to become *worn-out* and *worthless before* it is very *old*;) and he will then find himself better off without the earthly garment, if he has only made good use of it while he wore it.

Not only does man go soon to dwell in another state of being, in which his material body and his worldly treasures and possessions cannot be used by him: he is *even now* so near to that future world that he keeps up daily and hourly and momentary intercourse with it. While yet in the outer-life, and seeing and working at the things of the earth-life, which common men regard as the most interesting of all things of earth or futurity, "every man is connected with *some portion* of the future or spiritual world by *invisible telegraphic wires.*"

Such is the teaching of the books in regard to the human soul and its relation to that human body which has engrossed the attention of all inquirers into the philosophy of human nature. I am not bound to prove that the books always tell the truth. Every man is bound to judge for himself about the truth of the doctrines they have handed down to us. I only here undertake to tell you what they have said; this much only of the soul while united with the physical body. I now proceed to announce the ideas delivered to us by the authorities on the conditions and powers of the soul after it

has laid aside its earthly body. It may be proper to say that, in some points, at least,

“I cannot tell how the truth may be;  
I tell you the tale as they told it to me.”

*State of the Human Soul after Death.*

OPINIONS OF THE ANCIENT NATIONS.

Among the Greeks the oldest theologians were the poets. Herodotus thought that the objects of Greek worship received their names from Homer and Hesiod. Herodotus says of these poets :

“These were they who made the Greeks a theogeny, and gave names to the gods, distinguished their honors and occupations, and determined their forms.”—*Herodotus*, II., 53.

The state of the disembodied spirit in that future world to which all look forward with so much interest, and to which most men are so reluctant to remove, was always a subject which could not but exercise a mysterious influence over the imaginations of men; and the poets were of all men most likely to think of the subject, as well as to shape out in some symmetrical form the ideas that had been handed down from their fathers. We take from Dr. Jortin's Dissertation the leading propositions in which he embodies the creed of the Greek poets and their theory of a future life.

I. THE SOUL.

“The soul of man departed from the body, is material, or clothed with a material covering or vehicle, but of so thin a contexture that it cannot be felt or handled; it resembles a shadow or a dream.”—*Dissertation*, p. 216.

This was the ancient Pythagorean and Platonic philosophy :

“Our soul, though it leaves this body, yet shall never be disunited from *all* body.”—See *Cudworth's Intellectual System of the Universe*, II., 784.

This future body was supposed to be a sort of airy or vaporous body, “*a luciform, celestial, ethereal body.*” The Jewish Rabbins also ascribe to the soul, after its separation from the present body, another subtile one, which they call the *scabbard of the soul*. St. Paul says, “there is a *natural,*” or *animal body*, and a *spiritual body*.—*I. Corinthians xv.*

The same thing is also implied in Daniel ix., 21; Wisdom iii., 7.

## II.

"The soul retains the lineaments of the man, and appears in the same dress that the man wore in his life time."—*Dissertation*, p. 217.

Dr. Jortin cites in proof of this the 11th *Odyssey*.

Homer. *Iliad* xxiii. Pope thus translates it:

"When, lo! the shade, before his closing eyes,  
Of sad Patroclus rose, or seemed to rise;  
In the same robe he living wore he came,  
In stature, voice, and pleasing look the same."

2 *Maccabees* xv. 13. Jeremias is described as appearing to Judas, as "a man with gray hairs and excellent majesty."

This belief has been universal.

In Shakespeare's *Hamlet*, Marcellus, on again seeing the ghost, says:

Look where it comes again.

BERNARDO.

In the same figura, like the king that's dead.

HORATIO.

Such was the very armor he had on  
When he the ambitious Norway combated;  
*So frowned he once.*

Of the king's beard, he says:

It was as *I have seen it in his lifetime*,  
A sable, silvered.

## III.

"It retains the passions, affections, sentiments and dispositions that it had in the body."—*Dissertation*, p. 218.

This was the belief of the ancients as expressed by Homer, 11th. Ulysses having been intromitted into the spiritual world there informs the spirit of Achilles of the glory his son had attained as a warrior. Achilles, who is still the warrior in spirit that he had been in the body, thus receives the intelligence:

"—— The shade with transport glowed,  
Rose in his majesty, and nobler trod."

The Savior taught in the parable of Dives and Lazarus that the same affections and sentiments that have ruled a man on earth go with him into the future life.

## IV.

"Although it cannot be handled by men yet living on earth, it may be seen and heard, and it can converse with other shades and with men."—*Jortin, Dissertation*, p. 218.

The spiritual world, on which the soul enters immediately after death, is not the final realm to which it ultimately goes. Thus the Greeks believed that the spirit could only re-appear to men on earth during the interval between death and the rites of sepulture; in the hundred years in which the unburied wandered on the banks of the river Styx. Thus Patroclus, according to Pope, says:

Let my pale corse the rites of burial know;  
And give me entrance to the realms below;  
Till then the spirit finds no resting-place;  
But here and there th' unburied spectres chase  
The vagrant dead around the dark abode,  
Fated to cross the irremovable flood,  
Now give thy hand; for to the farther shore,  
When once we pass the soul returns no more.  
When once the last funereal flames ascend,  
No more shall meet Achilles and his friend.

*Necromancy, or Conversing with Spirits.*

V.

"It may be raised with proper sacrifices and evocations, by permission of the deities who preside over the dead. But it is a dangerous thing to have recourse to these methods; for, if those surly gods should be offended, they may send a gorgon, a formidable monster, to terrify and perhaps destroy the bold adventurer."—*Jortin, Dissertation*, p. 218.

Necromancy was practiced by the ancients. Moses directed one of his laws against it by Divine authority.

"There shall not be found among you a charmer, or consulter with familiar spirits, or a wizard, or a necromancer."—*Deuteronomy* xviii. 10.

This opinion, announced so long ago, has been many times promulgated by philosophers, as well as poets of our own time. The danger of holding personal conferences with beings invisible to external eyes is thus briefly alluded to by Tennyson:

"How whole of heart, how sound of head,  
With what divine affections bold,  
Should be the man whose thought would hold  
An hour's communion with the dead."

Diodorus Siculus mentions an oracle near Lake Avernus, where the dead were raised. He says the oracle was known before the time of Hercules.—(See *Livy* iv., ch. 22.)

Plutarch, in the Life of Cimon, says, that Pausanias, in his distress applied to the Psychagogi or dead-evokers at Herac-

lea, to call up the spirit of *Cleonice*, whose injured apparition haunted him incessantly, as he wished to entreat her forgiveness. According to his request the spirit appeared and informed him that on his return to Sparta he would be delivered from all his sorrows. She meant that he would be relieved by death, and he accordingly died. This occurred 500 years before Christ.

The case of the raising of the spirit of Samuel by the witch of Endor at the request of Saul, is given in the Book of I. Samuel, (chapter xxviii.)

The appearance of Samuel was regarded as a real transaction by the author of the book of Ecclesiasticus, (chapter xlvi.) He says :

“ By his faithfulness he was found to be a true prophet, and by his word he was known to be faithful in vision ; for after his death he showed the king his end, and did lift up his voice from the earth in prophecy.

After death Samuel prophesied and showed the king his latter end. Samuel was not pleased with being thus called and for such motives. He complains, “ *Why hast thou disquieted me to bring me up?*”

This witch of Endor was said by the Rabbins to be the mother of Abner ; and it was said that her familiar spirit was the spirit of *Ob*. Dean Milman mentions the similarity of the sound of this name to that of the *Obeah* women in the West Indies.

Herodotus mentions *Thesphrotia* in Epirus, as the place where Periander evoked the spirit of his wife Mellissa, whom he had murdered.—Herodot. Lib. V., c. 92.

The dead were sometimes called up by persons who were not known as *mediums* in usual communication with familiar spirits. These persons wishing to consult some departed spirit would repair to the grave at night ; they would there lie down and repeat certain words in a low muttering tone ; and, after some time the spirit would appear. This practice is referred to in Isaiah : “ And thou shalt be brought down, and shalt speak out of the ground, and thy speech shall be low out of the dust, and thy voice shall be as one that hath a familiar spirit, out of the ground, and thy speech shall whisper out of the dust. (Chapter xxix., v. 4. See also Isaiah viii., 19.)



Euripides refers to conversing with spirits :

ADMETUS.

See! is not this some spectre from the dead?

HERCULES.

No dead-invoker for thy guest hast thou.

The Romans practiced calling up the spirits of the departed in a manner calculated to impress the mind with awe. Seneca describes the process of the Psychagogues in evoking the souls of dead men in a cave which was rendered as dark as mid-night by the shade of cypress, laurel and other such trees as were considered as correspondences fit for the scenery of the world of shadows. (See Seneca, in *Ced. Act.* iii. 530.)

The same ideas are in the mind of Shakespeare when he tells in *Macbeth* of the operations of the witches in evoking in a dark cave, with characteristic ceremonies, the apparition of the armed head, &c. (*Macbeth*, act. iv., scene 1.)

#### *An Ancient Medium.*

##### THE "SIBYL" OF ITALY.

The female spiritual medium who was consulted by Æneas before he founded the Latin kingdom in Italy, is thus described by Virgil. I introduce her with the following preliminary statement :

The siege of Troy by the Greeks had lasted for ten years, and had ended in the destruction of that famous city, the death of the old king, Priam, his son Hector, and most of the celebrated heroes engaged in its defence. Æneas undertook to escape from the general calamity, taking with him his father, Anchises, and those of his family who yet remained alive. After long and perilous voyages on the Mediterranean, he landed in Italy and visited the cave of the celebrated Sibyl, or medium prophetess at Cumæ. This place was a little more than ten miles north of west from Naples.

The purpose of Æneas in consulting the spirits was, that he might be *intromitted* into the spiritual world, and there converse with his old father Anchises, who had died since they sailed from Troy.

Having landed on the coast of Italy, near Cumæ, Æneas ascended "The sacred hill," where the worshippers of Apollo were accustomed to call upon him. Æneas there

“ Seeks the shade  
Which hides from sight his venerable maid;  
Deep in a cave the sibyl makes abode.”

The medium came when called for. She directed what sacrifices should be performed before the gods would grant their favors. When all was ready and the medium perceived the presence of the spirits she said to Æneas:

“ This is the time! Inquire your destinies!

It was still necessary for the medium to become entranced. We will permit Virgil to describe the process. He had, no doubt, often witnessed it in cases of mediumship in his own time. It may be observed that this passage in full, having been recently written, was read before the Emperor Augustus and the Emperor's sister twenty-two years before the birth of Christ. When the medium perceived the approach of the expected spirit she exclaimed:

“ He comes! Behold the god! While this she said,  
(And shivering at the sacred entry slaid)  
Her color changed; her face was not the same;  
And hollow groans from her deep spirit came.  
Her hair stood up; convulsive rage possess'd  
Her trembling limbs and heav'd her lab'ring breast.  
Greater than human kind she seemed to look,  
And with an accent more than mortal spoke.  
Her staring eyes with sparkling fury roll;  
And *all the god* came rushing on her soul.  
Swiftly she turned, and foaming as she spoke,  
' Why this delay?' she cried, ' the gods invoke!  
*Thy* prayers alone can open this abode,  
Else vain are *my* demands and *dumb the god*.'”

It had been common for the medium to give her answers on loose fragments of leaves, which were liable to be blown away by the wind. Æneas asks her not to write the message on loose leaves, but merely to *speak* the words aloud to him. The medium under the inspiration is thus described:

“ Struggling in vain, impatient of her load,  
And lab'ring underneath the ponderous god,  
The more she strove to shake him from her breast  
With more, and far superior force he press'd;  
Commands her entrance, and, without control,  
Usurps her organs and inspires her soul.”

The passing off of the trance, and also the peculiar language

employed by the spirit in giving his answers, are thus described :

“ The ambiguous god who ruled her lab’ring breast,  
In these mysterious words his mind express’d :  
Some truth reveal’d—in terms involved the rest.”

Now the spirit departs :

“ At length her fury fell ; her foaming ceased,  
And, ebbing in her soul the god decreas’d.”

But still the inquirer was not satisfied. He knew it was possible to obtain higher illumination than the medium herself had now reached. He asks, therefore, to be *introritted into the spiritual world*, where he might, *himself*, see and converse with his venerable father. He knows the thing is possible, as it has often been permitted. He names over several persons who had been granted this privilege. The terms on which he was permitted to enter the world of spirits, and the lessons he learned there from his father in the Elysian fields, must be passed over now.

*Lucan*, in his *Pharsalia*, (vi. 670) tells how *Eriotho*, by the aid of horrid ceremonies caused a spirit to reanimate the body it had recently left.

Necromancy is treated of at length in a learned and curious work by Frid. Garmanus, “*De Miraculis Mortuorum.*” In the tenth chapter of the second book he speaks of “*De Spectris Cadaverum* ;” Also of another kind of invocation, which is that of calling back to their own country the spirits of persons who have died abroad. He also gives the following reason for sometimes calling upon spirits: “That the surviving relatives might be assured that their departed friends were still living in the other world.”

*Julian the Apostate* secretly practiced communication with spirits in a retired part of his palace ; and, for the purpose of attracting the class of demons who could by such means be drawn to him, he cut up the bodies of virgins and boys, as the two Christian bishops, Gregory and Nazianzen, have related, “without a smile and without a blush.”

*Bodinus*, (in “*De Magorum Dæmonomania*, lib. ii., ch. ii., iii.) mentions similar ceremonies for raising the spirits.

Evocations of spirits was practiced by the nations of Northern Europe.

The poet Gray gives a translation of an ode from the Norse tongue, which was preserved in the Latin version, by *Bartholinus*. Odin descends to the drear abode of *Helas*, the goddess of death. The answers of the prophetic maid are with difficulty extorted from her. The poem is entitled

THE DECENT OF ODIN.

Odin having ventured down the yawning gulf "That leads to Hela's dark abode," wishes to consult the spirit of the prophetic maid who had long ago been buried in that place.

"Facing to the northern clime  
Thrice he traced the Runic rhyme;  
Thrice pronounced in accents dread,  
The thrilling verse that wakes the dead."

In a poem from the *Hervera Saga*, published by Olaus Verelius, *Hervor* calls up, by aid of enchantments, the spirit of her father *Angantyr*.

Hervor! Daughter!  
Full of spells to raise the dead,  
Why dost thou call me thus?

He then predicts her future fate.

The Druids claimed the same power of calling up the dead. *Picart*, speaking of the religion of the Banians states, that the Tunquinese believe their witches maintain correspondence with the evil spirit, and have a perfect knowledge of the state of the soul in the other world. He says they evoke the spirit with the sound of drums; the spirit rises and gives the answers demanded. (*Religious Ceremonies*, vol. ii., p. 108.)

The danger attending the raising of the dead has already been mentioned. The idea that some formidable monster might be sent to terrify and destroy the presumptuous investigator is introduced by Shakespeare in *Hamlet*:

HORATIO.

What if it tempt you tow'rd the flood, my lord,  
Or to the dreadful summit of the cliff  
That beetles o'er its base into the sea?  
And there assumes some other horrible form,  
Which might deprive your sovereignty of reason,  
And draw you into madness.

—*Hamlet*, act. i., scene 4.

By a law of Constantine, the first Christian Emperor, magic arts were made punishable as criminal if they were calculated

to injure others; those which might be beneficial were permitted.

In the time of James the First persons practicing magic were hanged.

(TO BE CONTINUED.)

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ARTICLE XXXIII.—*Malarial Congestion and Inflammation of the Spleen.* By F. M. BOYNTON, M.D., Henderson, Texas.

IT is not my purpose to discuss the physiological function of the spleen, or the pathological changes to which it is subject, but merely to give a few facts which have recently occurred in my practice, which I think of sufficient interest for publication.

Case 1. Capt. D——, an educated, intelligent gentleman, a lawyer by profession, aged 45, and had suffered for many years from torpid liver and enlarged spleen.

When called to see him: tongue large, coated yellow, edges and tip red; dull headache; very restless; thirsty; skin hot and dry; bowels constipated; pulse did not indicate much fever. The fever was not proportioned to the restlessness, thirst, &c. These are the symptoms common to that state called "bilious."

But the characteristic symptoms peculiar to malarial congestion and inflammation of the spleen, as seen in this case, are: great restlessness, thirst, pain in the left side, and not always confined to the spleen; pain in the left lung; oppressed breathing; pain in the left shoulder and nape of the neck, and in the back; soreness of the flesh and "aching of the bones." I saw the patient next day, and many of the bilious symptoms were improved, but the thirst, restlessness, soreness of the flesh and bone-pains were not relieved. The patient being free from fever, not sick at the stomach, nor looking very sick, I was greatly surprised and troubled at his restlessness, rolling and tossing, saying, "O, my back! I am so sore, I can scarcely move. It seems that every bone in me will break. What can be the matter that makes me suffer so?" An examination discovered the spleen to be enlarged, and quite tender on pressure.

Was not this congestion and inflammation? If congestion, remove it, and ascertain the remaining condition. To separate as far as possible the symptoms that may result from congestion, and those of probable inflammation, I applied a large mustard plaster over the spleen, and in twenty minutes had the satisfaction of hearing my patient express great relief. "O, what relief! How good I feel! Why did you not apply the mustard sooner? I have suffered this way several times before but never knew that it was my spleen."

Watson, Wood, Tanner, Flint, Dickson, Hempel, Marcy, Hunt, Rane and others; Trall, Shew, Jackson, Newton, Ring, Scudder—never so forcibly impressed me with the symptoms of congestion to the spleen.

Case 2. On the next day I was called to see a girl aged 13 years. Quotidian intermittent fever, though never free from fever. The chills were marked, lasting about two hours. The symptoms referable to the spleen were: violent pain in left lung; oppressed breathing, with mucous rattling; pain in the left shoulder, extending to the nape of the neck; could not lie on left side; flesh sore, and the "bone-pains" extorted tears freely. Examination revealed considerable enlargement and tenderness of the spleen. The more to satisfy myself of the effect of congestion to the spleen, I ordered hot fomentations, but the relief was not so decided and permanent as that obtained by the mustard.

A number of similar cases came under my observation, bearing like characteristics. These cases are of peculiar interest. 1st. The marked symptoms of congestion to the spleen. 2d. The pathological state demonstrated by the physical examination, and the prompt relief by the external application of a stimulant. 3d. The cold stage, in the intermittent cases, were much mitigated and shortened, and the pain greatly relieved, by local stimulation to the spleen. 4th. Can homœopathy furnish an internal remedy that will remove congestion to the spleen as promptly as external stimulants?

The cure of these cases was easy and prompt under the ordinary treatment for bilious and intermittent fever—Sulph., Quinine and Arsenicum taking the lead.

ARTICLE XXXIV.—*Uterine Diseases.* By F. M. BOYNTON, M.D., Henderson, Texas.

I do not write for the purpose of raising any objections to the opinions of Dr. Avery. The value of local applications in uterine lesions have been thoroughly tested. By them many a simple vaginal leucorrhœa, erosions and abrasions of the os and cervix have been promptly cured, as my own experience can testify. That all schools of medicine are now recognizing the importance of constitutional treatment I am glad to know. But how far, what majority or number of the various uterine diseases may be cured by internal medication is as yet undetermined. We are wanting in clinical experience.

Says Dr. Avery, "I am unable to ascertain what produced the impression that local treatment only could benefit uterine disease. As well might we rely upon injections for the cure of cystitis. The adherents of the local treatment admit that constitutional remedies will remove a chronic ulcer of the leg."

I have read the valuable works of Thomas and Scanzoni (referred to by Dr. Avery) several times; and Thomas in particular advocates the importance of constitutional treatment. I do not design this as any special defence; but, by turning to page 461, "Thomas on Diseases of Women," (as the book is lying before me opened at this page,) we find in neuralgic dysmenorrhœa, the rheumatic, gouty diathesis recognized; the chlorosis and the malarial toxæmia. On page 214, Chronic Cervical Endometritis, we find prescriptions for constitutional treatment. True, these prescriptions are faulty, because they only recognized general conditions. How far they might be valuable without the assistance of local treatment, is a question. One thing, however, is certain, no class of physicians would rely on them. In this section of country there are no gynæcologists; and about all the treatment uterine diseases ever receives is constitutional, upon general principles; and I rarely meet with cases permanently benefitted.

The curing of uterine diseases by internal treatment alone is a problem; if ever demonstrated it must be worked out by homœopathy. To cure cystitis by internal remedies is what

all schools of medicine claim. And most practitioners will endeavor to cure a chronic ulcer upon the leg by constitutional treatment; but *nearly* all prefer combining local treatment.

It has been oftentimes beautifully demonstrated that homœopathy cures chronic ulcers upon the leg. This I have done repeatedly. But I have never cured an ulcer upon the uterus by internal medication alone. Who has done it? Let us have the facts and the cases.

It would afford me much pleasure to dispense with my speculum and local applications. I read in the Homœopathic Journals many reported cases of uterine diseases, leucorrhœa, prolapsus, &c., cured by certain remedies given internally. But the real question is, what did the physician cure? No man can by symptoms diagnose the pathological state of the uterus and its appendages. Who will dare say, in the positive, to any women, you have an ulcerated uterus; or that your leucorrhœal discharge is from the vagina, cervix, or cavity of the uterus. Every case in homœopathy is an individuality; and every organ and tissue has its individual function and special life-force. Hence the remedies for uterine leucorrhœa may have no specificity or affinity for vaginal leucorrhœa. To make medicines of the greatest value in this class of diseases, the uterine organs should be closely observed during the drug provings. Then, when a case presented itself for treatment, if necessary, an ocular inspection would aid very materially in the choice of the remedy.

I have cured several cases of chronic uterine leucorrhœa, chronic endometritis; and I know that Bellad., Conium, Arsenic and Iodide of Iron have been of very great value. But would these, or other remedies, have cured these cases unaided by local treatment? Will not physicians who have charge of public institutions put this matter to the test. Make a thorough speculum examination, give a full description of the condition of the parts; if there be an ulcer, state its location, appearance, &c., &c. Select the remedy, giving but one at a time, and continue it for weeks or even months; and examine the patient occasionally, note the changes, progress, &c.; and in this way homœopathy may reach a point,



where it can laugh at and ridicule others for their stupidity and local appliances.

The constitutional treatment of uterine diseases homœopathically is, beyond question, far superior to the generalizing of the allopathic school. The allopaths have well nigh exhausted the local appliances, let us accept and use the good they have wrought; and ourselves work more earnestly to demonstrate the intrinsic value of our remedies when given internally.

ARTICLE XXXV.—*Homœopathic Legislation, Progress, &c., in Canada.* By P. BENDER, M.D.

(To the Editor of the North American Hom. Med. Journal.)

SIR,—Thinking a few notes as to the progress of homœopathy in Canada might not prove uninteresting to your numerous readers, I take the liberty of sending you the following:

According to the new medical act of the Province of Ontario, the College of Physicians and Surgeons are incorporated as a central examining and sole licensing board. The council of the College is now composed of representatives from each electoral division, from the universities and colleges, and the homœopathic and eclectic branches of the profession. Each of the latter sends five, the legislature having insisted upon their right to representation being acknowledged by statute. The allopaths complained bitterly and resisted stoutly, but had to submit. Last July, a meeting of the Ontario representatives of the allopathic school was called to petition the legislature for the repeal of the clauses granting the other schools representation in the council and acknowledging their status of equality, and right to license graduates in medicine. After a good deal of excited discussion and bickering, during which one party charged the other with lukewarmness and negligence in the cause of proscription; a vague resolution was adopted indirectly insinuating the possibility of ill-educated and incompetent men receiving diplomas, and pledging the meeting to endeavor to do what neither the act nor the public contemplated their not doing—namely, to keep up the standard of medical education, and secure the Provinces against

the licensing of unqualified parties. On this occasion, Dr. Field, of Woodstock, Ontario, a homœopath, stated that the aim of his confreres was the same as that of the allopaths, and as far as their requisition of a high standard of education was concerned, that if the allopaths wanted students to take a degree of B.A. or M.A., as a preliminary to medical studies, the homœopaths were perfectly satisfied. So far from their branch being a house of refuge for rejected allopathic students, it had turned away every one of them. None of his opponents present were able to contradict this assertion. The Examining Board includes, besides two eclectic, Drs. Campbell and Field, homœopaths, who examine their students in *materia medica* and therapeutics—surgery, “other than operative,” midwifery, ditto, and the theory and practice of medicine. Dr. Campbell, of Toronto, was mainly instrumental, through his influence, in securing the legislative recognition of the merits and rights of the homœopathic school. It is reasonably proud of this success, as are also a large and ever increasing body of the people of Ontario.

At the recent annual meeting of the Canada Medical Association, at Toronto, the President, Hon. Dr. Tupper, condemned the provisions of the medical act of Ontario, granting the privileges I have already spoken of, and hoping the profession would try to secure a repeal. The action of the allopaths generally was in consonance with these liberal sentiments: for a vigorous effort was made to exclude Dr. Clarke, the President of the Medical College of Ontario, from the meeting, because, forsooth! he had consulted with homœopaths at certain times. He was afterwards admitted, however, on a species of indirect apology or submission on the part of his friends. Dr. Lizard, of Toronto, was not quite so fortunate; for the same heinous offence he was refused admission. Dr. Russell, of Quebec, following up similar action in this city some time ago, on this occasion moved to strike the name of Dr. Bender from the roll of the Association, because he was under sentence of expulsion from the Quebec Medical Society for announcing himself a homœopath. This liberal and generous action surprises nobody who knows this disinterested specimen of humanity. Like others, he is ever ready to con-

denn that of which he knows nothing, and to make up by blind fanaticism and persecution, for defects which, whether he is conscious of or not himself, are strikingly apparent to the public eye. The extreme sensitiveness and pretended regard for the public interest, reminds people of that other unselfish conservative, whose zeal in opposing the doctrine of St. Paul, sprang from no higher motive than his desire to retain the business of shrine-making for the popular idols. Dr. Russell's motion was referred to the committee on ethics, whose report, even if favorable, will scarcely quench the sun of homœopathy or roll back medical science to the stage of Queen Elizabeth's time. Dr. Tupper anticipated the action of the meeting or suggested it, by stating that he believed there was but one idea among the profession—to have a Central Board and a Central Executive Committee for the whole Dominion. This intelligent idea was expressed in a subsequent resolution, appointing a committee to prepare a bill to establish a uniform system of education, examination and licensing, in accordance with the views of the Association. This means simply to give the allopathic majority its sole way in everything relating to the standard of qualification and system of medicine for students, which will render homœopathy and eclecticism proscribed branches. Dr. Clarke said, he believed no such bill could be passed, and doubted if even it could be introduced. The importance of all this to homœopathy is my only apology for such lengthy details.

Homœopathy is rapidly advancing in the estimation of the people of Canada. Its admirers include members and ministers of the government, leading men of all professions, even to the highest ecclesiastics. Montreal has six or seven practitioners; Toronto several, and their business is daily increasing. In Quebec, also, the science is rapidly making headway, and there is now a splendid opening for another practitioner. The attempts to pooh-pooch it and laugh it down are recognized as sorry failures, and daily experience keeps knocking down the absurd and selfish theories of the allopathic enemy. Those who know that the Prince of Wales, the Emperor Napoleon and other high personages, can find their way to the homœopath, will not be surprized to learn that Prince Arthur, while

in this city, expressed his belief in this system, or that Bishop Oscenden, the Metropolitan elect, is a strong homœopath.

A newspaper war has been waged in the *Toronto Leader* for some time, by a homœopathic layman and an allopathic doctor. Both combatants have fought hard and skilfully, but the verdict of those who have followed the fight is generally given in favor of the former, whose arguments, based on a personal experience of many years, have knocked to pieces the prejudiced assumptions and one-sided ignorant theories of the fossil allopath. People think the accomplished and spirited scholar, Dr. Campbell, has furnished the layman with some of his most effective ammunition.

Whooping-cough has been unusually prevalent this healthy summer. Against this often tedious complaint I have found Teste's treatment, *Corallia-rubra* and *Chelidonium* 30, act almost specifically in the convulsive period. I have also remarked a great tendency lately to affections of the serous membranes, particularly the peritoneum. At the outset I have generally checked the disease by *Aconite* 30. When more advanced, I have used with good effect *Ignatia* and *Belladonna*, according to symptoms. Last spring the allopaths met with some cases of malignant diphtheria, almost every one of which resulted in death. Can you be surprized, on thinking of the torturing course of burning, &c., followed by the orthodox on such occasions? If I had had any cases I would, undoubtedly, have tried the *Kali-permang*, as proposed by Dr. H. C. Allen, of Brantford, Canada.

The question of dose is one which is as undecided here as in the United States. Different potencies are resorted to in different cases and in different stages of disease. A uniform rule, however desirable, seems hard to find. I have a preference for the 30th and 200th, but I often find lower very beneficial. In the case of a young girl lately, affected with chorea, I found *Ignatia* 6, highly effective where the high had produced no result. In other cases I have found results of a different character, so that variety in the practice of prescriptions, seems to be an important characteristic or law of homœopathy. With us, I think, dogmatism on such subjects, the theory of universal specifics or panaceas would be very un-

popular. Close observation and careful discrimination in each case, are, I imagine, rules not only characteristic of our system, but rules that a wide experience, common-sense and extensive beneficial results have commended to our consciences and our judgment.

If you should desire it, I shall be happy to contribute now and then an occasional article upon my experience in the treatment of disease, &c., &c.

ARTICLE XXVI. — *The Diseases of the First Years of Life and their Homœopathic Treatment.* (Condensed from Foreign Journals.)

THE treatment of puerperal fever is doubtful, because the constantly renewing aggravations require the constant repetition of remedies already applied, and because the threatening metastasis to the brain or heart must be carefully removed before it has time to develop. In the first inflammatory stage we rely on *Acon.* 6, and *Bryon.* 6, in water, alternately, every hour; as soon as anguish, twitchings, or, perhaps, deliria set in we give *Bellad.* 3, in water, hourly, six to eight times; and should no amendment appear in 16 or 24 hours, we give *Calc-carb.* 30, five pellets every two hours, to produce a miliary eruption, and as soon as this eruption is in full efflorescence, we renew the *Calcarea* with every renewed storm, which will be always followed by renewed eruption. But should the whole body be covered with copious miliaria, and the fever still hold on in all its fury, *Sepia* 9–12, in water, a dose every two hours may do good service, or *Lycopodium* 30, against increasing stupefaction, sopor, &c. Should, during the suppurating stage of the miliaria, periodical chills set in, with quick small pulse and *pale* urine, which ought to be at this time still dark and jumentous, it is a sign of a dangerous repulse of the miliary poison from the surface to the circulation, and immediately requires an hourly dose of *Chin.-sulph.* 1, continued every three hours a dose for one day, and less after amelioration has taken place. During the first two weeks, the patient should take only oatmeal gruel for nourishment and be kept rather cool; after that she may use some watered milk

and toast, and only after the 21st day, when the tongue becomes *moist* and clean and the pulse perfectly quiet, we may venture on some chicken-broth. We see, commonly, the skin desquamating all over, the hair falls out, to grow slowly again. Patient ought never leave her bed under six weeks. Nursing must be strictly forbidden and ought not to be taken up again, should even the secretion of milk reappear, as the milk does not nourish the infant, and the mother needs all her strength to recuperate her shattered health.

*Nursing.*—Every *healthy* woman, although she may not be very strong, ought to nurse her baby; for daily experience shows, that nursing children resist diseases far better than those who are artificially brought up. But, when the mother is unable to perform these duties, and we have to look out for a wet-nurse, and we must select such a one, who, after the the closest examination, shows not a vestige of an infective disease, especially on her genital organs, nor any herpetic eruption, nor any disease of the lungs, heart, liver or any other important organ, and whose child, *which we have to see for ourselves*, enjoys robust health.

Unfavorable circumstances, so that a mother finds it impossible to nurse, are :

1) In some women, in spite of nourishing food and persevering trials, little or no milk is secreted, or the milk is of poor quality and watery. Before we surrender in despair, it is worth while to give a thorough trial to *Calc.-carb.* 30, a dose three times a day. It is the specific remedy for deficiency in the secretion of milk, especially if there is or was a tendency to chlorosis, and frequently it is advisable to take the *Calcare* already during pregnancy, if the woman has suffered before from it. Should the secretion of milk be interrupted during nursing, as *e. g.*, from diarrhœa, *Bryonia* 3, followed by *Calc.* 30, may bring it back; if caused by great debility, we advise good nourishing food and especially a good glass of lager-beer, with several doses of *Chin.-sulph.* during the day, or *Ipecacuanha* if the appetite is entirely wanting. But should the debility return or continue, *with drawing pains in the back and some slight cough, weaning the child is imperatively demanded.*

2) In spite of the breasts being full of milk and the baby willing and able to nurse, the nipples remain sometimes stubbornly contracted, and all means fail to bring them out.

3) Fissures and ulcerations of the nipples. Slight degrees, which are in fact only excoriations of the tender skin, heal sometimes kindly under diluted applications of *Arnica* or *Calendula*; the more severe degrees have to be considered as herpetic ulcerations and require internal treatment. We give, for three days, a dose of *Sulphur* 30, in the morning, and should we see no amendment, after waiting two days longer, *Acidum-nitricum* 3, and again, after that, *Causticum* 3. We apply also each of these remedies, diluted with some lukewarm water, externally, for about half an hour. But should everything fail after two weeks faithful trial, we are obliged to wean the child, as the continual pain, the broken sleep, and the constant excitation anyhow deteriorates the quality of the milk.

4) Severe fits of diseases, as typhoid and puerperal fever, inflammations of important organs, are strong contra-indications to nursing, which becomes dangerous alike to mother and infant.

Medical interference will also be necessary.

1) *In inflammation and suppuration of the breasts.*

After catching cold, especially during the first weeks after confinement, an inflammation of the breast sets in, with fever, either 1) as a *genuine erysipelas*, with a quickly extending pale redness, yielding momentarily to the pressure of the finger and burning pains, for which we prescribe *Belladonna* 3-12, a drop in water, a dose every two hours, and forbid strictly the use of coffee, tea, beer, &c. 2) As the so-called *spurious erysipelas*. The redness is here of a darker tint and more concentrated on one spot, frequently near the nipple, which feels hard, painful to the touch; the secretion of milk decreases, the pains become after a while depressing, burning, stitching and at last pulsating; suppuration goes on in the cellular tissue, either near the surface or is more deeply seated, showing itself by fluctuation. Here *Silicea* 30, or even a higher dilution, the usual remedy for suppuration, is of the greatest benefit; given in time, it moderates the pain, pro-

motes suppuration and the opening of the abscess—by one single aperture—(not by many, as is the case by poulticing and surgical interference); and we may expect a cure without deforming cicatrization in the breast. After the abscess has opened, a little lint, covered with unsalted butter or fat, will prevent the linen adhering to the sore. Nursing can be continued two or three times a day after the diseased breast gets well again. If some milk-ducts enter the suppurating cavity, we will find some thin white milk mixed with the more consistent pus and it may retard a cure, and a little lint, moistened with Causticum ʒ, may be put in the aperture twice a day, with beneficial effect. (It has shown the same good effects in other fistulas.) Abscesses of large dimensions contra-indicate nursing.

2) *Severe mental excitement*, which acts on the milk through the nerves, and thus injuriously poisoning it as it were, the infant, may produce convulsions in the babe. To prevent this we give to the mother *Nux-vom.* ʒ, in water, a dose every half an hour after anger, or *Ignatia* ʒ, in the same way after a fright, and expel the milk by a nursing bottle before we allow the baby to take the breast again.

3) *Gastric and intestinal catarrhs*, with nausea, vomiting, colicky pains, diarrhœa, coated tongue and bad taste must be quickly removed, as they interfere with nutrition and the formation of healthy milk. If caused by fat, indigestible food, *Pulsatilla* ʒ is the remedy; if by sour aliments, fruits, colds or epidemic influences, *Ipecacuanha* ʒ, for 24 hours, followed by *Pulsatilla*; if constipation is present with the gastric state, *Nux-vom.* ʒ, and then *Bryonia* ʒ; (of both a dose every three hours.) After weaning the baby we find very frequently a swelling of the breasts from the accumulation of milk, where *Belladonna* is our specific, with scanty diet and a diminution in the quantity of drinking.

S. L.

## General Record of Medical Science.

### *Extracts from European Journals.*

*Leven on the action of Thein*—Experiments made on frogs and guinea-pigs show, that,

1) Thein and Caffein, thought to be identic by chemists, produce in animals different toxical symptoms.



2) Caffein acts stronger than Thein, so that the latter has to be given in doses twice as strong to produce the same effects.

3) Thein produces convulsive motions of the extremities, which Caffein never does.

4) The physiological effects of both alkaloids show themselves in—

a) Excitation of the activity of the heart and respiratory organs.

b) Increase of arterial tension.

c) Stimulation of the brain and spinal marrow in consequence of the increased circulation, without suspension of the nervous function.

d) The palpitations of the heart are prolonged for a short time after death.—*Archives de Physiologie*.

*Mouchot on Retinitis Pigmentaria.*—Retinitis pigmentaria is caused by a chronic inflammation of the retina, and is characterized by three symptoms: nyctalopia, diminution of the visual field and presence of a characteristic pigment on the retina, though the latter may be wanting in the beginning. The course of the disease is very slow, beginning generally in youth and ending in blindness at the age of 40 or 50, and sometimes still later. It is always a serious disease, producing constantly at some time or another perfect loss of sight. Nothing is known of its causes, nor have therapeutic measures shown any influence; alterantia are decidedly injurious, more success can be expected from tonics, especially iron.—*Gazette des Hôpitaux*.

*Gueneau de Mussy on Pruritus Vulvæ.*—Pruritus vulvæ is found in all ages, produced by diverse causes, which may be seated in the vulva, or it may only be a symptom of a cause, far removed from the effected parts. It is a peculiar sensation, having something of itching, burning and stitching, with an irresistible inclination to scratching; sometimes it is periodical, but always worse during menstruation. It troubles some women all the time, others are only miserable some part of the day. Heat, long walks, severe exertions, a stimulating diet, constipation, may produce or aggravate it; exacerbations appear sometimes daily when going to bed. Pregnancy causes sometimes the most painful form of pruritus, which may extend itself to the vagina or even to the neck of the womb; anguish and irritation may become excessive, the patients are deprived of all rest and abortion finishes up the case.

During the paroxysm such patients cannot resist the inclination to scratch; reason and sense of shame have lost their influence; they hide themselves to follow their irresistible desire, although well aware that they have to pay with increased suffering for the momentary alleviation; some women suffer at the same time from a perfect nymphomania, although the morbid sensitiveness of the vulva and vagina and the spasms of the sphincters prevent the coitus. In some cases the sexual act increases the pruritus, in other cases it acts like a nervous revulsion; in young girls, pruritus may lead to masturbation, in all it may cause hysteria and hypochondria.

Sleeplessness, loss of appetite, dyspepsia, are the sure followers of pruritus, leading to anæmia; hypertrophy of the nymphæ must be its natural sequel, and its dimensions may reach to twice or three times its natural size. A sero-mucous leucorrhœa from the vulva coincides sometimes with

the pruritus, the vulva is inflamed and micturition painful. These irritations: the repeated contusions of the nymphæ, the congestive state, may favor the development of varices, and *vice versa*, varices may provoke and keep up the pruritus.

*Transmission of syphilis by a dragée.*—Prof. Hardy brought before his clinic a child, 13 years old, presenting on the face and other parts of the body papulæ, tubercles and especially a light scaly eruption. The absence of all itching and the brown color of the spots were sufficient for the diagnosis, as a scaly syphilide with a little of the tuberculous syphilide. Accompanying phenomena were, ulceration of the tonsils and engorgement of the submaxillary glands. The boy was playing with his brother, two years old, and took from him a dragée, which the infant had already in his mouth, and ate it himself. The infant had some plaques-mesqueuses on his tongue. The mother had contracted syphilis, when she nursed her baby yet, and thus communicated the disease to her child.—*Gazette des Hôpitaux.*

*Dr. Muller. Two cases of post partum hæmorrhage* from the external sexual organs. In both cases the confinement was perfectly regular; immediately after the expulsion of the child and the placenta, and with a firmly contracted uterus, a severe hæmorrhage set in, fatal in the course of a few minutes. Autopsy revealed a rent one inch long, 1-2 lines deep in the neighborhood of the clitoris, as the source of the hæmorrhage; in the other woman a similar rent was discovered in time, and the hæmorrhage stopped by a suture. Such cases are not frequent, but they admonish us to be careful with incisions in that region for the sake of dilatation of the vulva.

*Pachmeyer. Two cases of typhus with fatal results from extraordinary causes.* I. A soldier entered the hospital with numerous petechial spots on the lower extremities, severe rheumatic pains and general malaise and debility. Eight days after his entrance gangrene appeared on the skin of his feet, extending quickly up to the neighborhood of the knee-joint, and destroying all the muscles and other tissues down to the bones, and in 17 days a perfect line of demarcation had formed about two and a half inches below the knee-joint. As a spontaneous pushing off of the bones could not be thought of in the weakened state of the patient, amputation was performed in the middle-third of the thigh, on the left foot, and the right leg exarticulated in the knee-joint. After two days gangrene reappeared on the right foot, and the patient died with symptoms of exhaustion. Autopsy revealed in the ilium several typhoid ulcers in a state of cicatrization, and *perfect thrombosis of both crural arteries below the inguinal fold* in a space of about two inches. The cause of this spontaneous gangrene has, most probably, to be sought for in the debilitated state of the vascular and nervous system, caused by the typhus; the peculiar symptoms which the patient manifested at his entrance into the hospital, belonged already to the second period of typhus. The continual stasis in the capillary system produced at first marantic formation of thrombosis in the capillary system of the integuments, hence gradual coagulation on both sides, formation of abscesses and finally thrombosis of the large blood-vessels. Twenty-five

cases of spontaneous gangrene after typhus have been recorded in the different journals, of which seventeen died. Most of the patients were between ten and thirty years, some also, children. In fourteen cases the lower extremities were attacked, five times the upper ones, and four times the face. In most cases the gangrene did not spread to the thighs, and death mostly resulted only after a few weeks, through ichorrhæmia or exhaustion, in consequence of an operation; in three cases gangrene re-appeared, followed by death. In the six cases which recovered, reconvalescence was very slow, three were operated upon, in one the hand was ex-articulated, and in the other two cases the bones were sawed through at the place of demarcation and the necrotic bones taken out. Taking all the cases together, it would be advisable:

- 1) To observe an expectative treatment in such gangrenous processes.
- 2) As a cure is possible, even after a long time without an operation,
- 3) An operation ought only to be performed, if the strength of the patient is not too far gone, and then only at a place as far removed as possible from the line of demarcation.
- 4) In most cases we would advise, on account of the danger of blood-sepsis and exhaustion, and as soon as a line of demarcation forms, to remove at first all gangrenous soft parts, and as much of the bones near the line of demarcation, and perform a secondary amputation or resection of the protruding bones, when the patient has somewhat recovered from his tedious disease.

II. A prisoner of war, a young man, entered the hospital on the 27th of August, 1866, suffering from typhus, characterized especially by tedious bronchial attacks, great prostration and slow reconvalescence. Suddenly there appeared, on the 24th September, an acute œdema glottidis, after he had complained of hoarseness and pains in the throat since the tenth. The threatening symptoms of suffocation were removed by cauterization, with a strong solution of nitrate of silver, and for the next eight days patient felt relatively better. On the 2d of October severe dyspnoïc attacks re-appeared, with increasing cyanosis, small pulse, aphony, cold sweat, and to save his life, tracheotomy was quickly performed. After the introduction of a simple canula, and after a while of a double fenestrated one, all dangerous symptoms disappeared and reconvalescence seemed to be progressing finely during the next seven weeks. Without any warning our patient was suddenly attacked, on the 21st of November, by an arterial hæmorrhage from the artificial opening of the trachea, resisting all means for nearly three hours, and only stopped by the introduction of a simple, not fenestrated canula. On the 4th of December, thirteen days afterwards, the bleeding re-appeared, and the patient succumbed in a very short time by death from asphyxia.

Autopsy revealed stenosis in the lower part of the larynx, the cricoid cartilage was nearly gone, and instead of it an abscess of the size of a walnut had formed with the thickened and partly ossified walls. As the source of hæmorrhage, a small granulation was formed on the upper half of the internal opening of the wound, exhibiting a new vascular formation of one of the smallest tracheal branches of the art.-thyroid-infer., whose

walls had become ulcerated by the continual attrition of the edge of the fenestrated canula.

*Dr. Buck. Laryngotomy in Typhus.*—During the course of an epidemic typhous laryngeal affections are sometimes observed, characterized as secondary laryngeal typhus, by the formation of ulcers of different sizes in the laryngeal mucous membrane. They are mostly seated either solitary or in groups on the posterior wall of the larynx, on the glottis, sometimes near the vocal chords. Such ulcers, with discolored, pigmented, corroded, flabby, undermined edges, extend in breadth and depth, affect all the cartilages, and are the frequent cause of dangerous complications, announcing themselves in an advanced state of typhus, by change of voice, titillation in the larynx, difficulty in swallowing, fetid expectoration, foul-smelling exhalation, and sometimes they remain so latent in symptoms, that in favorable cases they are not found out at all, and in fatal ones obduction only shows them to us.

Only seldom we have the opportunity to study the development of a primitive, genuine, pure laryngeal and bronchial typhus, existing already at the very beginning of the disease, and showing itself by an infiltration of the deeper layers of the submucous cellular tissue, especially by an inflammation of the cartilaginous membrane, with consecutive ulceration, necrosis, detritus and exfoliation of the cartilages. This ulceration does not start from the surface of the mucous membrane, and this process does not develop itself, after the typhus has deposited its products on other places, but simultaneously with the usual symptoms of typhus, there appear at the very beginning of the disease the symptoms of laryngeal troubles in the form of a perichondritis laryngea, continuing in the bronchi. *The genuine, primitive laryngo and broncho-typhus has to be carefully distinguished from the more frequent, degenerated, secondary one.* I have treated several hundred cases in my military and private practice, and have seen only two cases of the former.

a) A soldier, on entering the hospital, showed, with the usual symptoms of typhus, the symptoms of an intense laryngitis and bronchitis. He was hoarse, complained of painful sensations in the larynx, coughed much, and expectorated a tough, sticky and bloody-tinged mucus. On a physical examination of the chest a parenchymatous infiltration of the pulmonary tissue could not be made out. With good nursing and treatment he passed through six weeks of anxiety, and we had already hopes of his recovery, when, on the forty-third day, the fever rose again, and conspicuous disturbances in the functions of the respiratory organs re-appeared. An acute œdema pulmonum formed itself suddenly, with characteristic septicæmic manifestations and partial splenization of the pulmonary tissue, and he succumbed on the 45th day. A short time before his death, the breathing was whistling, showing clearly an impediment in the passage of air through the larynx.

Autopsy revealed several ulcers in the ileum and colon in a state of cicatrization; the spleen greatly enlarged, the mucous membrane of the respiratory organs in a chronic congestion, dark-red and swollen, the cartilage cricoïdem was ulcerated, rough and necrotic. Splenization of a part of

the lungs, the other part infiltrated with thin ichorous fluid. The bluish-red bronchial glands enlarged and hard. The evacuation from the ichorous focus in the larynx and the entrance of septic fluid in the alveoles of the lungs, increasing the irritation of an already inflamed bronchial membrane, explain the case.

b) C. B., 21 years old, soldier, took sick on the last days of August and entered the hospital on the 4th of September. With the usual cerebral and abdominal symptoms and high fever, there was also the larynx, pharynx and bronchi affected. B. complained of loss of hearing, with noises and surring in the ears; of itching, burning, sensation of dryness in the throat, with dysphagia and choking; he was hoarse and suffered from a continual irritation to hawk and to cough, stitches in the chest and sensation of hoarseness in the larger bronchial tubes. He could expand his chest, and there was not a trace of parenchymatous infiltration; percussion sound was uniformly dull, bronchial breathing and rattling murmurs were missing, and we could, therefore, diagnose only a primitive laryngo and bronchotyphus, with simultaneous perichondritis laryngea.

For four weeks the alarming symptoms kept on, patient had a great deal of delirium, complained of diminished sight and hearing; hoarseness and cough continued, from time to time, pains in the upper cartilages, between the larynx and pharynx; debility and prostration increased in spite of fluid strengthening nourishment; the skin was hot and dry, temperature between 39.5 and 41 (110-125), pulse 112-128; stools moderate, about three times a day, abdomen not tense, the spleen not enlarged, no exanthema. Amelioration began on the fifth week and convalescence seemed to have been established, if the hoarseness and cough would not have threatened some danger yet, and on the forty-ninth day the fever increased again, the thermometer rose to 40 (120), the expectoration became more copious and prostration increased again. Thus it kept on to the 58th day, when the nurse reported more difficult breathing. With loud whistling and hissing the air penetrated laboriously the organs; the voice was rough, the face cyanotic and covered with sweat; the *alæ nasi* were in constant motion, the inspiratory muscles of the neck on a stretch; suffocation was imminent; swallowing of fluid showed plainly that the epiglottis did not shut any more, and that the fluid entered also the larynx. I preferred laryngotomy to tracheotomy, as the difficulty was in the larynx, and I hoped thus to remove any obstruction found there, as, for example, a piece of necrotic detached cartilage, and to be more easily enabled to apply local treatment to the ulcerated spots. The operation was successfully performed to the great alleviation of the patient; but, on the eighth day, a new aggravation with increased fever set in, cough was worse and expectoration copious and fetid; urine high colored, with copious deposits. On removing the canula, the wound looked well, but the larynx and trachea full of mucus and pus. With a fine elastic probang the larynx, trachea and right broncha were cleaned out several times; but we found that in the lung-tissue a focus of infiltration had formed, with suppuration, and producing thus a cavity, and examination of the chest showed amphoric breathing and rattling murmurs in the lower half of the right lung. From day to day his

state took on a more critical shape, emaciation and prostration keeping steady pace with it; and on the eighty-third day of the disease the poor sufferer breathed his last.

Autopsy confirmed our diagnosis, for, aside from the usual alterations found in typhus, the destruction of the epiglottis and cartilago cricoidea, in consequence of a perichondritis typhosa, were demonstrated, causing an opening of the larynx in the pharynx, and considerable stenosis of the larynx; in the chest, part of the parenchyma of the lungs was destroyed, and the opening of the cavity had produced a pneumo-pyothorax.

Primary and secondary affections of the trachea have been more or less frequently observed in typhus, and of forty-five cases requiring tracheotomy, twenty-five ended fatally, twelve immediately during or after the operation, the others died in a few weeks, and hæmorrhage happening in five cases, destroyed three patients in a few days after the operation. The canula was required in every case except one.—*Verhandlungen der Med. Gesellschaft in Wurzburg.*

Récamier says, in his "Recherches sur le Cancer," "I have come to the conclusion, that every remedy is indebted to its imponderable principles for its mode of action, its power, its efficacy, and that each remedy is only a special conductor of imponderable principles.

## Reviews and Bibliographical Notices.

1. *Third Annual Report of the Metropolitan Board of Health.* Albany. Printing House of CHARLES VAN BENTHUYSEN & SONS. 1868. 8vo. pp. 635.

THE Board of Health of the Metropolitan Sanitary District of the State of New-York, composed of the counties of New-York, Kings, Westchester, and Richmond, and the towns of Newtown, Flushing and Jamaica in the county of Queens, presents in this splendid volume the result of their operations for another year.

In looking over this book we are reminded of the fact that an immense distance lies between the large city and the small village. When the weak community is oppressed by the strong one, King Solomon said that after "considering all the oppressions under the sun," he was only able to make this conclusion: that *weakness* was on the side of the oppressed, and *strength* was on the side of the oppressor. "A later philosopher has summed up all the wisdom he was able to accumulate in this general, wide-sweeping aphorism:

"What is plain to be seen  
Has no curtain between:—  
A very judicious remark:—  
What is very obscure—  
A fact equally sure,  
Remains as it were in the dark."

This proposition is so reasonable that we will not stop to debate it.

The more important question raised by the sight of the present publication of the Board of Health presses more urgently for solution. We observe:

1. No individual author would at the present stage of human history write such a book as this, and illustrate it as this is done, at his own expense.

2. No individual publisher would, in this, only *partially* enlightened age dare to publish such a book as this, and expect to get his money back by the sales he would be sure to make among the people.

3. It then, requires a great community, a great city, a great and wealthy commonwealth to do such a work as we have now before us.

The City and County and State of New-York, acting through a few men who say they represent and embody the common thought and will of a few hundreds of thousands, even millions of people, give us here the sum total of all the researches they have been able to make and bring into a shape proper for the public eye on the great subject of public health during the whole year 1868.

The motto of a New-York physician is that of his State, *EXCELSIOR*. No matter what height in scientific discovery has been already reached, there are voices sounding perpetually in the air around us and above us which call upon us to make still further efforts.

The individual hears the call, but the effort demanded is too great for his strength, his time, his means.

The community *may* bear the expense, the individual shrinks from the effort. We therefore receive from the hand of the imperial city this work of many hands and many days.

The wide range of subjects embraced under the consideration of the Board of Health may be imperfectly estimated by reviewing the following tables of contents:

Vital Statistic and comparative Mortality;—Annual Review of Proceedings;—Orders of the Board;—Execution of Orders;—Enforcement of the Tenement House Act;—Sanitary Improvement;—Permits;—The Water Supplies of New-York and Brooklyn;—The Gas Nuisance; Return of Coroners; Foundlings and Nurseries; Public Baths; Public Drinking Fountains and Urinals; Drainage and Sewerage; Wharves and Piers; Wooden Pavements; Markets; Driving and Slaughtering of Animals; Inspection of Slaughtering Houses; Fat-melting and Tallow-rendering; Removal of Night-soil; Removal of Stable-manure; Removal of Dead Animals; Street Cleaning; The Application of Disinfectants; Vaccination in the Public Schools; Rescue and Resuscitation of Drowning Persons; Quarantine; Cattle Plague; Expenditures; Report of Treasurer.

The General Report of the Commissioners, though embracing so many branches, occupies but 64 pages. But it is supplemented by a long Appendix of more than 550 pages, made up of official Reports, on a dozen different branches, some of which display extensive and laborious research.

Of the Supplementary Reports, that marked F, on the *Texan Cattle Disease*, occupies 165 pages. This section forms the great sensational feature of the present volume. The pathology of the disease is illustrated by about thirty plates, most of which are colored in the most skillful manner. It is a rare thing to see a public document so beautifully and so truth-

fully embellished; and still more remarkable to see the merit of the artist who has performed a most laborious and difficult task, candidly and kindly recognized by official authorities.

The Board say of "The Sketches of Morbid Anatomy, by Mr. KÆHLER:" The specimens used to illustrate the pathology were "sketched in colors immediately upon slaughter and dissection," when still "*perfectly fresh and before any post-mortem change, even in appearance, could have occurred.*" The artist was strictly ordered to permit no deviation from his sketches and colors. He has executed his task with exceeding faithfulness.

"The artist, Mr. Robert Kœhler, enjoys a just reputation for rare excellence in regard to truthfulness in anatomical delineation and coloring. His professional life having been spent in this kind of work, and Prof. Karl Bock's celebrated Atlas of Human Anatomy having been illustrated by his hand before he came to this country, he has continued to receive in New-York the same confidence and patronage of the anatomists and pathologists that he enjoyed at Leipzig."

Such a recognition of the merits of a most modest, but most talented and industrious artist, is as honorable to Dr. Harris as it is to Mr. Kœhler.

## 2. *The Poor of New-York. Report of a Committee appointed by the Citizens' Association, August 2, 1869.*

A very important document, signed by sixteen of the prominent and public-spirited citizens of this city. They have inquired into the condition of the institutions under the charge of the *Commissioners of Charities and Correction*. These institutions are divided into four classes.

1. Prisons for the temporary confinement of prisoners—Penitentiary and Workhouse.
2. Almshouse, Lunatic Asylums, Asylums for Inebriates.
3. Hospitals.
4. Nurseries for Children.

The committee say they appreciate the importance of the duty assigned them. "In other public matters honesty is desirable, and the want of it is the cause of the loss of so much money merely to the public; but in this department, the want of honesty not only causes a loss of money to the public, but it is a positive cruelty to the poorest, the most unfortunate, the most helpless of the community." As the result of their visit this year, the committee say, they are "pleased to find that the same order, efficiency and economy, which were evident a year ago, continue to distinguish this branch of the public service."

Of the proposed *Nautical School*, they say:

"The design is to educate this class of boys specially in the science of navigation, and by the authority of the late act of the Legislature, establishing a nautical school, to give them also practical instruction in this direction. The industrial school gives great promise of success, and your committee trusts that it will develop into some positive system whereby the 20,000 or 30,000 children in our city, growing up with only the education of the street, may be rescued from idleness and immorality and reared to honest pursuits."



This institution will be a most successful one, since it is modelled after that initiated at Boston, under the influence of our valued colleague in homœopathy, Dr. David Thayer. It was the pleasure of every member of the American Institute of Homœopathy, at the June meeting, at Boston, to be invited to visit the "School Ship Massachusetts," to be carried out and back by the U. S. Revenue Cutter, to see "the boys," and their able and devoted teacher, Mr. Brooks. No member of the Institute will ever forget that visit.

Of the Insane Hospital, on Blackwell's Island, the committee say:

"Your committee would recommend that the Association should assist the Commissioners to obtain the legislation necessary to enable them to provide better and more ample accommodations for the *Insane*. The buildings devoted to that purpose are more than full, and are entirely inadequate to the present and growing wants of the public in this regard. Spacious, commodious, and well-ventilated buildings should be erected, wherein this, the most helpless portion of the community, should be provided for. At present the accommodations are so meagre that only the greatest attention and most efficient management on the part of the Commissioners and their subordinates, make the condition of the insane tolerable. In such centres of population and business as New-York City the accommodations for the insane should be most ample."

Sir Henry Maudsley, in his late work on "The Physiology and Pathology of the Mind," justly observes that "the feverish activity of life, the eager interests, the numerous passions, and the great strain of mental work incident to the multiplied industries and eager competition of an active civilization, can scarcely fail, one may suppose, to augment the liability to mental disease. There seems, therefore, good reason to believe that, with the progress of mental development through the ages, there is, as in the case with other forms of organic development, a correlative degeneration going on, and that an increase of insanity is a penalty which an increase of our present civilization necessarily pays."

In the treatment of the insane, it should be remembered that advanced science has established the position that insanity is nothing but a disease of the mind, and that like the disease of the body it can be cured. An insane asylum should not be considered as an hospital for incurables, to which the insane are to be sent and provided for until death removes them.

*Idiot School.*—The Commissioners have in most successful operation a school for the elementary instruction of idiot children. The proficiency of these children (most of whom, before they entered this school, were unable even to distinguish color or form) is most remarkable, many of them reading with great fluency.

*Infants' Hospital.*—Your committee would respectfully call the attention of the Association to the fact of the completion of the New Infants' Hospital on Randall's Island. The objects and results of this institution for foundlings were especially referred to in the report of the Association of last year. In connection with the building, your committee would respectfully state that it is very large and commodious, built of the best material, and well laid out and arranged. It cost \$300,000, of which \$175,000 was

paid out of the savings effected by the Commissioners from the appropriations of previous years, by judicious economy in the other departments under their control.

3. *Address before the Eclectic Medical Society of the State of New-York, at its Seventh Semi-annual Meeting.* By ALEXANDER WILDER, M.D., President of the Society. N. Y. 1869. WM. C. BRYANT & Co.

WE receive many "addresses" which were, no doubt, good enough for the occasions on which they were given, though few of them could claim space for re-publication in our pages. We are obliged to pass over many without speaking of them. The present one is too good to pass without notice. The author is not only well known and appreciated in all the schools of medicine, he is known by all liberal investigators of scientific truth. He is said by some of his friends to be *so* liberal that he is even *latitudinal*. In our acquaintance with him we have found him professionally and mentally *latitudinal*; he is even, physically, *longitudinal*. No body can doubt this who meets him once, and hears or reads one of his speeches; even the following extract from the address now before us will answer:

"It seems to be the mission and apostleship of Eclectic Medicine to go before and open the way for all to follow. To be sure in this way the pioneers are made subject to a world of reproach. But let us be careful how we denounce in return. Let us be mindful of the tender father when he saw his little child feeding his bread and milk to a poisonous snake. The parent drew near with a club to dispatch the reptile, but hesitated to give the blow, lest missing the snake he should hit the child. If we, in retaliation for the unjust abuse which we receive from the narrow, the vain and the ignorant, seek to return evil for evil and railing for railing, we shall be prone to do injury to those who deserve it not. We can better afford to 'bide our time. In due season we shall reap if we faint not. We shall yet, in a minor sense, witness the stone which the builders rejected, that the same has become the head of the corner; and we can afford to await the *denouement*: "whoso shall fall upon that stone the same shall be broken; but on whomsoever it shall fall it shall grind him to powder." At the present time the Eclectic practice is classified as "irregular." Its practitioners, however learned, skillful or accomplished, are ostracized. They are eligible nowhere to honorable official appointments. Who would suppose that a school of medical practice so vilified was actively at work and completely revolutionizing the entire *Materia Medica* of Allopathists and Homœopathists? Yet this is the case at this very moment. Our old school neighbors are daily doling out to their patients our preparations of mandrake, cohosh, black root, queen's root, yam, stone root, golden seal, blood root, Indian poke, skull-cap, lobelia, and a hundred others. They are forgetting how to bleed—a scientific method, by the way, of killing a patient to save his life. Whatever be our treatment in this country, in Europe the American Eclectics and their remedies are always honorably mentioned.

*The State Eclectic Medical Society.*—In 1865 the Eclectic State Medical Society obtained its charter, amid a struggle of parliamentary opposition which again and again threatened utter defeat. All honor to Senators Dutcher and Allaben, to Speaker Hoskins, and Assemblymen Henry B. Lord, Mark D. Wilbur and Edmund L. Pitta. Their good offices assured success. We have since improved our status; and at the session of the Legislature of 1869, more enthusiasm, more curiosity, more interest was displayed to know and hear the Eclectics than was occasioned by the assembling of both the Old School and the Homœopathic State Medical Societies.

*The Homœopathic State Society.*—It would not be candid for me to pass by without proper acknowledgment the courtesies displayed at the last session by the members of the Homœopathic State Society. I was welcomed to its sessions, and invited to address those who were present. At the supper given by a distinguished physician to the Society, I was present and seated at the side of Dr. Watson, the learned and gentlemanly President. Cordiality was apparent on every hand. In private conversation, members were ready at all times to tell me how their practice, and indeed the entire Homœopathic Materia Medica, had been benefitted by the remedies adopted from the Eclectics. There was abundant evidence of a catholic spirit abroad among our Homœopathic associates, which cannot fail to lead to a generous reciprocity. What if our Eclectics, so ingenious and successful in inventing new remedies, and the Homœopathists in extending their efficiency by provings, should be fellow-laborers in one field? Who would regret the mutual enlightenment from such associations, each viewing the same truth from a different point of observation? The world moves, and we are all moving forward with it. I am willing, for one, to reciprocate the friendly disposition which was manifested to me at Albany, to go fraternally hand in hand with our liberal and progressive Homœopathic brethren, never harboring a regret if some future illumination should lead us to overset the wall of partition, and become "sheep of one fold and one shepherd."

4. *The Art of Prolonging Life by Food, Clothes, Air, Wine, Sleep, &c.* Therapeutic Precepts, pointing out agreeable and perpetual methods to prevent and relieve Indigestion, and to regulate and strengthen the action of the Stomach and Bowels.

"Suaviter in modo,  
Fortiter in re."

To which is added the "Pleasure of Making a Will. *Finis coronat opus.* By the author of "*The Cook's Oracle,*" &c. Fourth Edition. London: Printed for Hurst, Robinson & Co., and A. Constable & Co., Edinburgh. 1822. 8vo. pp. 336. *Dedication:* To the Nervous and Bilious, the following Treatise on the Art of Managing these Temperaments is respectfully inscribed.

THIS book was printed long ago, and, like many younger publications, has already had its day. It is more sensible, pointed and pungent than the

books of this day on such subjects generally are. Some of the author's statements, aphorisms and quotations might be worth noting.

On the choice of food he says: "A dog fed on the richest broth could not be kept alive; while another dog, which had only meat boiled to a chip (and watered) throve well. This shows the folly of attempting to nourish men upon soups and concentrated jellies." See *Sir John Sinclair's Code of Health*. "When the trainer of boxing parties at New Market wishes to reduce a man in flesh, he is not allowed pudding, if fish can be had."

On the influence of sleep, he speaks of the value of "a forty winks nap," as "the greatest reviver to prepare for some extra exertion of body or mind about to be endured."

Poor Richard said: "Early to bed and early to rise, makes a man healthy, wealthy and wise." The Oracle of Health fortifies its position by the following quotation, which must be regarded as conclusive in regard to the best time for going to bed:

"Soon after ten  
Go to bed, Tom.  
Soon after ten—drunk or sober,  
Go to bed, Tom!"

*The Value of Flannel* is established by the testimony of a learned Mathematician: "In proportion as my body would be uncomfortable without its skin—would my skin be uncomfortable without my flannel."

*Effects of Cooking Meat.*—"In proportion as meat is raw is it harder to digest, but the more nutriment it contains, as Spallanzani proved."

*Beer versus Wine.*—An Englishman's faith in beer:

"Your wine-tipping, dram-drinking fellows retreat,  
But your beer-drinking Briton they never can beat."

5. *The Clinical Guide; or, Pocket Repertory for the Treatment of Acute and Chronic Diseases.* By G. H. G. JAHR. Translated by CHARLES J. HEMPEL, M.D. Second American Revised and Enlarged Edition, from the Third German Edition, *enriched by the addition of the New Remedies.* By SAMUEL LILIENTHAL, M.D. New-York: 1869. Bœricke & Tafel, 145 Grand-St. Large 12mo. pp. 624.

A new book from the untiring pen of Jahr would not astonish anybody, especially as new books are rather common things. But the book now presented does not pretend to be new; it only claims to be that rarer phenomenon—an old friend—whose value has been so long established that, henceforth, it must rank among the indispensables. Of the original "*Pocket Companion*" of Jahr no word need now be said. The Second American Editor gives the following good reasons for presenting to the notice of the profession this much improved edition: He says that the first edition of this valuable work "has been long out of print. Dr. Jahr's third, improved and enlarged edition is too valuable a work not to be clothed also in the English language, in order to assist the many students who have embraced with heart and soul the glorious doctrines of Hahne-

mann; but even the busy practitioner, to whom time is often too valuable to ponder over the larger works in the library at home, will find it a ready help by the side of the patient. As the "New Remedies" have steadily progressed in the estimation of our colleagues, we have not only added them to the chapter of *Materia Medica*, but have endeavored also to give to each its place among the different diseases in alphabetical order." He acknowledges important aid from Professors HEMPEL, GUERNSEY, RAUB, WELLS, FRANKLIN, HELMUTH, and many others. The publishers in addition say of the improvements made in this edition: "By the assistance of the lately published works in Europe and America the symptomatology of each disease has been greatly enriched; and the editor has taken special pains to have the characteristics or key-notes of each remedy fully pointed out. The New Remedies have likewise received full consideration in the body of the text, *wherever clinical facts have coincided with the provings.*"

To homœopaths already familiar with the original Pocket Companion of Jahr, nothing need be said of its plan, its object, or its value. To students and younger practitioners it is sufficient to introduce this volume as the most elaborate and yet concentrated work that even Jahr ever wrote, rendered into English by Drs. Hempel and Lillenthal, the latter having devoted much time in bringing into available use the most valuable clinical and therapeutic discoveries made known during the years that have passed since the original work appeared. The present work is entirely satisfactory in external appearance. It is well printed, on good paper; the type is clear, the page being larger than that of former editions; the binding is very substantial as well as handsome; and if the book be thought rather large for the *pocket*, it will be found more readable, more comprehensive, and in all respects more useful than any other work yet published, in which the attempt has been made to combine so much indispensable knowledge under an arrangement so intelligible and useful.

6. *The Seven Curses of London.* By JAMES GREEN OOD, the "Amateur Casual." 12mo. pp. 386.

THIS author knows more of London low-life than any one who has followed Mr. Mayhew. He, in this work, endeavors to sum up the worst of it under the melancholy title of the *Seven Curses*. To a serious mind such lessons suggest no thoughts but those of sorrow. If there be anything worse portending under the title of "The Seven Last Plagues," we may dread to meet them. The Seven Curses of London, according to this author, are the following: Neglected Children, Professional Thieves, Professional Beggars, Fallen Women, The Curse of Drunkenness, Betting Gamblers, and the Waste of Charity. If these curses were confined to that one city we might pity its inhabitants; but all of these same seven curses seem to be as prevalent in New-York as they are said to be in London; and our present impression is, that we have every one of them in perfect development, besides a "few more of the same sort."

7. *A Biography of Hahnemann in an Allopathic Journal.*

SUCH a phenomenon being somewhat curious and uncommon, we have taken the trouble upon ourselves of reading it. As a literary work it is

quite readable, especially to persons who were already familiar with it before. It seems to be the same piece of medical history that we once heard read as an Essay before a *Homœopathic Medical Society*. It afterwards performed good service in an Introductory chapter of a book of considerable merit on the *Practice of Medicine*. More recently it entertained an audience, probably large, comprising the largest *Allopathic Medical Society* in this city. And, finally, the same article, (as we read it,) graces the ample pages of a respectable *Allopathic Medical Journal*.

We do not object to the use of a good article on more occasions than one. At present we shall refer only to a single precedent: When the coat of the illustrious Mr. Hunks had been spoken of as "old, long-waisted," and otherwise "ill-shapen," he thought such criticisms unjust. "This," said he, "is the coat my father was married in, and myself after him; it has been in the fashion *five times since*, and was *never altered*; and it is a pretty good coat yet!"

8. *Transactions of the Twenty-First Session of the American Institute of Homœopathy, held in St. Louis, June 2, 3, 4 and 5, 1868. New Series. Vol. I., No. 2. Boston: 1869.*

THIS fine volume of several hundred pages, published for the Institute by its Secretary, I. M. TALBOT, M.D., reached us at the time of going to press with a former number. It contains a very full report of all the proceedings of the Institute at the St. Louis Session, together with all the reports and papers then and there submitted. Being arranged under several sections, each of which is paged to correspond with the corresponding portion of No. *one* of the same volume, each article will be found to have its appropriate location assigned it, where it may be found by the help of some index yet to be prepared, as we find none in the volume as it now appears. The table of contents is sufficiently extensive.

Of the general proceedings and discussions it is not necessary to speak now; but the Reports made by the different Bureaus deserve a longer notice than we can give them here. It being the policy of the Institute to publish in its own volume of Transactions all the papers it receives, and to decline the publication of them in the Medical Journals; the value of the Institute's Annual is enhanced by a number of papers, provings, cases, &c., which may not be found elsewhere. Many of the articles preserved in this volume will be always valued as permanent additions to the literature of our school.

Some of these are: *Lilium-tigrinum*, Wm. E. Paine, M.D.; *Iris-versicolor*, Conrad Wesselhœft, M.D.; *Ptelea-trifoliata*, Edwin M. Hale, M.D.; the papers by Drs. Barlow and Williamson on the *Materia Medica*; all the reports of Bureau of Clinical Medicine and Zymoses, including Epidemic Yellow Fever at New-Orleans, in 1867, by Wm. H. Holcombe, M.D., and other papers by Drs. P. P. Wells, S. M. Cate, Geo. H. Betcher, David Cowley and J. J. Mitchell.

*On Obstetrics.*—Drs. H. N. Guernsey, J. H. Woodbury, R. Ludlam and H. H. Hoffman.

*On Surgery.*—It is often said that homœopaths have too little of it. We notice here: Strangulated Hernia, by J. Beakley, M.D. Also, by the same surgeon, Ligature of the External Iliac Artery. Several operations by G. D. Beebe, M.D. Imperforate Anus, by E. C. Franklin, M.D. Surgical cases by J. C. Morgan, M.D., Pittsburgh. Hospital cases by L. M. Willard, M.D. Surgical experiences, T. G. Comstock, M.D. Caries of the Ankle-joint, by J. H. McClelland, M.D.

Report from B. W. James, M.D., delegate to Paris. Report of the Bureau of Organization, &c., and Foreign Correspondence. Further Reports: On Anatomy, T. F. Allen, M.D.; Physiology, J. H. P. Frost, M.D.; Hygiene, Carroll Dunham, M.D.; Air and Water, N. D. Tirrell, M.D.; Hygienic uses of Alcohol, C. W. Boyce, M.D.; Formation of Sound and Deciduous Teeth, by Henry S. Chase, M.D.

From this partial catalogue of articles of permanent value, it will be evident that the meeting of the Institute for 1868 has made a mark in our medical history, which the present volume will worthily perpetuate.

### Miscellaneous Items.

#### 1. *Commissions of Lunacy.* By CARROLL DUNHAM, M.D., New-York.

THE public mind has been much excited of late by alleged instances of the improper commitment to Insane Asylums of persons who were not insane. It has been charged that certificates of insanity, authorizing restraint of liberty, have been obtained by relatives of the victims, actuated by unworthy motives: personal enmity, desire to gain control of property, desire to form matrimonial connections to which the victim could interpose obstacles, &c., &c.; and that the physicians who gave the certificates were in some instances parties to the iniquitous conspiracy, and that in others they were deceived by the representations of members of the family in whom they had, from habit and association, placed confidence. A feeling prevails and is deeply rooted in the minds of the people, that existing laws afford a terrible facility for the incarceration of a person not insane, inasmuch as this may be effected upon the mere certificate of any two physicians, one of whom may be the family attendant of the person whose liberty is at stake, and the other may be any physician whom the former may select. Imagine a case: William Fast chafes under the restraining hands of his prudent father. He goes to Dr. Smith, of East Centre-street, who has been his confidant in many a difficulty, and suggests that, "the governor is out of his head, you know." Smith, willing to oblige the heir apparent, looks at the father as "a matter of form," and asks his colleague, Dr. Jacques, to join him. The two prepare a certificate of lunacy, and the majesty of the law invokes the aid of the Executive to incarcerate the luckless father in an asylum, whence he can escape only by the intervention of some legal friend's writ of *habeas corpus*, if, from the inferno of his imprisonment, he can gain the ear of such a friend.

While such an occurrence is evidently possible in a thickly settled community, where the passions of avarice, lust and hatred rage, and where there are always clinging around a noble profession parasites not too good to participate in such iniquities, the public are right in insisting upon a reform in the law upon this subject.

For its own sake, the medical profession should advocate this reform. We ought not to be indifferent to the odium which a few such iniquitous proceedings, on the part of unworthy colleagues, may bring upon us. Indeed, if the susceptibilities of the public are thoroughly aroused, it is not easy to set bounds to their credulity of evil, and we shall be arrested and hindered in the performance of our evident duty even in the clearest and most urgent cases of insanity.

We shall likewise be exposed to an unpleasant suspicion of another character, an instance of which has come under my own observation. A patient of undoubted insanity having been honestly and carefully examined by physicians of unquestioned ability and integrity, and sent to a Retreat, is, after a time, by skillful treatment, restored to soundness of mind and is returned to the family circle. So unsettled, however, is the public mind by the rumors of iniquity which are rife, that suspicions are entertained, and at last the conviction is felt by the friends, that the patient never was insane, and that a grievous wrong was done in the commitment to a Retreat. The very act, then, which saved and restored the patient, is a ground of suspicion and of a terrible charge against the physician,—some vague notion of family influence being conjured up as a motive.

In both directions, then, under the existing law, physicians acting in such cases are exposed to damaging suspicions. It is, therefore, their interest to unite with the people in demanding a change in the law of commitment of the insane to Retreats.

What shall the change be? In a case of suspected insanity who shall have the power to decide a question which may either leave a dangerous lunatic at large or deprive a citizen of his liberty? It is evident that the family physician and his next professional friend should not have it. An expert in charge of an asylum is, by virtue of his position, an equally unfit person.

There should be a permanent Commission of Lunacy, to which all such cases should be referred. But where should it exist, and how and by whom should it be appointed? The commission should consist of experts, that is to say, of physicians. It should not be so large that meetings could not be easily procured. It should not be elected by the people, for the same reason that judges ought not to be elected, at least in the city of New-York, nor appointed by the politician who may chance to be Governor. No so good method suggests itself as the following: The State Medical Society is a part of the State Government, to which are entrusted certain duties and prerogatives concerning the regulation of medical practice in the State. To it might safely be entrusted the election of a Commission of Lunacy for each judicial district of the State; every case of suspected insanity to be presented *before such commission* in OFFICIAL SESSION before a commitment to an asylum can be issued. This would, perhaps, be trou-



blesome, but not a tithe so cumbersome and dilatory as the trial by jury, which is required before a man charged with theft may be restrained of his liberty.

In the existing condition of medical doctrines and politics, there may be a commission in each district for each of the schools represented by a State Medical Society, (Allopathic, Homœopathic and Eclectic.)

If this suggestion meet the approbation of our colleagues, it would be suitable for our State Society, at its next meeting, to prepare a memorial on the subject and present it to the Legislature.

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## 2. *Clinical Report of a Case.* By PIERRE J. STARR, M. D., Chicago, Ill.

A BRIEF report of a rather peculiar case that fell to my care may be of interest to your readers. The patient was a married lady, about 24 years of age, of slight build, though of good general health. In June, 1868, while travelling, she became constipated, and this condition continued after reaching her destination. The movements became infrequent and very small. In spite of the approved homœopathic remedies in such cases, as Nux., Sulph., Bry., Ign., &c., this inert state of the bowels increased, until, for a week, there were no dejections whatever. Enemata were then faithfully tried in conjunction with the remedies; the first two or three brought away quite a mass of inspissated fecal matter—the contents of the lower bowel—but subsequently nothing resulted from their use. Copious injections of oil were administered and retained for several hours, but invariably with the same result—the water would return but slightly discolored—the oil accompanied with a few small scybala. This treatment continued about six weeks, during which time nothing more than indicated above passed her bowels. Then castor oil and subsequently croton oil were given—the effect being excessive griping and scant watery stools. Nothing approaching the amount of feces one would naturally suppose was locked up in the intestine.

In the meantime the general health of the patient remained pretty good and her appetite was excellent. There was a great deal of non-resonant swelling of the abdomen, with a very uncomfortable sense of fullness; more or less sickness at the stomach, headache, and a marked diminution of strength. Any effort at defecation the patient might make, was not only unattended by any good result, but wholly prevented any discharge; even the water that might have been previously injected, would only by a complete relaxation of the muscles come away at all. Severe pains in the whole abdomen, with faintness, lasting half an hour, always followed any attempt at defecation, and such attempts were always fruitless.

Two weeks would pass without the slightest dejection, and then, by the aid of enemata, perhaps a few hardened scybala would come away. There would be the desire for a movement, seemingly not be withstood, but any effort to bring about the desired result would but add to the abdominal pain and augment the nausea. At this time, about the middle of August, Dr. R. Ludlam was kind enough to see the patient. Collinsonium, Plum-

bum, Opium, Nux, in various attenuations, were in vain had recourse to. Nothing seemed to avail. Dr. Ludlam then proposed the trial of electricity, and it was perseveringly used for some weeks with manifestly good result. In connection with it enemata were employed, and, with their help, perhaps once or twice a week, the patient would have a small defecation, always followed for half an hour or longer by severe abdominal pains. Throughout the week the bowels hardly once moved without the aid of an enema. In the early spring they again became as inert as in the preceding summer. Electricity seemed no longer to avail, nor did any of the measures or medicines I previously had made trial of. After two months ineffectual medication, during which time the bowels had acted not more than six times, and then but scantily, I resorted to the Sulphate of Strychnine;  $\frac{1}{20}$  gr. of this drug was given for two successive nights, at bed time, and the following morning the bowels moved more copiously and normally than for months previously. Its administration at night was invariably followed the subsequent morning by a perfectly natural movement, while the result of withholding the drug was a return of the constipation. Through May, June and July, with the strychnine three times a week, she gradually improved, and since has been perfectly well. The defect seemed to lie in the small intestine, the muscular fibres of which appeared to be in a paralytic state. The rectum and colon, perhaps, might contract, but behind there was no propulsive force; and action on their part served but to keep back the fæcal mass, or any liquid that might be within the bounds of this local paralysis. On these inactive, peristaltic muscular fibres did the Strychnine display its well known power of stimulation, give force to the deficient expulsive action of the intestines, and cause them to respond to the presence of the fæcal mass. I should have stated before that examination disclosed no retroversion or other uterine displacement.

### 3. *Who shall keep the Keepers?*

(From the New-York Times.)

YOUR editorial of the 14th inst., demanding an investigation into the management of lunatic asylums seems to me a timely one. What such an investigation would show in regard to our city asylums I cannot say, but I believe it would prove of most of the State asylums, that they are substantially without any management at all. The Boards of Managers by which some of them are ostensibly governed, are made up nearly in this wise: First, one or two able lawyers, whose part of the management is to defend the Medical Superintendent, professionally, against all comers. Then, a like small number of eminent public men, whose names, though a passive, are a no less effective defence. Finally, the majority of the Board, consisting of decayed politicians and retired tradesmen of the town in which the asylum is located. Being more or less directly selected by the Superintendent, these will be either his personal friends, or others who are not likely to interfere with his operations. But although mostly dummies, a dexterous wire-puller or a veteran lobbyist will usually find a place among them.

In the Northern and Eastern States, I believe that both political parties

are always represented in these boards, and the members are practically appointed for life. This generally has the good effect of taking the asylums out of the sphere of party politics, but it also makes them almost absolutely secure against investigation. The Superintendent having the ear of both political parties, any such unpleasantness is easily prevented. In the Western States, the asylums are reckoned the proper spoils of party. The result is that investigations are common enough, but they are so marked by interest and prejudice as to quite neutralize their good effects.

The old question is, in fact, a difficult one to answer: *Quis custodiet ipsos custodes?* All agree that it will not do to let the keepers of these tens of thousands of helpless lunatics continue entirely without keepers themselves any longer. They ought to have at least some fear of investigation constantly before their eyes. Certainly it ought not to come in the form of a Legislative Committee, full of the lust of power and plunder, at every change of party politics. But to this desperate remedy for the evils of our public charity system we are surely drifting. Was it not to forestall such a necessity that a State Board of Commissioners of Public Charities was created by our Legislature two years ago? I understand that the eight members of this Board were actually appointed by Governor Fenton. Who are they and what have they done? Do they realize that a thorough inquiry into the affairs of our asylums is absolutely necessary to renew public confidence in them?

ALIENIST.

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#### 4. *Health of Distinguished Persons.*

MR. GLADSTONE, the British Premier, who had retired to the sea-shore for the purpose of recuperating his health was not improving when last heard from. After three weeks of absolute repose and sea-air his state is thus described by an English journal: "He looks infinitely more care-worn, and seems to possess even less constitutional vigor than he presented a few days before the close of the session." The writer says further: "I have seen Mr. Gladstone seven times since he returned to London. The sunken eyes, the pale face, the nervous glance, the shambling gait, the stooped shoulders, the quick, shirking movement, all betoken a nervous system in a high state of tension, and a physical frame in a condition of lamentable exhaustion."

Napoleon III.—A letter from an American in Paris, Sept. 8th, says:

"His Majesty is slowly but gradually improving, but, like all invalids who have entered upon a period of confirmed valitudinarianism, the result of incessant mental labor, and, it must also be said, of physical excesses, he has his days of comfortable sensations and partial relapse. He will overcome to a great degree the sufferings under which he is now laboring, but he will always be liable to a return of them whenever he commits any imprudence in diet or over-exercise, whether of the body or of the mind. This is the opinion of Dr. Nelaton, as expressed within the last 24 hours, and Dr. Ricord fully agrees with him. The conclusion to be drawn from the treatment prescribed by these gentlemen is, that the complication of maladies under which the Emperor is suffering will not be necessarily fatal.

He may live many years in a greatly ameliorated condition; but it is also true that by any marked deviation from the *regime* prescribed for him, he might bring on a sudden, and perhaps fatal crisis."

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### 5. *Connection between the Body and the Mind.*

In order to keep the *mind* in the best condition it is necessary to keep the *body* in good health. Every serious departure from physical health affects the mind in some degree, whether the subject of it realizes the effect or not. It is common for persons who have serious mental disease to believe everybody insane but themselves. Other diseases of the body produce characteristic mental symptoms. Thus consumption excites feelings of hope and belief in ultimate recovery. Of the failing invalid, who cannot yet believe that death is near, some one has said:

"Fainter her slow step falls from day to day;  
Death's hand is heavy on her darkening brow;  
But fondly does she cling to earth and say:  
'I am content to die,—but oh, not now!'"

Palsy is always accompanied by feelings of fretfulness and discontent. Diseases of the heart arouse imaginary terrors. The common expression in regard to the character of a cowardly man is that he is "faint-hearted." This is commonly thought to be only *figurative* language, but there is a real *physical* basis for it. Some states of the brain cause increased activity of mind; and dying persons, though they generally manifest defective intellect, often display a clearness of thought almost beyond their powers in best health. As Milton says:

"Old experience doth attain  
To something of prophetic strain"

Death and disease are very frequently the fault of those who suffer them; and violent passion wrecks, at an unexpected moment, a constitution supposed to be strong. Sylla, the Roman Dictator, died suddenly from the bursting of an internal abscess during a violent fit of passion. He had set his heart upon the restoration of the capitol and its dedication on a particular day. A messenger brought him intelligence that his expected resources had failed; the dictator gave way to a paroxysm of rage, was seized with vomiting of blood, passed a night of great suffering, and died next day.

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### 6. *Russian Empire.*

M. SEMENOFF, the Chief of the Statistical Bureau of the Minister of the Interior, thus corrects the estimates of the census for 1863: The total population of the empire is 60,909,000; births annually, 3,089,458; deaths annually, 2,243,321. At this rate of increase it is estimated that in Russia, as in England and Germany, the population doubles in about 50 years.

In the United States the increase is about double this rate. In Russia there is one birth annually for 19.7 inhabitants, while in France there is only one birth to 37.5. The deaths in Russia are one to 37, which is a higher rate than that of any European country; for the further westward we travel on the eastern hemisphere the smaller is the mortality, the average of life increasing with the degree of civilization the respective nations have reached. The people of the Baltic provinces of Russia are nearly equal in longevity with those of Germany.

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7. *New-York Homœopathic Medical College. — Board of Trustees.*

John Bissell, William Cullen Bryant, William De Groot, Edmond Dwight, Theodore W. Dwight, Charles E. Frame, George Griswold, A. Oakley Hall, Edward H. Ludlow, Daniel D. T. Marshall, Ralph Mead, Orson D. Munn, D. Louis Pettie, James A. Robinson, James M. Smith, Jonathan Sturges, Benjamin H. Walcott, Horatio N. Twombly, John D. Van Buren, Salem H. Wales, Horace Webster, Alexander Wilder.—(See *Laws of the State of New-York*, 1869, Vol. I., p. 346, section 2).

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8. *Margarettsville Asylum for the Insane and Retreat for Inebriates.* Incorporated April 28th, 1869.

*Board of Trustees.*—Hon. John Ferris, *President*; Hon. Daniel Rowland, *Vice-President*; Hilon Doty, M.D., *Secretary*; George G. Decker, Esq., *Treasurer*; Martin Morrison, Esq.

*Board of Medical Council.*—Hon. John Stanton Gould, Hudson, Columbia County; Hon. A. B. Conger, Haverstraw, Rockland County; Dr. W. S. Searle, Brooklyn, Kings County; Drs. Jacob Beakley, F. W. Hunt, and Henry N. Avery, New-York, New-York County; Dr. Horace M. Paine, Albany, Albany County; Dr. Edward W. Avery, Poughkeepsie, Dutchess County; Dr. Frederick W. Ingalls, Kingston, Ulster County; Dr. Abijah P. Cook, Hudson, Columbia County; Dr. D. A. Gorton, Newburg, Orange County; Dr. T. C. Fanning, Tarrytown, Westchester County.

This institution, incorporated by recent act of the Legislature, is situated in one of the most beautiful localities in Delaware County, in the State of New-York. The buildings are located on grounds comprising upwards of one hundred and seventy acres in extent, and although large and commodious, are not well adapted to the uses of a lunatic asylum.

The entire property has recently been placed in the care of a Board of Trustees, consisting of five gentlemen residing in the vicinity of the asylum. Through their efforts a liberal charter has been secured, which affords all the requisite legal advantages appertaining to any similar institution in this State.

The Trustees are firm adherents of the homœopathic system. They desire that the asylum shall be conducted under homœopathic auspices, and

in order to fully carry out their purpose, they have appointed a Board of Medical Council, consisting of physicians of acknowledged ability in the homœopathic school, and have placed in their care the entire supervision of all important matters pertaining to the management of the medical department, especially the appointment of the Superintendent and his assistants. The Trustees have placed the control of the institution, to as great an extent as is practicable, in charge of the homœopathic profession, and have provided for continuing it in the interest of the homœopathic system of medical practice, by incorporating in the charter provision for the annual election of Trustees by the stockholders, each stockholder being entitled to one vote for each share of stock held; and by rendering invalid the transfer of stock except with the consent of the Board of Trustees.

The Board of Medical Council and the Board of Trustees desire most earnestly to make the asylum complete in all its departments, equal in every respect to other first class institutions, and worthy of the confidence and entire support of lay and professional homœopaths.

An expenditure of several thousand dollars is required for alterations and improvements in order to render the buildings suitable for the reception and proper care of patients. This sum the Trustees propose to raise by issuing stock to the amount of twenty or thirty thousand dollars. If obtained at an early day it is probable that an assessment of not more than twenty-five per cent. will be required.

It is hoped that the success of this enterprize will not only demonstrate the superiority of homœopathic treatment of mental diseases, which have been hitherto entrusted almost wholly to the care of our opponents, but also that shareholders may expect to receive at least legal interest on the amount of their subscriptions.

JOHN FERRIS, *President of Board of Trustees.*

HILON DOTY, *Secretary.*

*Extracts from the Proceedings of the Semi Annual Meeting of the Medical Society of the State of New-York, held in Cooper Institute, September 14 and 15, 1869.*

"DR. DOTY, the financial agent of the Margaretsville Retreat, presented a statement substantially as follows: That he is owner of a property comprizing one hundred and seventy acres, situated in Delaware county in this State; that having given considerable attention to the homœopathic treatment of mental disease, and having, during the past few years, received and cured a number of insane patients, and having now a number of cases under treatment, and many applications which he is obliged to refuse on account of imperfect accommodations, he desires to increase the facilities which are now very considerable, by required alterations of the buildings on the premises, and by the erection of new and more suitable ones:

"That the estimated value of the property is \$30,000, and that to carry out the provisions of an act incorporating the institution, \$20,000 more must be raised. With a view to obtaining the requisite amount he proposes to place the entire property in the hands of a Board of Trustees, and to place the charge of the institution, as fully as may be practicable, under the supervision of the Homœopathic school.

"The Doctor intends to retain \$20,000 worth of the stock as an equivalent for the property. He now presents an opportunity to the homœopathic profession to assist him in this great enterprise of establishing the first insane asylum under homœopathic management. As the movement is certainly a great step in advancement of homœopathy, and as there is a reasonable prospect that it will prove a safe and even profitable investment, he appeals to the homœopathic profession and their wealthy patrons for subscriptions to the stock, or donations outright.

"As immediate action is very desirable, the Doctor urgently requests the profession to send in their subscriptions or donations as soon as practicable without waiting to be called on personally.

"At the conclusion of the remarks by Dr. Doty, a committee, consisting of Drs. H. D. Paine, A. S. Ball and W. S. Searle, were appointed, who subsequently reported in substance a reiteration of the endorsement of the project passed at the annual meeting of the Society, and recommended it to the support of the homœopathic profession."

The Dr. was formerly a pupil of Dr. E. A. Munger, of Waterville, N.Y.; has been a homœopathic practitioner nearly twenty years; is a member of the Ulster County Medical Society; is nominated for permanent membership in the State Society, and is a member of the American Institute of Homœopathy.

### *9. Dollar Subscription for a Monument to H. B. GRAM, M.D., the First Homœopathic Physician in the United States.*

AT a meeting of the New-York State Medical Society, the undersigned were appointed a committee to take such measures as they might deem proper for the erection of a Monument to the memory of the late H. B. Gram, M.D., the first to introduce Homœopathy into America.

Many years have elapsed since his death; and, though kind hands have provided for his remains a suitable resting-place in Greenwood Cemetery, yet no table or monumental stone marks the spot. The committee, while they regret that so long a time has been allowed to pass without any such testimonial of respect, feel assured that every homœopathic physician, as well as every person who has been benefitted by the reform in medicine inaugurated in this country by Dr. Gram, will now that the opportunity offers, gladly aid in the erection of a suitable monument to his memory.

In order to allow all the friends of Homœopathy to unite in furthering this object, the committee have fixed the sum to be contributed by each person at the uniform amount of ONE DOLLAR.

The success of this effort must, of course, greatly depend upon the interest exhibited by physicians, and their prompt co-operation, not only by themselves contributing to an object which appeals so strongly to every member of our school, but also by presenting this circular to their patrons. A little effort in this direction would ensure the success of the undertaking, and erect a monument which, wherever Homœopathy is known, would be alike creditable to the donors and to him whom we wish to honor.

"The honors of a name 'tis just to guard;  
They are a trust but lent us, which we take,  
And should, in reverence to the donor's fame,  
With care transmit them down to other hands."

When the subscription has been completed, a pamphlet will be prepared and furnished to each contributor, containing an engraving of Dr. Gram, and also of the monument erected to him, a sketch of his life, and the names of the subscribers to the memorial. To give uniformity to the names, the committee would suggest that the title Dr., Mr. or Mrs., Master or Miss, should be prefixed. All money, with the names and residences of the subscribers plainly written, should be sent to the Treasurer, H. D. Paine, M.D., 229 Fifth Avenue, New-York.

John F. Gray, M.D., L. Hallock, M.D., S. B. Barlow, M.D., B. F. Bowers, M.D., Carroll Dunham, M.D., and H. D. Paine, M.D., New-York; R. O. Moffat, M.D., Brooklyn; I. T. Talbot, M.D., Boston; Walter Williamson, M.D., Philadelphia; G. E. Shipman, M.D., Chicago; W. H. Holcombe, M.D., New-Orleans—*Committee*.

10. *Characteristic Materia Medica*. By W. H. BURT, M.D., of Lincoln, Ill., Author of a Monograph on *Polyporus-officinalis*, *Polyporus-pinicola* and *Ustilago-madia*. "Multum in parvo." Philadelphia: A. J. Tafel. 1869. New-York: Bœricke & Tafel. Large 12mo. pp. 460.

We have here another effort at the laborious task of methodizing and condensing the *Materia Medica* without destroying its vitality. The author says it is "neither a 'Text-book' nor an 'Epitome,' much less is it offered as a substitute for the *Materia Medica*." Having become convinced of the value of the symptoms which many of our leading practitioners and teachers have announced as "characteristics," or "key-notes," he has, "with great labor, collected and arranged them in such a manner as to render them at the same time more accessible to the junior members of the profession, and more convenient for their use."

The question of the possibility of *abridging* the Homœopathic *Materia Medica* has become an old one. Perhaps the greater number of our physicians have given up the hope of seeing it satisfactorily done. The next question in order is that which Dr. Burt has endeavored to answer in the book now before us. Criticisms on books of this character, no matter by whom made, are, generally, worthless to authors as well as to readers; we will, therefore, make none now. A quotation from the book itself *will be worth something*, at least to our readers. If they find any of the *true metal* in it they will want to see the book; if they *never* see the book they will at least get some good *practical* ideas from the following extract on the practical use of a remedy of which they do not yet know enough:

"*MERCURIUS-PRO-IODATUS*—*Iodide of Mercury*.—Affects especially the lymphatic and glandular system, particularly the throat, including its mucous membrane. Its action upon the system is somewhat similar to Mercury and Iodine, but not exactly similar to either. It affects more or less the whole organism.

"Woode and Bache say: 'It should never be given at the same time with Iodide of Potassium, which converts it immediately into Bin-iodide and Metallic Mercury.'



"Grand Characteristics.—Its grand sphere of usefulness is in scrofulous diseases of the glandular and lymphatic system; in diphtheric affections and secondary syphilis.

"It is the only form of Mercury that ought to be used in induration of the parotid and cervical glands and tonsils, when these conditions attend scarlatina and measles.—*Freligh*.

"Diseases of the glands, acute or chronic; conglobate or conglomerate; swelling of the parotids and tonsils during scarlatina."—*Dr. G. W. Cook*.

"Enlargement, engorgement, or torpor of the liver or spleen during fevers, particularly those of a typhoid type. Enlargement of the inguinal glands and testicles during gonorrhœa or lues."—*Cook*.

"Tabes mesenterica; ganglionitis."—*Cook*.

"Excessively tired feeling of the whole body, especially of the limbs; indisposition to do anything, and desire to lie down, with dull, aching pains in the forehead and bones of the face.

"Always worse during rest; better when exercising actively.

"Worse in a warm room; better in the open air.

"Symptoms disappear during care and anxiety; soon as relieved, symptoms reappear more violently.

"Dizziness while riding and when rising from a chair.

"Dull headache, affecting the whole head.

"Neuralgia of the left side of the head."—*Blakeley*.

"Sharp, throbbing, boring pains from within outwards, deep in the left ear.

"Soreness of the bones of the face, with headache. The headache is always on the top of the head or right side. Great soreness and stiffness of the neck.

"A great deal of mucus in the nose; much of it descends through the posterior nares into the throat.

"Polypus of the nose."—*Hempel*.

"Thick yellow coating at the base of the tongue; the tip and edges of the tongue bright-red."—*Blakeley*.

"Tongue coated with a thick, yellow, dirty coating.

"Teeth feel too long; very painful when closing the jaws.

"The functions of the mucous follicles of the entire cavity, including those at the root of the epiglottis, are so disordered as to cause them to yield an opaque, viscid and tough substance, which is sometimes expectorated with great difficulty."—*Cook*.

"The surface of the mucous membrane is raw, the epithelium being entirely destroyed."—*G. W. Cook*.

"Pseudo membranes located upon the tonsils, tongue, uvula, velum palati, pharynx, or some portion of the alimentary tract."—*Ludlam*.

"The deposit should be of limited extent, of feeble organization, transparent, pellicular, albuminous and easily detached."—*Ludlam*.

"To those cases in which there is but a feeble effort at re-organization of false membrane when it has been removed or dropped off spontaneously."—*Ludlam*.

"It especially affects mucous membranes covered with squamous epithelium.

"The buccal, submaxillary glands and tonsils, are enlarged, inflamed, painful, throbbing, with abundant flow of tough saliva."—*Cook*.

"Great thirst for water in the evening; pain in the liver, with dizziness all day; the pain proceeds from the right to the left, producing dizziness and nausea.

"Colic, followed by soft, yellowish-brown stools.

"Copious, very thin, brown stools, accompanied by froth and wind; preceded by cutting pains in the abdomen.

"Stools in the daytime are copious, soft, and of a dark-brown color; the stools at night are scanty, hard and black.

"Stools every evening about 10 P. M. Urine dark, red and copious.

"Sharp pains in the chest.

"Very troublesome itching over the whole body.

"Deep bone-pains, especially at night."

11. *The Albany City Dispensary*, located at No. 7 Plain-St., is a Charitable Institution, designed to afford gratuitous medical and surgical aid and medicines to the poor.

*Extracts from the Constitution.*—Article 2. The object of the Association shall be the establishment of a Homœopathic Dispensary in the City of Albany, for the purpose of furnishing medicines and medical attendance to persons who are unable to pay for them.

Article 3. An annual contribution to its funds shall constitute the donor a member of this Association.

*Extract from the By-Laws.*—Section 8. The Dispensary shall be open for at least one hour each day, at which time it shall be the duty of one of the physicians appointed by the Board of Trustees to be present.

The attending Physicians and Surgeons may be consulted daily, from 1 to 2 o'clock, P. M.

The Dispensary is open at all hours of the day and night, the Resident Physician being in attendance when not otherwise professionally engaged.

Cases requiring surgical aid should be presented on Wednesdays and Saturdays.

Vaccination at the usual hour, on Wednesday of each week.

In order to furnish information regarding the purposes of the Institution, and thereby to extend its benefits to as many worthy recipients as possible, small cards, prepared for general distribution, showing the day of the week on which each physician in turn renders service, can be obtained at the Dispensary. Members of the Association (contributors to its funds), are especially requested to provide themselves with a supply, and distribute them freely as they may have opportunity.

The Dispensary was incorporated March 23, 1868.

*Officers for 1869-70.*—*Board of Trustees.*—William Lacy, *President*; R.

W. Keyes, *Secretary*; S. A. Stratton, *Vice-President*; Samuel Moffat, *Treasurer*; Dr. L. M. Pratt; Dr. W. H. Randel; Dr. J. F. McKown.

*Medical Committee.*—Dr. L. M. Pratt, Dr. Wm. H. Randel, Dr. J. F. McKown.

*Finance Committee.*—William Lacy, Samuel Moffat, Dr. L. M. Pratt.

*Committee on Publication.*—E. W. Keyes, Dr. H. M. Paine.

*Attending Physicians.*—Dr. J. W. Cox, Monday; Dr. L. M. Pratt, Tuesday; Dr. E. D. Jones, Wednesday; Dr. H. M. Paine, Thursday; Dr. J. F. McKown, Friday; Dr. W. H. Randel, Saturday.

Dr. P. L. F. Reynolds, *Surgeon*, Wednesday and Saturday.

*Resident Physicians.*—Dr. E. A. Carpenter, Dr. T. H. Mann.

*Comparative Summary of Diseases Treated.*

DISEASES TREATED.	1868	1869	DISEASES TREATED.	1868	1869
Surgical.....	283	559	Nervous system.....	39	114
Skin.....	103	367	Diseases of women...	77	223
Head.....	45	96	Diseases of children...	70	122
Face.....	22	21	Scrofula.....	11	
Eyes.....	93	178	Fever.....	19	
Ears.....	40	27	Rheumatism.....	86	
Throat.....	35	81	Debility.....	37	
Lungs.....	147	412	Vaccinations.....	11	
Heart.....	10	14	Syphilitic.....	61	
Digestive organs.....	169	309	Diseases of the mind...	12	
Liver.....	26	24	Not classified.....	169	
Kidneys and urinary organs.....	39	84	Number of visits made	302	1665
Bowels.....	91	194	Zymotic.....		610
Spine.....	1	10		1978	5296

The foregoing report exhibits very gratifying evidence of the usefulness and success of the institution. The cases treated at the Dispensary are classified as follows: Surgical, 559; diseases of the skin, 867; head, 96; face, 21; eyes, 178; ears, 27; throat, 81; lungs, 412; heart, 14; digestive organs, 309; liver, 24; kidneys, 84; bowels, 194; spine, 10; nervous system, 114; diseases of women, 223; diseases of children, 122; zymotic diseases, 610; number of visits made to patients at their residences, 1665; making a total of over 800 different cases of disease, and 5296 prescriptions during the year ending September 30, 1869, more than twice the number prescribed for during the same time last year.

The cases treated embrace a variety of form and intensity, a part being merely trivial and of short duration, while many were of a serious character and of long standing. Several important operations are reported among the surgical cases. The success in the treatment of both the acute and chronic cases, in many instances, has been very decided and prompt. The report affords the most convincing evidence of a necessity for the continuance of this charitable institution, and for augmenting its usefulness by increasing its facilities for the reception and treatment of the worthy poor of our city.

S. H. CARROLL, *Late Resident Physician.*

12. *Report of Dr. Harris to the New-York Board of Health.*

DR. HARRIS submitted to the Board of Health the following report on the public health for the quarter ending October 1, 1869:

The last week and the thirteen weeks which ended the third or Summer quarter of the year, present a more favorable record of public health and the chance of life in New-York, than has been known during the past 20 years. Autumn finds the city free from every kind of epidemic disease, and suffering only very little from any kind of fever infection. Scarlatina is charged with only 6 deaths last week and 41 the last month; typhus is charged with only 1 death in the week (in Emigrant Hospital), and 7 in the month, and enteric or typhoid fever caused only 32 deaths in the month. The whole number of deaths last week was 437, or 14 less than in the preceding week, and 35 less than in the corresponding week of 1868, and 32 less than in 1867. There were 154 deaths in Brooklyn during the week; and in 1867 and 1868, successively, there were 181 and 196 deaths in that city in the corresponding week. In comparing the records of 1866, 1867, 1868 and 1869, in the corresponding thirteen weeks of the year, we have the following results:

	1866.	1867.	1868.	1869.
Total number of deaths in New-York in the first four weeks of Summer, .....	3,453	2,256	2,950	2,691
Total number of deaths in New-York in second four weeks of Summer, .....	3,354	2,603	2,856	2,376
Total number of deaths in New-York in third four weeks in Summer, .....	2,327	2,078	2,137	1,886
Total number of deaths in New-York in thirtieth or last week, .....	449	469	472	437
Total number of deaths in the third quarter of the year, .....	9,583	7,406	8,415	7,390

These statistics are especially instructive when studied with reference to the particular causes and localities in which the rate of mortality has been reduced. The details of this subject need not be recited now, but they all show that nearly all the gain to life has occurred in the group of disorders which produce or end in fatal diarrhoeas and the congestive diseases of the lungs and the brain. The wards and districts of the city in which there has been greatest improvements in the care and ventilation of crowded tenement houses are the regions in which this decrease of mortality has chiefly occurred. For example, in the Twentieth Ward there were but 18 deaths to 80,000 inhabitants, last week, and in the Sixteenth there were 16 deaths to upward of 50,000, while in the wretched tenements of the Fourth Ward there were 10 deaths to about 18,000. There were only 5 deaths in the Fifteenth Ward with its nearly 30,000 inhabitants. The death-rate in New-York last week was equal to 22.72 in the 1,000, annually, on estimated population of 1,000,000; and in Brooklyn it was 21.62 on estimated population of

370,000. Diarrhœal diseases are charged with 63 deaths in New-York, which is less than 14½ per cent. of the total mortality; and in Brooklyn the bowel disorders are charged with 24 deaths, or a little over 15½ per cent. of the total. These are more favorable, or lower death-rates than those experienced in London and other chief cities of Europe in the third week of September. The rate in London and the 13 chief cities of Great Britain in that week was 25 deaths to every 1,000 inhabitants yearly. In Liverpool it was 30 in 1,000. In Paris it was 23 in 1,000; in Vienna, 27 per 1,000; and in Venice, 29 per 1,000. The vital statistics of New-York and Brooklyn during the past three months clearly enough show that these cities can be, and, for the present at least, are the healthiest of any commercial towns of equally crowded population, the city of Paris alone excepted. Favorable as the season has been to public health, the long-continued drought brought into view some sources of danger to our sanitary welfare. The city sewers, gutters, and surface filth remained unflushed by water, and required incessant watchfulness.

The Croton Water supply so rapidly diminished as to give just anxiety to the people, and from the increase of impurities resulting from the low state of the stream and reservoirs, it was feared that diarrhœal disease might become prevalent. Fortunately all anxiety on the latter subject is at an end. The subjoined abstract from the weekly analysis of the Croton and the Ridgewood water supplies are furnished by the Board's Assistant Chemist. It appears the organic matter and the total solid residue in the water became greatly increased during the drought. These results are calculated for 100,000 parts of water:

## CROTON WATER.

Date—1869.	Inorganic residue.	Organic residue.	Total solids.	Carbonate of lime or magnesia for 100,000 parts.
Average for July, .....	7.19	1.15	8.34	4.97
Average for August, .....	6.86	1.04	7.90	5.74
Average for first half September, ..	7.72	1.00	8.72	6.31
Average from July 6 to Sept. 14, ..	7.28	1.06	8.34	5.67
Analysis on September 28, .....	8.50	3.00	11.50	6.33

## RIDGEWOOD WATER.

Average for July, .....	6.09	1.27	7.36	2.57
Average for August, .....	5.12	1.19	6.31	2.63
Average for first half September, ..	5.80	0.67	6.47	2.65
Average from July 6 to Sept. 28, ..	5.07	1.04	6.71	2.62
Analysis on September 28, .....	7.60	2.55	10.15	2.70

In the Summer of 1868, when the Croton was pouring into the city 60,000,000 of gallons daily, the organic matter averaged only 1.97 in 1,000,000 parts, and the total solids only 7.63.

13. *Obituary.—Danforth Whiting, M.D.*

THE subject of this sketch was born in Buckland, Mass., April 16, 1830. Soon after the death of his father, which occurred when he was but six

years old, he emigrated, with his mother, to Vermont, where he received his academical education with the view of entering the profession of medicine. He commenced the study of medicine in the office of Dr. Silas Wilcox, of Bennington, Vt., and continued it at the New-York Medical College, from which institution he graduated in 1854. Immediately after his graduation, he entered upon the practice of medicine in Kinderhook, N. Y. Here he became a convert to Homœopathy. In 1858 he removed from Kinderhook to Augusta, Maine, where he acquired an extensive practice, which he pursued with unremitting ardor till December, 1865, when, on account of failing health, he relinquished it and removed to Boston—seeking relaxation and restoration in a new and less extended field of labor. His hopes and expectations were not realized. After a few months he was obliged to relinquish the practice of his profession never again to resume it. He died in Luxemburg, Mass., at the residence of his father-in-law, Mr. Ballou, on Monday, November 25th, 1867, aged 37 years and a few months, leaving behind a wife and daughter, and very many warm friends. He suffered much and long without complaining, but was cheerful and hopeful, looking forward to the time when he would be able to resume the practice of his profession. When, however, he became convinced that his disease was fatal, he expressed his willingness to go, though no man, he said, had more to live for. His mind continued clear, and his judgment unimpaired to the last. A friend writes, "He passed away firm in the faith of the New Church (Swedenborgian.) It seemed to meet all his desires, and in its possession he was happy."

Dr. Whiting combined in a rare degree, those qualities of character which win confidence and affection. He was a diligent and growing physician, successful in his treatment of the sick; and always faithful in the discharge of his duties to his patients, both rich and poor—a genial and unselfish friend; dignified and gentlemanly; a pure-minded and warm-hearted Christian. He was a member of the Massachusetts Homœopathic Med. Society.

14. *The Homœopathic Treatment of Syphilis, Gonorrhœa and Urinary Diseases.* Compiled by J. PH. BERJEAU, Author of *Homœopathic Synopsis of Homœopathy*. Revised, with numerous Additions, by J. H. P. FROST, M.D, late Professor of Physiology &c., in the Hom. Med. College of Pennsylvania. Philadelphia: A. J. Tafel. New-York: Bœricke & Tafel, 145 Grand-street. Large 12mo. pp. 256.

THIS work, just received, is the best we yet have in small compass, on the many important subjects on which it treats. There are several points of practical importance introduced by the author, but especially by the learned American editor, to which we would wish to refer. At present we have yielded the necessary space to other writers and other subjects of present interest.

15. *The Accoustic Telegraph.*

SATISFACTORY experiments have been made in Brooklyn with the Accoustic or Hearing Telegraph, invented by Dr. L. H. Everitt, of New-Orleans.

The following messages were transmitted accurately in presence of many witnesses, all of whom were scientific men :

"By science all languages will be reduced to *one* common to all nations."

"You call me a vibration of the air, but I am a triune molecule of matter, created and commissioned by God to awaken the dead on the glorious morn of the resurrection."

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*Roosevelt Hospital.*—The corner-stone of this large institution was laid on the 1st of October. It will occupy the block between Ninth and Tenth Avenues and 58th and 59th streets. The hospital now contracted for, when finished, will consist of seven buildings. Beginning 281 feet west of 9th Avenue, will cover a space of 56 by 170 feet; it will be of brick, consisting of three stories and a basement. The estimated cost is \$181,000. Mr. Carl Pfeiffer, who designed the new German Hospital, is the architect. The funds now in charge of the Roosevelt Hospital, with accumulated interest, now amount to nearly one million of dollars.

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We are informed that Dr. John Ellis, of this city, intends spending the winter at Jacksonville, Florida, where he will arrive about the first of November.

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*Prediction the Test of the Truth of Principles.*—The author of the "Positive Philosophy" is thought to be the first writer on modern science to give verification its true place in scientific processes. He showed clearly that the test of every conclusion in science is *prediction*; and that the claim of any doctrine to a truly scientific character is in proportion to the accuracy with which it enables those who understand it to foretell the results under known conditions.

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*Hydrophobia.*—The number of fatal cases of this disease that have occurred in New-York City in eighteen years is 41. In the last nine years the deaths have been 23. Of these only 2 occurred in July; in August, 3; in January, 3; in April, 3; in May, 3; in September, 4; in June none. These figures lead us to suppose that dogs are not driven mad by *hot* weather, but that *wet* weather disposes to the disease.

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*The Struggle for Life.*—As the large fish are perpetually eating up the small ones, the weaker races of men and animals are perpetually retiring before the stronger invaders of their country. Some of the native animals of New England have abandoned their native regions to animals imported from Europe. The *Norway rat* has completely exterminated the rat of this continent. The English *horse-fly* drives out the *blue-bottle* native. Captain Cook carried animals to islands of which the present occupants now offer rewards for the killing of the same animals. European clover exterminates the native flax-plant.

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*Metropolitan Homœopathic Dispensary*, 54 Bleecker-street, corner of Mulberry-street, New-York. Open daily, from 3 to 4 P. M. Free to the poor. Drs. Campbell and C. M. McLaurie. Office 192 2d Avenue.

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Original and Translated Papers.

ARTICLE XXXVII.—*Gastrodynia. Extracts from Hirschel's Prize Essay, "The Pains in the Stomach, especially the Gastrodynia."*

THE remedies, which by their provings and ex-usu in morbis take the front rank in this disease are :

*Antimonium-crudum.* — Applicable only in those cases where we have *catarrh of the stomach*, and where the catarrh preponderates so much, that the nervous symptoms appear as secondary sequels. Scrofulous, phlegmatic individuals. The more acute the gastric catarrh is, the more may we expect from Ant. crud. *Ætiological momenta* : indigestion, debauchery, catching cold, hæmorrhoids, gout and rheumatism. Special indications are : painfulness of the stomach when touching or pressing upon it, and *after eating any solid food* ; inflation of the stomach, with distension, (as with gluttons or drunkards), flatulence, eructations, sensation of satiety and fullness ; *symptoms of saburra and of turgescence upwards and downwards* ; as, slimy, bilious coating of the tongue, with blisters on it ; chronic loss of appetite, with ravenous hunger in the morning ; pappy, flat, bitter taste ; eructation and regurgitation of the food, with the taste of it ; hiccough ; water-brash ; nausea and *vomiting* of mucus and of the food after eating ; tendency to *diarrhœa*. Accompanying symptoms are : pressing frontal headache, lassitude and irritability.



*Antimonium-tartaricum*.—Here, also, the material alterations take the front rank, and the nervous symptoms are only complications and sequels. The Tartar-emetic enters more deeply in the metamorphosis and has a wider range, from mere congestion and catarrhal swelling to inflammation, mortification, (softening, ulceration, necrosis), and alteration of the tissues. *Cardialgia potatorum and arthriticorum*, hæmorrhoids, venosa accompanied by affections of the mucous membranes; the scrofulous and arthritic constitution, lymphatic, bilious persons, with phlegmatic melancholic temperament; persons of sedentary habits, inclined to catarrhs and rheumatisms, correspond especially to its application. *Ætiological momenta* are: indigestion, catching cold and dyscrasias. *Special indications*: preponderating *nausea and vomiting*, especially after eating or drinking, of mucus, bile, *food, blood*, (especially in drunkards), or, also, empty retching, with all the symptoms of gastricismus, even diarrhœa; pressure on the stomach, *relieved momentarily by vomiting*; hunger; cutting pains in the pit of the stomach, as from flatulence; sensation of *heat*, congestion, inflammation, *burning* in the stomach; metallic, salty, bitter, flat, soft taste; nausea after every meal; eructations of gas and of the food; acidity; *relief from vomiting*. *Accompanying symptoms* are: congestions to the head, vertigo, sleepiness, catarrh of the respiratory mucous membrane, hepatic affections, rheumatism, sweats.

*Argentum-nitricum*.—One of our best remedies, not only in neurosis, but also in the organic form, especially suitable to hysteric and nervous persons, to women suffering from menstrual difficulties, and for cachectic states, with loss of strength. *The perforating ulcer of the stomach* frequently indicates this remedy, as also everything depressing the nervous energy and the formation of the blood, or which acts locally deleterious on the mucous membrane of the stomach. *Special indications* are: *gnawing-ulcerative* pains in the stomach, *as from a sore*; tension and pressure in the stomach, a clawing pain, more rarely drawing or stitching. The pain has this speciality, that it is *confined to a small circumscribed space*, forcing one to double himself up, aggravated by pressure, touch, even *by the least motion or food*, keeping no regular time, appear-

ing morning and evening and at night, with malaise; nausea, vomiting of sour, acrid, salty water, mucus, bile, *blood*, eructations; loss of appetite; mucous or bloody diarrhœa or constipation, as also redness of the tongue, erected papillæ, great thirst. The pains sometimes radiate from the pit of the stomach to the back, sternum, hip-bones and hypochondria. *Accompanying symptoms* are: pale face, great anguish in the præcordia; trembling, sensation of weakness in the back and extremities, spinal irritation, loss of power, chilliness and shuddering, numb feeling, crawling like of ants in the feet; cold viscid sweat, menses too early and too copious, nervous irritability, anguish, emaciation, small and weak pulse, tendency to migraine.

*Arsenicum-album* stands pre eminently indicated in *organic gastrodynia*, though it is also frequently of use in simple neurosis; this is especially the case in high-graded neuralgic states, in chronic gastric catarrh, with loss of digestive power, in chronic gastritis, from erosions up to ulceration, in *scirrhus ventriculi*, even in its advanced stages. Debilitated, cachectic individuals inclined to anæmia, hydropic swellings, catarrhs and cutaneous affections; choleric and melancholic temperaments and lymphatic dyscrasic constitutions are greatly benefited by its use. The local symptoms are very characteristic: Prevalent is the *burning* pain, as of glowing coals, more or less circumscribed; *gnawing*, *corroding* pain, alternating with *pressure* at the stomach, with weight as of a stone, or a hard lump, (objectively confirmed by the hardness of the stomach); more rarely spasmodic contractions and strangling, stitches, more frequently a *cutting pain*, sensation of *soreness and of ulceration*. The pain spreads to the abdomen, as colic, &c., to all sides, to the shoulder blades, to the back, (with sensitive vertebræ), upwards to the chest, (with oppression of breathing) and to the throat, with sensation as if the œsophagus were closed and as if the stomach, (cardia or pylorus), becomes smaller. The pain appears either periodically at a certain time, or in paroxysms, with short intervals at different times of the day, and also at night; sometimes it keeps on without interruption, and is so intensive, that it racks the patients by its long duration, or renders them despairing by the intense severity of even short paroxysms. A feeling of distension of

the stomach is never found in Arsenic; we see rather, that even *small quantities of food or fluid, or of solid food, are not well borne* by the stomach, they rather aggravate, which is the more tormenting, as the patients suffer *from great thirst*. Characteristic is the *vomiting, which does not relieve the pains*, (as in other remedies), but rather aggravates them. The vomited matter consists of food, (brought up shortly after eating), of sour, *acid, corroding*, bilious, bitter, jelly-like, putrescent, foul-smelling or *mucous* fluid, or of decomposed black blood, brought up with painful retching. With the sensation of feeling externally cold the stomach and abdomen feel hot, tongue red and dry; the taste flat, sour; foul breath; loss of appetite, alternating with bulimy, eructations; diarrhœa as frequently as constipation, the former watery, mucous or bloody, but in every case *exhausting*. The pains are aggravated by the *least touch*, even by the finger, by *any fluid or solid food, by vomiting*, coughing, laughing, cold air, *at night*; ameliorated by discharges of flatulency, by doubling himself up, by *external heat*, in the morning (when the stomach is empty). *Accompanying symptoms*: a *chronic state with emaciation*, loss of strength; *cachectic*, pale, ashy, yellowish color; sorrowful suffering features, as in persons suffering from scirrhus; tenderness of disposition, with fear, anxiety, with weeping and sadness; tendency to start, irritability; *great anguish and internal restlessness*; he despairs of his life; *piercing lamentations, interrupted by fainting spells*; *chilliness*, and liability to catch cold, with small pulse, or *hectic fever*. If disorganization should be even so far advanced that a cure is impossible, the action of Arsenic as a palliative is more beneficial, than all the opiates of the old school.

*Atropinum-purum and Sulphuricum*.—This remedy possesses decisive curative power in the purely *nervous hyperæsthesia*, and ameliorates the vascular and organic gastralgia, even where it does not cure, as we may convince ourselves in the gastric ulcer, indurations, hypertrophy, in the chronic inflammations and in the hyperæmic states produced by hæmorrhoidal venous stasis, or from menstrual anomalies. We find it indicated where Belladonna is, therefore especially in *cutting, constrictive and pressing* pains in the stomach, aggravated by

the touch and by eating. Where the congestive element concentrates itself more in the track of the plexus-solaris, more in the ganglionic system than in the spine, there Atropin is suitable, holding the same relations to Belladonna as Chinin to China. Atropine helps there where Belladonna is fully indicated, but leaves us in the lurch, having a more intense and locally-specific influence over the gastric nerves. It prepares frequently the way for other remedies, diminishing the hyperæsthesia and the high degree of sensitiveness.

*Baryta-carbonica and Muriatica.*—Indicated in gastralgia resting on a *material basis*, especially in *stenosis of the cardia or pylorus* by organic granulations, *tumors, hypertrophy, or indurations of the mucous membrane*, also in *chronic hyperæmia*, (or catarrh), hardly in scirrhus, erosions and ulcers. *Scrofulous* individuals of ripe years, marastic persons, inclined to catch cold and to indigestion, drunkards, persons of weak mind and troubled with eruptions or glandular swellings are peculiarly suited for Baryta-carb. and Mur., of which the latter seems to act more extensively. Baryta is *the* remedy when with the hardness of the stomach, which may be felt or not, we find also a pressure in the pit of the stomach, with a sensation as if the channel becomes smaller, and as if every morsel had to twist itself through, (which may also cause a painful wrenching), producing a sensation of retching and heaviness, as if a foreign body were in the stomach; when the patient feels after eating ever so little a sensation of satiety and overloading and pressing pains, fullness and heaviness appear *immediately after the food has entered the stomach*, supposing that it will also cover all the other indications. Another key-note is the amelioration for a little while *by stretching or bending backwards*, and the aggravation by *sitting in a flexed contracted position, by walking or standing*, especially after eating.

*Belladonna.*—It is especially suitable where the congestive and hyperæmic element shows itself in the nervous system, as *increased sensibility*, or what the old physicians called increased irritability, where the vasomotoric activity is brought to an excessive excitation by increased innervation; therefore as well in pure neurosis, showing itself as hyperæsthesia, spasmodic contraction, as in congestive states in the capillary vessels of the mucous membrane, or in genuine inflammation of

the mucous membrane and in inflammatory or irritable states in the course of the different disorganizations. Belladonna suits especially *venous constitutions with increased sensibility*, with tendency to rapid calefaction, ebullition, congestion to head and heart, hæmorrhoidal affections, menstrual aberation, especially sudden cessation, scrofulous individuals, hysteric persons, with increased sensibility and irritability, and with irritable vascular system, sanguine and choleric persons. In Aconite we have fever, in Belladonna, hyperæsthesia and spasms are the accompaniment and the consequence of increased nervous and vascular action.

Belladonna is a capital remedy in the gastrodynia of pregnancy. The Belladonna-gastrodynia shows itself as a clutching pain, as if the *parts were clutched fiercely by the hand*, or as spasmodic contractions in paroxysms, as pressure, especially and nearly immediately after eating; *aggravated* by the use of spirituous, overheating, emotions, movements. Sometimes the sensations pass over in stitches and burning or alternate with them. Prevalent is the sensation of *clutching and digging*, appearing in paroxysms, with perfectly free intervals. Sensation of heat, hammering and pulsating in the pit of the stomach; bloated and painful stomach; red, burning and coated tongue; *thirst for cold drinks*; *dryness of the mouth and of the lips*; salivation; half-suppressed, incomplete eructations; aversion to wine, beer, coffee and meat, (from instinct); pyrosis and acidity, nausea, retching and vomiting of water, mucus; bloody mucus, with pains in the pit of the stomach; scanty stools. *Accompanying symptoms* are: congestions to head and heart; hot, red face; vertigo; tinnitus aurium; sleeplessness; migraine; accelerated, full pulse, at least during the paroxysm and other symptoms of plethora; oppression of breath; extension of the pains over the abdomen, as colicky clutching over the pelvis; as difficult micturation, or pressing, as if all the contents of the abdomen would issue through the genital organs; spasms of the throat, with constrictions; dryness and convulsive hiccough; frequent, pale or dark and saturated urine; fainting, stupefaction, uneasiness, nervous affections, spasms; hæmorrhages, as menorrhagia, epistaxis. *Aggravations* are produced by eating or pressure, sometimes even by

the touch. The evening and time of digestion aggravate the sufferings; cold drinks and external cold alleviate also, but the relief from bending backwards or holding the breath needs confirmation.

*Bismuthum-metallicum* or *Nitricum*.—*Pure neurosis*.—Hysterical women, suffering from spinal irritation are frequently benefitted by it. Its chief indications are: *pressure, sensation of heaviness and of a weight in the stomach*; excessive pains in the back and shoulders, corresponding to the region of the stomach, but in the vertebral column, not emanating from the mucous membrane of the stomach. Of dyspeptic symptoms we have only constipation, eructations, loss of appetite, nausea, pyrosis, very seldom vomiting; but the nervous symptoms, as dyspnoea, palpitations, vertigo, headache, small pulse, show the spinal irritation.

*Bryonia-alba*.—It is not suitable for the primary gastrodynia, for the dynamic-nervous form, the pure neurosis, nor for the deeper material disturbances, but only for the *lighter vasomotor affections of the gastric mucous membrane*, and it is, therefore, only suitable in *secondary gastralgia, caused by gastric catarrh and hepatic affections*. It suits especially drunkards or persons disposed to gluttony, to catching cold, and who lead a sedentary life; venous constitution, pregnancy, catarrhs, rheumatism and gout are benefitted by it; also affections caused by indigestion, cold, anger, passion and sedentary habits. Indications are: *Pressure* in the stomach, as of a stone, not circumscribed, but extending over the whole stomach; the pains do not appear immediately after eating, but one or two hours afterwards, keep on for a few hours and gradually decrease. The stomach feels tight, expanded, swollen, so that it can also be felt from the outside. Pressure with the hand is hardly painful, but disagreeable, the clothes round the hypochondria feel, therefore, too tight (on account of the bloatedness). The stomach presses on the diaphragm and produces dyspnoea, which may be also artificially produced by the pressure of the hand on the stomach. Its *symptoms* are: decided gastricismus, or hepatic affections, especially frequent empty eructations, particularly after a meal; bitter, sourish eructations; regurgitation of the ingesta; loss of appetite,

with white or yellow-coated tongue; taste slimy, bitter, sour; pyrosis; hard, tough stool; bloated abdomen, with flatulency, nausea and vomiting are less found in Bryonia than in other remedies. *Amelioration* by eructations, passing of wind, rubbing the stomach, in the horizontal position and at rest; *aggravation* by eating, especially flatulent food, (vegetables, fruit), active motion. *Accompanying symptoms*: hepatic affections, especially swelling, hypertrophy, (acting by pressure on the stomach), bloated abdomen, pressing headache in forehead or temples; rheumatic and arthritic affections, especially of the joints; pains in the chest, especially when breathing; coughing and stitches in the chest.

*Calcareo-carbonica*.—We find in vasomotory relation the curative agency of Calcareo to be *hyperæmia*, but not the arterial one, but hyperæmia based on superabundancy of decaying blood, on *venosity*, with its hæmorrhages originating from it, or *anæmia*, appearing frequently under the mask of plethora and hæmorrhages, giving us the *venous-hyperæmic and chlorotic-anæmic gastrodynia*; in its organic relations we find the *scrofulous and pituitous* processes the chief sphere of action for Calcareo, therefore, the lighter innoxious alterations of structure, especially gastritis, gastric catarrh and hypertrophy. It is therefore impossible to find out a characteristic pain of the stomach, as the material element prevails over the sensible one. We find: pressure, (most frequently), burning, (dependent on acidity), spasmodic squeezing, pinching, clutching, stitching, retching. Constant are: symptoms of *acidity and of gastric catarrh*, showing itself by waterbrash; sour, flat, slimy taste, accumulation of sour saliva; loss of appetite, with sensation of bloatedness, or bloatedness and fullness of the stomach, with thirst; aversion to anything boiled, to meat, warm food, milk; desire for salty food, pickles, wine, &c.; desire for chalk, coal, raw coffee, &c., and frequently gnawing hunger, with sudden malaise, if not satisfied; after eating increase of pressure and fullness; empty sour eructations, or tasting after the food and regurgitation of sour acrid fluid; vomiting of sour water with nausea afterwards; diarrhœa more frequently than constipation.

*Accompanying symptoms* are those of venosity, of anæmia,

or of scrofulosis, especially heat of the head and of the face; vertigo; palpitations, with sensation of weakness and fainting; sleepiness; cold extremities, cramps in the fingers; *passive hæmorrhages* from the nose, anus, especially too copious and too long-lasting menstruation; muscular relaxation; feeling easily tired; emaciation or the contrary, inclination to become fat; chronic catarrhs, as diarrhœa, cough, coryza, leucorrhœa. Aggravation after eating, amelioration by motion.

*Carbo-vegetabilis*.—This remedy finds its most frequent application in *secondary hyperæsthesia, depending on material lesions*, especially in the chronic catarrh of the stomach, (gastritis,) and with the disorganizations conjoined with destruction of the tissues, as scirrhus, induration, ulceration. The charcoal enters more deeply in the organic structure than *Calcarea*, which affects only the vasomotory element. The latter suits more the female sex and adolescence, whereas, the former is more indicated for *people of advanced years, the male sex*, and especially the *hæmorrhoidal world*, for *Carbo* has only venosity, but not anæmia in common in *Calcarea*, and suits only that increased sensibility which shows decomposition and debility in its track, but no irritability.

Among the local symptoms applying to *atony of digestion* and increased sensitiveness of the gastric nerves, we find a sensation of burning, pressure, tightness and fullness in the stomach, or on a circumscribed space, a real sore or ulcerative pain, as of a burning coal; acidity is nearly constant with heartburn, the acidity of the stomach rising up to the throat, but the acidity does not take a front rank as in *Calcarea*, whereas the flatulent affections prevail in *Carbo*; therefore, *bloated, distended, full stomach*, projecting externally, like swollen, especially after meals, so that he cannot bear the pressure of the clothing and feels relieved by walking or rubbing the pit of the stomach; dyspnœa, palpitations, especially at night and in the second hour of digestion; eructation and regurgitation, especially of air, with flatulency downwards, (the flatulency produces also stitches in the side and colic). Loss of taste and appetite, waterbrash, nausea, vomiting; food does not digest, produces rush of blood to the head, anguish, &c. The



liver is not always affected, more frequently the spleen; vomiting of bile and blood; *constipation*; distention of the abdomen, rumbling and emission of flatulence.

*Causes*: Indigestion, debauchery, especially in spirituous (cardialgia potatorum) and salty food, loss of fluids, stagnation in the portal system, sedentary habits. *Accompanying symptoms*: *anguish*, melancholy, whining mood; irritability, nightly fear, disposition to be angry; general debility; *cold extremities, cold, clammy sweats, with internal heat*, small, feeble and depressed pulse; intermittent pulse. Pains in the small of the back, hæmorrhoidal states, reproductive troubles, cachexia. *Amelioration* by sobriety, motion, bending forward, rubbing the stomach and abdomen, eructations of wind and passage of flatulency downwards; *aggravation* from dorsal position and from eating, especially flatulent food.

*Chamomilla-vulgaris* is only suitable in *pure and primary neurosis*. Oppression of the stomach, as if a stone were pressing downwards on the stomach and hypochondria; qualmishness about the heart; anguish, restlessness, throwing himself about, bloatedness from flatulency, *nausea to fainting*; fullness after eating, with the tongue coated white or yellow; slimy bitter taste, eructations, vomiting of mucus and bile, with subsequent nausea, colic, diarrhœa. This cardialgia is mostly caused by *anger*. *Accompanying symptoms* are: slight hepatic affections, nervous hysterical symptoms, especially chilliness, restlessness, anxiety, irritability, hot flashes by starts, (pulsating headache).

*China*. — *Atony of digestion* in consequence of gastric catarrh or general anæmia, or from nervous debility. Chronic catarrhs act injuriously on the nerves of digestion, especially of the stomach, or these gastric catarrhs, like other pituitous states, may be the sequels and the accompaniments of faulty blood-crisis. We have, therefore, *laxity, torpor, depression, deficient nutrition* in consequence of chlorosis or of anæmia from loss of fluids. *Casual momenta* are: continual indigestions; debauchery, leading to weakness of digestion; chlorotic state of the blood, loss of fluids by spermatorrhœa, sexual excesses of all kinds, hæmorrhages, excessive nursing and sweating, abuse of emetics and laxatives, and emotions acting

depressingly on the nerves. *Special symptoms*: oppression of the stomach, which feels too full, and from indigestion, as of a load; sensation of choking, even after a small meal; compression; contraction; sensation as if the stomach were full of water; loss of appetite, with indifference to food; disgust for food, or canine hunger; desire for dainties; cold feeling in the stomach; hunger, with sensation of weakness and fainting; desire for various things without knowing what, for wine, sour things, refreshing, strengthening things, which relieve the debility and the pressure for the time being; desire for cold water; white, slimy, yellow tongue; acidity in the stomach and pyrosis; flat, sour, bitter, slimy taste; foul breath; sour, bitter, empty eructations; nausea, inclination to vomit; empty retching, or sour, slimy vomiting or vomiting of food; constipation or diarrhœa after every meal; distention of the abdomen, with flatulency. Such a state may be accompanied by the general signs of *nervous prostration and mal-nutrition*, especially anguish, inclination to sleep, lassitude, laziness and indisposition to work, ill-humor, low-spiritedness, melancholy, frequent chilliness, fainting, nervous dizziness, surring in the ears, pressure in the head from within outwards, compressive headache, periodical headache, trembling of the extremities; *easily fatigued*; laxity of the muscles, *pale, cachectic features and rapid emaciation*.

*Cocculus-indicus*.—*Primary and idiopathic neurosis*. *Constrictive*, clutching, crampy pains, with the sensation as if something turns around or as if a worm were moving about in the stomach; bruised sensation in the hypochondria; sensation of hunger, or of emptiness, even to fainting, or real bulimy; a state of nausea and malaise as in sea-sickness, with reeling and inclination to vomit; compressive pinching in the epigastrium, arresting the breathing, relieved by passing off flatulency; waterbrash, eructations, retchings, constipation, never diarrhœa. We seldom find real gastric affections, but coldness and insensibility of the extremities, trembling, cramps and faintings, hysteria, ill-humor, nervousness without irritability. *Cocculus*, therefore, suits hysterical women, even in such cardialgia arising from menstrual obstructions.

*Colocynthis*.—*Secondary gastralgia, originating in rheuma-*

*tic diathesis, or from bilious affections.* The use of flatulent food, fruits, ice, indigestion in general, colds and anger produce abdominal states, drawing the stomach in close sympathy. The accompanying symptoms are, therefore, here the primary symptoms, as: *cutting* pains in the belly, as with knives, radiating to the stomach or passing from the stomach downwards; watery, slimy, bloody diarrhœa, with dysenteric tenesmus, and relief after the stools. Pain in the stomach, (if indignation or anger preceded or happened shortly after a meal); *constrictive pressure* in the stomach, taking the breath away; yellow or slimy coating of the tongue; *bitter* taste, loss of appetite, unquenchable thirst, pyrosis, empty, bitter eructations; flatulency, passing off both ways, relieve the tympanitic state of the stomach and abdomen. Nausea and retching for a long time before vomiting sets in. *The vomiting of food and bile relieves the gastrodynia, the characteristic diarrhœa and the colicky pains.* Aggravation by eating and motion, amelioration by eructations, by passing flatulency downwards, by external warmth.

*Conium-maculatum.*—It shows great effects on the material alterations of the stomach, especially the induration, cancer and perforating ulcer of the stomach. Conium acts also beneficially on the gastric pains reflected from the alteration in the calibre of the intestines, (stenosis, strictures); but less known is its curative power over primary, purely spasmodic gastrodynia, wherein it stands next to Bismuth.

Leaving aside as well known, the organic alterations and their symptomatology, and the relations of Conium to lymphatic, serofulous, cachectic individuals, we find in pure neurosis of the stomach this remedy indicated by *pressure* during eating; also in the back, *contraction*, with sensation of coldness, griping and sore feeling; turning in the stomach simultaneously with pressure in the back. Ulcerative pain and sensation of becoming too narrow, belong rather to the organic pains. Great thirst, dryness of the mouth, contraction in the throat with retching; painful eructations with acidity and burning in the stomach, continual inclination to vomit and severe vomiting of mucus, obstinate constipation; dyspnœa, palpitations, spasmodic cough, headache and various

hysterical symptoms accompanying such a gastrodynia. *Aggravation* after eating, with great malaise, chilliness, bloatedness of the stomach and bruised sensation over the whole abdomen.

*Ferrum*.—The province of iron is especially the *neuralgic and anæmic gastrodynia*. Torpor of the gastric nerves, either primary or depending on the state of the blood prevails, with *atony of digestion*, loss of appetite, with disgust for food, oppression of the stomach after every meal; constipation, for want of peristaltic motion, and *vomiting of the food immediately after eating, without any preceding nausea*; also when coughing or moving about. The accompanying symptoms of chlorotic or anæmic state of the blood and of spinal or splanchnic nervous affections, give us practical hints for its application. Splenic affections also deserve our attention as primary causes.

*Ignatia-amara*.—When *sorrow and grief* in nervous, hysterical anæmic persons, produce a purely nervous gastralgia, *Ignatia* will remove it. Pressing, gnawing pains, appearing periodically, with sensation of debility and faintness, qualmishness and nausea, loss of appetite, heartburn, migraine, palpitation, chilliness, dyspnœa, anguish, restlessness, quarrelsomeness, serious melancholy and brooding to himself.

*Kreasote*.—The character of *decomposition, of organic decay* and of *dyscrasia* allows this remedy a front place in organic gastrodynia, especially in malignant induration, fungus and ulcers of the stomach. It suits especially the painless gastromalacia. Subjective symptoms are: the pressing, gnawing, ulcerative pains; the frequently repeated vomiting, especially of blood, and the objective symptoms of induration, which we may feel externally on small circumscribed painful places.

*Lycopodium*. — *Secondary gastrodynia, based on material states*, in chronic hyperæmia and gastric catarrhs, resting on a venous basis, with affections of the spleen or liver, or with gout and inorganic alterations of structure, which are not based on a cancerous cachexia, (where it does not even act palliatively); therefore, in hypertrophies, benignant swellings and indurations, and stenosis caused by it. In ulcers of the

stomach it is without effect, and its effect on tubercle is more than doubtful. It suits persons suffering from hypochondria, hæmorrhoids, rheumatism, gout, scrofulosis, lymphatic constitutions, or persons liable to exanthemata. *Ætiological* moments are: plethora, abdominal affections, especially of the liver, bowels and kidneys; gout, scrofula; the pains may be caused by long-continued dietary sins, colds, sedentary habits, anger. *Passing contracting pains* are indications. Others speak of stitching, burning, cutting, clutching pains. The stomach is always *full and bloated*, excessively distended, as in drunkards, and persons suffering from flatus, sometimes hard to the touch, not always painful to pressure. Liver frequently primarily diseased, therefore, icteric bilious symptoms, emanating from bilious stagnation, hyperæmia, hypertrophy, induration of the liver. *Acidity, pyrosis, flatulency* in stomach and abdomen, relieved by eructations and passing off wind; more or less coated, slimy, bilious tongue; flat, pappy, sour taste; loss of appetite, with aversion to food; nausea, ptyalism, regurgitation of food, ructus; sour, bitter, slimy vomiting, or of food; frequent discharge of saliva from the mouth, and sensation of stenosis in the cardia or pylorus was observed in complication with pancreatic affections. The pains radiate, according to the flatulency, to the chest, the back, upwards to the œsophagus, downwards to the *umbilicus* and abdomen. *Accompanying* symptoms: vertigo, headache from gastric congestion, dryness of the mouth and throat; griping and pinching around the umbilicus; grumbling and gurgling in the abdomen; pressure and anguish in the chest; dyspnœa, increased by pressure in the stomach; palpitations; debility unto fainting; pale, yellow, ashy features; emaciation; chilliness; cold extremities; sleeplessness; chronic exanthemata; hæmorrhoids; leucorrhœa; decrease of urinary secretion; renal affections and tendency to œdema. *Aggravation* by eating, (flatulent food) horizontal position, pressure of the clothing, at night. *Amelioration* by the passage of flatulency upwards and downwards, by vomiting, rising, walking, by friction of the stomach, external warmth, (not always), in the morning.

*Natrum-muriaticum.*—*Hyperæsthesia of the gastric nerves,*

caused by affections of the blood or by local diseases of the mucous membrane of the stomach. We find it indicated in dyspeptic troubles of chlorotic or anæmic persons, in passive congestions of debilitated and emaciated individuals, in chronic catarrhs of venous persons, of drunkards or gormands; in scrofulosis and in the beginning of organic metamorphosis, without any dyscrasia, as when the tissues are loosened, puffed up, thickened, swollen; in hypertrophy, especially with distension of the stomach. *Bloating and distension of the stomach, with epigastric pulsation*; pressure, acidity and dyspeptic symptoms stand at the head of indications. Pressure in the pit of the stomach; drawing, pinching, clutching, constrictive pains, a sensation of something turning round; burning and feeling of heat; sensation as of a foreign body are the most usual pains. Among the gastric affections we certainly find *acidity and vomiting*. The acidity shows itself in eructations, vomiting, regurgitation, as pyrosis; the vomiting is easy, especially in drunkards, and the food is thrown up. Inclination to vomit keeps on, is increased as soon as food is taken, with aversion to food and tendency to swooning. Loss of appetite alternates with bulimy; waterbrash; the taste is flat, bitter, slimy, foul, sour. Eating produces a sensation of fullness and excessive satiety; oppression of the chest, emanating from the pit of the stomach; unquenchable thirst; constipation. *Accompanying* indications are the chlorotic and venous state of the blood, with its sequels, especially congestions to head and heart, (therefore irregularity of the pulse and beat of the heart, *nervous palpitations*,) tendency to chilliness, colds, emaciation, sensation of debility, anxiety and irritability. *Aggravation* by eating or drinking, by pressure on the pit of the stomach, by emotions, spirituous, and anything which heats the blood. *Amelioration* by motion.

*Nitri-acidum*.—Valuable in nervous gastralgia, but a *chief remedy in the vascular and organic gastrodynia*. Hyperæmia, with catarrhal swelling, hypertrophy, indurations, scirrhus, especially *erosions and ulcers* are covered by this remedy. It suits especially persons suffering from *hæmorrhoids*, hepatic troubles, the melancholic temperament, persons weakened by sexual excesses or mismanaged by syphilis and mercury; also

hysterical women, suffering from spinal irritation, plethora, arthritis and debauchees. The pains are *burning*, gnawing, clutching, contracting, pressing, *stitching*; sensation of soreness and ulceration, of heat or cold in the stomach; sensitiveness to pressure and motion. Acidity, loss of appetite, alternating with bulimy; *eating eases*, but soon again produces pain and feeling of satiety. Inclination to eat earth, chalk, *aversion to milk and meat*. Cold drinks and external cold palliates for a while; heartburn; sour, alleviating eructations; vomiting, even of blood; mucous, watery, bloody diarrhœa; great thirst. *Accompanying* symptoms: tension around the umbilicus and distension of the abdomen, preventing breathing; apparently active congestions to head and heart; *pulsations in different parts of the body*; sweating during meals; general debility; *sensitiveness of the dorsal vertebræ*; (spinal irritation); chronic catarrhs of the different mucous membranes; hæmorrhoidal manifestations; hepatic affections, colliquations, debility, emaciation, swoon, convulsions, trembling, cramps, pollutions.

*Nux-vomica*.—Chief remedy in *neurotic and congestive pains of the stomach*, but of benefit and palliating also in suitable organic states. It loves especially the hæmorrhoidal, venous, atrabilious constitution; brunette persons, with tense fibre; lean, muscular persons, the sanguine, choleric or melancholic temperament; passionate, choleric persons; students, or crethic, hysteric organisms, subject to spinal irritation, complications, with hepatic, splenic, abdominal affections. Among the causes which produce cardialgia, the first rank belongs to the abuse of coffee, excessive smoking, indigestion, catching cold, everything which incites the brain and spinal system, as emotion, studies, novel-reading, want of fresh air and sedentary habits. Symptoms: The region of the stomach is very sensitive to *pressure*; tension and cramp-like pains in the stomach; the pressure is worst in the morning, sometimes when waking up, or after eating, even after supper, as the pain is generally provoked by all food. The pain spreads to the hypochondria, does not occupy a limited space in the pit of the stomach, which is equally swollen and distended, or it extends upwards to the diaphragm, producing *dyspnœa*. The tension of the

abdominal walls renders them sensitive and gives the characteristic symptom, that *a light pressure increases the pain, but harder pressure relieves*, probably perhaps, by counteraction on the sensible nerves; and we see, therefore, that *bending forward gives* immediate relief. Opposite the pains of the stomach we find also pressing pain on the posterior wall of the stomach, and the patients complain, therefore, of pains in the back. Sometimes the vertebræ are sensitive, but more in the region of the shoulders and of the small of the back. Genuine gastric symptoms may be present or not. We find frequent hiccough, painful in the cardia; empty eructations, or tasting after the food; or sour, bitter, alleviating eructations; regurgitations of fluid and of the food; empty retching; vomiting of mucus and of food. Waterbrash is nearly always present. *Vomiting relieves*, so that the paroxysm of pain closes for the time being. The tongue is frequently clean, appetite may be present, if not prevented by gastric or bilious catarrh, as in cardialgia potatorum, or in hepatic affections. Constipation or large hard fæces, or tenesmus are nearly always present, never diarrhœa, sometimes normal stools. Where there is *aversion to coffee*, and the other symptoms coincided, I give always Nux, with benefit. Instinct teaches the patients that coffee aggravates their sufferings. The same is the case from spirituosa, eating, drinking, emotions, especially anger. Motion and deep pressure relieve, but the pressure of the clothing is not well borne. Nux-vom. will be especially indicated in hæmorrhoidal states, affections of the liver and spleen, menstrual stagnations, spinal symptoms, cerebral erethismus, (in drunkards, artists, scholars; with headache, vertigo, sleeplessness, paralytic debility in the extremities, irritability and melancholy hypochondriac disposition. Hæmatemesis in plethoric persons or drunkards, finds a remedy in Nux, but never when the vomiting of blood originates in ulceration or other disorganization.

*Phosphorus*.—Its peculiar curative domain is the *organic sphere*. In organic gastrodynia it acts not only by its relations to the processes of mortification, decay and destruction, but also by its influence on the states of irritation occupying these destructions, (hyperæsthesia and passive stasis). Phos-



phor ameliorates and cures gastritis, hypertrophy, stenosis, induration, cancer, and is *the* remedy in *erosions*, in the perforating ulcer of the stomach and for the pains remaining after its cicatrization. In the lighter material affections, especially in chronic gastric catarrh, Phosphor acts only on the pyrosis in consequence of the superabundant acidity. Its symptoms are: *burning and gnawing* pains in a *circumscribed* place of the stomach, *sensitive to the least pressure*, extending to the back and aggravated by motion, especially by walking, after a meal. The pain is as if a burning hot coal seared the place; paroxysmal, although some pain is steadily felt, aggravated by every meal and ameliorated by ice, external cold and rest. There is no pain felt at night as long as the stomach is empty. Vomiting is not always present, but if so, it appears *immediately after eating*, so that all the food is brought up, or pure blood, or bloody-brown masses; frequently nausea, retching, gulping up; the tongue is usually clean, frequently *red* and the papillæ erected. *Great thirst*, but drinking increases the pain. Gastric catarrh shows itself as acidity by the taste, eructations, heartburn, sour vomiting; constipation more frequently than watery debilitating diarrhœa. Patients emaciate rapidly, show the symptoms of anæmia and collapsus, or of spinal affection, chilliness, small pulse, pain in the back, palpitations, dyspnœa, watery urine, &c.

*Plumbum*.—It stands in relation as well to simple neurosis as to organic gastrodynia, especially when based on chronic gastritis, hypertrophy, swelling, stenosis, in *scirrhus and fungus* of the stomach, in *hæmorrhagic erosions* and in the *perforating ulcer*. Its symptoms are: extremely severe vomiting of grass-green, bilious, brown, black and bloody substances, with pain, cold sweat and præcordial anguish; constipation, or hard, difficult stool, with or without colicky pains; *pressure, constriction*, burning or retraction, aggravated in paroxysms, with pains in abdomen and groin; emaciation and colliquations; paralytic debility in the extremities and pains in the back, point to spinal irritation. It is not settled yet, if Plumbum is not also indicated in gastrodynia, complicated with splenic affections.

*Pulsatilla*.—It is only indicated in secondary gastrodynia,

originating in gastric catarrh, we have, therefore, loss of appetite, aversion to meat and other food, with *adypsia*, desire for sour and pickles; *slimy*, flat, sour, *fatty* taste, heavy, white or yellow coating of the tongue, loss of taste, or every kind of nourishment tastes sour or bitter, eructations after eating, after fat, &c. Puls. is more rarely suitable when we have nausea or vomiting, (of mucus or food, where Ant., Ipec., Veratr. act well), when food produces diarrhœa or an inclination to it, with slimy bilious stools and flatulent distension of the abdomen, with splenetic stitches. If the gastrodynia is only a sequel or a complication of the gastric catarrh, the Pulsatilla will remove both at once. If the catarrh is caused by a chlorotic or anæmic blood-crisis, with pale, scanty menses or amenorrhœa, leucorrhœa, hysteric colic, tœnesmus-vesicæ, with discharge of pale urine, pale, suffering features, vertigo, palpitations after eating, chilliness, apathy, anguish, gentle disposition and relief in fresh air, Pulsatilla will act beneficially, although it will frequently need the use of Iron and of China to finish up the case and to prevent relapses.

*Sepia*.—Here also the gastric catarrh invites at first our consideration, and the alterations of sensibility take a secondary rank. The *Sepia*-catarrh is a *chronic* one, mostly complicated with hæmorrhoidal-venous blood-crisis, stagnations in the portal system, liver, spleen, uterus, menstrual anomalies; or it shows itself in complication with other catarrhs, as *e. g.* of the bronchial mucous membrane, or of the bladder, the uterus, (leucorrhœa), or it will be combined with anæmia, and we find it, therefore, most frequently in the female sex. *Sepia* has also in its action on the splanchnic nervous system certain secondary effects on the higher nervous formations, and shows, therefore, a large number of so-called nervous manifestations, appearing in company with the material symptoms. Casual indications are: indigestions, colds, emotions, abuse of spirituousa, excited phantasy, sexual excesses, especially unnatural ones, sedentary habits, mental occupations, depressing emotions.

The *Sepia*-catarrhs are mostly chronic and show *pressing* burning, tensive pains up to the œsophagus, great præcordial sensibility to the least touch, but not too severe; beating in the pit of the stomach, bloatedness and distension of the sto-

mach, sensation of fullness or emptiness as if there were fluids in the stomach; bloated abdomen, with anguish and oppression of the chest, *excessive acidity*, heartburn, sour, foul breath; empty, painful, sour eructations; sour, flat, slimy taste, white-coated tongue; vomiting of sour water or mucus, or only nausea and retching. Loss of appetite alternating with bulimy, with nausea and aversion; desire for sour things or pickles; aversion to milk, meat, fat, vegetables. Eating and drinking aggravates the pains, which are the worst during digestion, Constipation or hard stool; disposition depressed, sorrowful, melancholy, or angry and irritable; features pale, sickly, dirty-brown, with dark circles around the eyes; the skin loose; chilliness; nutrition suffers; hemicrania; vertigo, when walking or rising; cold feet; menstrual anomalies; hæmorrhoids; toothache; prosopalgia; spinal sensibility; the whole carries with it the character of *debility*. Sepia does not suffice for the severe forms of material affections.

*Staphysagria*.—Similar to Ignatia, as in its emotional sphere it shows *indignation and anger*. It has very few gastric symptoms, as *pressure, tension*, digging up pains, screwing, pinching stitches, with aggravation in the horizontal position and relief from sitting or bending over.

*Sulphur*.—Chronic gastric catarrh, with pituita or the obstinate saburra, in persons suffering from venous plethora. hæmorrhoids, splenic affection, arthritis, rheumatic skin-diseases, cachexia and discrasia, or after abuse of medicines. Gastritis, hypertrophy, induration, cancer, changes in the channels finds a beneficial remedy in Sulphur. *Symptoms*: pressure, with the sensation of heaviness, even unbearable stitches, contraction, cutting and writhing sensation, digging up pains, pricking, biting pains, *burning and feeling of heat* in the stomach. Touch and pressure are not always painful, but the stomach is distended, full and bloated and the pains increase after every meal. Præcordial pulsations. Meteorismus from copious flatulency, with its troubles upwards and downwards; with the gastric catarrh we find the usual alteration of the tongue, taste, appetite, with nausea, ructus, vomiting, acidity, heartburn, constipation. The congestive element prevails, caused by venous stasis, therefore, *pulsative epigas-*

*trica*, hæmorrhoids, in ano and vesica, pains in the back, sensation of heat in intestines, liver and spleen, melæna, congestions to the head, especially in occiput; vertigo, surring in the ears, palpitations. Aggravations at night, by the use of coffee or spiritosa, and by sedentary habits; relief by motion. Wherever a melancholic or hypochondric disposition prevails, wherever the gastrodynia is complicated with gout and rheumatism, scrofulosis, chronic exanthemata, hæmorrhoidal or menstrual anomalies, metallic poisoning, Sulphur may be given with benefit, showing, of all remedies, in its vasomotor sphere, a most intense action on the organic structures. (The remedies of the second order in the next number.)

ARTICLE XXXVIII.—*Medicine, Disease and Death.* By  
CHARLES ELAM, M.D., London.

IN a former paper I brought forward some statistics, derived from the Annual Reports of the Registrar-General, tending to show—

1. That the annual death-rate is increasing.
2. That the average duration of life is decreasing.
3. That our *power over* disease is nowise proportionate to our *knowledge of* it; and that our treatment is less efficient now than it was thirty years ago.

The increase of the death-rate during the period alluded to is, in round numbers, about one in the thousand. This corresponds to three thousand additional deaths in London alone; and about twenty-two thousand in the whole of England and Wales.

I will not recapitulate further, but proceed from facts to their causes. Every effect has its antecedent cause, and it is the true province of science to investigate this. I believe that for the phenomena immediately in question there are causes in operation sufficiently obvious to be distinctly recognized; and of such a nature that, if honestly recognized, they may be avoided, and the consequences averted.

I do not think that the medical profession is solely and altogether to blame for the melancholy results on human life above mentioned. There are sources of evil greatly prevalent in

society at large, which have been vastly multiplied during late years. Men live much faster than they used to do; they travel faster; all the operations of business are conducted much more rapidly than they were; the wear and tear of life and brain are intensely aggravated. Fortunes are made and lost with great rapidity; and the hopes, fears and anxieties attendant upon the transactions are prolific sources of disease and decay. The lists of mortality are thus swelled, without our being able to trace the special causes by the names of the diseases. For great numbers of men die, and the cause of death is called, it may be, bronchitis, or pneumonia, or paralysis, or a hundred other names; the real cause being merely the cares and worries of life.

Then our habits of life are becoming year by year more unnatural. We dine when our forefathers went to bed; and take every precaution to prevent any lapse from an artificial state of existence. Hence new and varied forms of indigestion, with its thousand sons.

Doubtless these and many other circumstances connected with our present social condition do, to some extent, influence unfavorably our vital statistics. But we cannot attribute any *considerable* portion of the increased mortality to these causes. It is, of course, difficult to estimate with exactness the precise share each cause has in the general result. But if we may assume, as seems most likely, that the male sex will be chiefly affected by the influences now alluded to, we shall be able to arrive, by a process not necessary to dwell upon, at the conclusion, that not more than one-tenth part of the increased mortality is attributable to the changes consequent upon the constitution and development of society, and social life in general.

Yet the fact remains, that about 23 persons out of every 1000 die annually at the present time; whereas the average, twenty-five or thirty years ago, was rather under 22 in the 1000. I believe that this is attributable to the neglect or decline of medicine as an art, and, consequently, our diminished power in checking or controlling disease.

This will, doubtless, appear paradoxical, or something worse, to the minds of many. It seems strange enough to speak of the "decline of medicine" at a time when medical science is

cultivated with more method, persistence, zeal, skill and *success* than at any former period of our history. That all this is so I most firmly believe, and give all honor to those who give up their lives to these investigations. Yet I equally believe that, as a profession, we have gone astray from our true mission. It is to some extent true now, as it was in the day when Bacon wrote, "that medicine is a science which hath been more professed than labored, more labored than advanced—the labor being, in my judgment, more in a circle than progressive: I find much iteration, but small addition."

The field for thought that is here opened is very extensive; it may be, boundless. My object is to direct attention to a few only of our most obvious errors, and those that are most fruitful for evil. These may be noticed under four heads: as errors of theory, of education, of practice, and of fashion.

1. I have stated before, that medicine should be, before all things, the *art of healing*. I believe that our first and fundamental error in theory has been the overlooking of this definition, and viewing medicine as a science. Now, in any proper acceptation of words, medicine is not, and can never be, a science; it is an art, *sui generis*—fed, fortified and enlightened by science—but in no wise a science in itself. This is not a mere speculative matter—an affair of terminology. So long as we view medicine as a science, so long shall we be disappointed in our progress and our results. Science is steady, certain and progressive; art is vacillating, doubtful and limited. If we expect exactitude and certainty in medicine, because we rank it as a science, we shall be ever failing, ever doubting, and losing our faith, and, as a necessary consequence, our zeal. We can never hope to reduce medicine to mathematical formulas, in which disease and remedy will represent one side of the equation and health the other. We deal in such an infinite variety of unknown quantities, and indefinite variables, that we can never hope to reduce them to any fixed expression that can have a practical value. Besides disease, we have to deal in each case with age, sex, temperament, and previous history—elements which can to some extent be allowed for; we have also to deal with idiosyncrasy, with heritage, and with the thousand social surroundings, which will always baffle our calculations, and stultify our foregone conclusions.

At various epochs in the history of medicine, it has been hoped that it might become a special branch of chemical science. Some years ago this hope assumed a more definite and apparently promising form than it had ever before done. How we have been disappointed in this direction it is needless to show. No one now contemplates the possibility—save in some few exceptional instances—of forming out of two active disturbing causes, disease and chemical remedy, the neutral compound—health. Because there is a prevalence of acidity superficially apparent, we do not, *therefore*, calculate that alkalis will cure the pathological condition in which it is manifested, nor *vice versa*. We cannot with certainty calculate even upon altering an acid or an alkaline condition of the secretions by the obvious *chemical* resources. On the contrary, there is no more certain mode of relief known, for some conditions of the stomach in which intense acidity is a prominent symptom, than the administration of acids.

Science is knowledge, but such knowledge is not power in any practical sense. We know the motions of the planets, and can predict their phenomena with the utmost exactness, but we cannot influence them in any way. By science we know disease: science is diagnostic. It is by art that we treat it: art is therapeutic. All our art is derived from experience. It may be that in some few instances *à priori* considerations lead us to try certain modes of treatment; but in general they are empirical, and in all cases the final acceptance or rejection of the method is governed by experience. This could not be were medicine a science. Science knows, and is precise and positive. Art is variable, and selects. Science submits to no ignorance; but art is ignorant of much. Science is essentially contemplative; art is active. In the apt antithesis of Dr. John Brown: Science puffeth up; art buildeth up.

Practically, the result of this error of theory is this: with every advance of science, we are too much disposed to think that an alteration in our art is necessary; otherwise we should be tacitly admitting the barrenness of the science. We forget the results of long experience, to run after the phantoms evoked by our improved knowledge. We make a discovery in chemistry or in microscopical science, and we are but ill satisfied

if we cannot adapt it to our art. We improve in physiological knowledge; we learn the functions of a nervous tract with greater certainty; or we trace the relations of certain organs to extraneous influence more accurately; and in accordance with this, we alter modes of treatment which, up to the present time, we have been accustomed to think and to find satisfactory. Our disappointment in the result does not always teach us wisdom for the future.

I do not propose to enter deeply into the abstract question, but will merely state what I believe to be the fact, that pure science has in general done but little for art; whilst art has constantly and largely been contributing to the progress of science. In our profession this has eminently been the case: not the men of science, but those of careful and accurate observation, have generally been the men distinguished for healing gifts. Avoiding any allusions to men of the present day, let me illustrate my meaning by contrasting Harvey, the man of science, with Sydenham, the man of concrete observation; Sir Charles Bell, the discoverer, with Abercrombie, the physician.

Medicine has the same relation to science that poetry or painting has; and inasmuch as the most complete knowledge of the laws of perspective and the theory of light and colors would fail to make a painter; or the most intimate acquaintance with the rules of versification would fail to make a poet; so the profoundest knowledge of physiology and of all the sciences tributary to medicine would entirely fail to make a competent physician. Medicine is a faculty to be acquired, not a lesson to be learned—to be acquired by long and patient observation of complex phenomena, in their ever-varying combinations—not to be reduced to the hard and inelastic formulæ of science. In itself, I reverence science; but in the interest of true progress and of humanity, I trust we shall, for the future, hear more of the art of healing and less of the science of medicine.

2. The most important consequence of this theoretical error is, the false system of education that is entailed and necessitated thereby. Medicine being considered a science, it appears necessary to cultivate all the collateral sciences to the utmost. A man may be legally qualified to practice medicine at twenty-



one years of age. By that time he must have an accurate and minute knowledge of descriptive and general anatomy; he must be well versed in the latest views on physiology; his knowledge of pathology must be well vouched for; he must be sufficiently versed in chemistry to be enabled to analyze ordinary solutions, besides cumbering his memory with names, numbers and proportions without limit; he must be able to describe in scientific phrase, any plant which enters into the composition of the *Materia Medica*, and to anatomize any leaf or flower *secundum artem*; and he must have a competent theoretical knowledge of the principles and practice of medicine and surgery. By this time, also, he will have seen much operative surgery, and a minimum of medical practice at the hospital; and he must have practiced vaccination, obstetrics, and the minor operations of surgery; cking out this trifling curriculum with the study of forensic medicine and toxicology. Should he be destined for the higher walks of the profession, it would be much easier and shorter to enumerate the few subjects he need not study, than to catalogue the heterogeneous farrago of learning with which he must bewilder his unfortunate brain. It is evident that much of this learning must be acquired in a superficial and perfunctory manner, and that the knowledge necessary for passing the examinations must be "crammed"—to be disgorged and forgotten at the earliest possible period afterwards.

Against the combined wisdom of modern authorities, I would not venture to assert positively that all this is not wise or necessary. It may be that a precise knowledge of all the processes and foramina of the sphenoid and other bones is an urgent matter; that we cannot give quinine with due effect unless we can describe, botanically, the *Cinchona-oblongifolia*; and that we are virtually disqualified from administering a dose of calomel, unless we remember accurately its chemical composition and mode of preparation. But this I can assert: that numbers of young men, hard-working, conscientious students, gifted with intelligence above the average, who have passed through the schools with a single eye to their ultimate mission, with credit and distinction, have confessed to me, with bitterness and shame, how utterly helpless they felt when brought face to face with disease, and how intolerably far

apart from the great purpose of their lives was almost the whole of their former studies. A great French surgeon once spoke of the necessity of "spoiling a hatful of eyes" in learning the extraction of cataract: how many hecatombs of patients are likely to perish whilst the student is painfully forgetting his school lore, and slowly acquiring the art of healing? This art must be learned by practice, accompanied by practical tuition; and a very large proportion of all else that is now taught is just as necessary, as it would be to insist that a painter must be able to make his own colors, and be acquainted with their natural history and chemical constitution, before he is allowed to exhibit a picture.

That a physician should be a man of science is a very desirable thing; but he ought *first* to be a physician, and accessorially the other; whereas, under our present system of education, he is first made a man of science, and is left to take the remote and uncertain chance of becoming a physician in the true sense of the word.

I believe that here is the root of the evil, however difficult it may be to devise a remedy. The ranks of our profession are constantly recruited with young, *very* young men, who confess themselves, in a great many instances, incompetent to grapple with disease; well educated, highly cultivated, it may be, in science, but wholly helpless when confronted with the responsibility of a serious case. Feeling their own inefficiency, they are prepared to adopt any views or theories of practice, however wild, that are propounded with sufficient confidence, or that are the fashion of the day. Science has *principles*, whereas art has *methods*. Instead of searching after methods, the tendency of the day is to seek for principles. As these cannot, by the hypothesis, be attained, loose and plausible theories are adopted in their place. Hence the variable and vacillating character of our treatment, and the fatal error ultimately, of losing faith in all therapeutics, except expectancy and *stimulation*.

3. and 4. This brings me to the errors of fashion and practice, which it is more convenient to discuss together. To enter fully into this subject would be to write the history of medicine. For this I am not prepared. I can, therefore, but give a few illustrations of my meaning.

I believe that, in deference to popular prejudices and pseudo-scientific theories, we have from time to time forsaken and lost sight of modes of treatment that had been tried and proved as efficacious by long years of experience. The murrain of homœopathy and other follies came upon us for our sins. Many of our profession, having from causes already stated, no reliable methods of their own, adopted the new lights, partly from fashion, partly from lack of any conviction whatever, and partly from failure in wielding the legitimate weapons of war against disease. Many others, professing eclectic impartiality, neither adopted these views nor adhered to their own, but lapsed into utter unbelief as to our power of influencing disease. Others again, witnessing the conflict of opinions amongst intelligent men, grew utterly careless, thinking that any course of treatment would do well that was the least irksome. Finally, a large majority forsook certain forms of *active* treatment, such as had been proved to be powerful in controlling certain diseases, because they seemed to be no longer in accordance "with the spirit of the age," and attempted to justify this to their own minds by some theories of "change of type" in disease.

An apt illustration of these remarks may be drawn from bleeding. I am no advocate for the indiscriminate use of the lancet that prevailed at one time; but I believe that in forsaking it so entirely as we have done, we have relinquished a most powerful and efficient agent in therapeutics. It was, in former days, the practice to treat many inflammatory and congestive affections by bleeding; and those who remember the results cannot fail to see that many cases were cured or cut short by this course that are now left to the chances of almost spontaneous cure—certainly with unfavorable results to mortality. We seem to have forgotten that spontaneous hæmorrhage, from the nose or elsewhere, often appears to avert serious illness, and to indicate the artificial mode of cure. Speaking from personal remembrance, no theory can ever make me forget the blissful, immediate, and perfect relief that twice followed bleeding in two attacks of croup. I have, in modern times, also seen the most marvellous alteration for the better produced by blood-letting in cases of lung congestion resulting

from heart-disease, when the "supporting system" had been long persevered in, with the sole effect of aggravating the symptoms. Is it not worthy of consideration, also, whether the increased fatality of apoplexy, and sundry other affections of the brain, is not in some measure due to our neglect of this agency?

In like manner has the use of mercurial preparations been subjected to the vagaries of fashion and theory. Until late years, the utility of mercury in some affections of the liver, for instance, was never doubted; and the results of practice were strongly confirmatory of this view. Yet, no sooner is it discovered that mercury does something, or fails to do something, in the animal economy, that was not known before, than we ignore our previous therapeutic experience, and adopt some other method of cure.\*

The same observations may apply with equal force to the use of active purgatives and other potent agents of our *materia medica*. We now make but very little use of these, compared with old times. And yet no one who has been much engaged in actual practice can fail to remember numerous instances in which great and immediate benefit has accrued, obviously *from* their use. Does not this prove that our disappointment in the general results, and our consequent abandonment of the means, are due simply to our own ignorance—to the lack of careful, persistent observation of symptoms, and in no wise to want of power or virtue in the remedies themselves?

I have reserved for this late consideration one monstrous and gigantic source of evil—a compound of theory and resultant practice—which I believe to be the cause of more avoidable deaths than all our other errors combined. The theory is, that all diseases tend to death, and, *therefore*, the powers of life must be supported. The practice is, the great prevalence of feeding and excessive stimulation. Space does not allow me to enter upon any scientific investigation of the subject. I must content myself with giving the *result* of long and careful thought, with ample test and experiment in hos-

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\* I refer here wholly and solely to specialism in *medical* disease. I believe it to be a necessary and advisable proceeding in many departments of *surgery*.

pital practice. That result is, that nothing can be more erroneous than the theory—nothing more fatal or more fruitful in proteiform evil than the practice.

I have stated in a previous paper that the deaths from bronchitis have increased from 2067 in 1838, to 41,000 in 1866, and that those from "heart-disease" have increased during the same time from 3319 to 21,197. Now bronchitis is not, or rather ought not to be, an essentially fatal disease, in the sense that cancer, pyæmia, or phthisis may be considered such. Disease of the heart is likely, in some degree, to shorten life, but is by no means so essentially and speedily fatal as is often supposed. It is almost always by the production of secondary and congestive affections that disease of the heart proves fatal; and if these can be warded off, life may be prolonged indefinitely. I have known many patients with valvular obstruction live a long term of years, and at the end be hurried off by indiscreet zeal in treatment. I cannot give individual instances for obvious reasons.

With regard to these two diseases, bronchitis and heart affection, the increased mortality in which is so enormous as to account for the whole average increase in deaths, I have not the slightest hesitation in attributing the fatal result, in a vast proportion of the cases, to the vicious habit of treatment that has become more and more prevalent for many years, and especially to that most pernicious habit or fashion of giving stimulants largely and indiscriminately. Alcohol is poison in bronchitis, speaking generally; and in affections of the heart there is nothing that so much favors the development of local congestions as these stimulants.

Another serious evil connected with this practice, is its ultimate result on individuals and families, apart from the disease. By the loose method in which many of our profession order wine and brandy for even slight neuralgic affections, a taste for drinking is established, the consequences of which are often not to be calculated. Most assuredly I have seen large families swept off entirely, all by affections connected with alcoholism, the original use of the stimulant having been "by medical order."

I wish very briefly to notice two other circumstances con-

ned with our modes of practice: one of which has a tendency to render therapeutics uncertain; the other to hinder the true advance of medicine. I refer to the constant running after new medical agents; and to the system of medical specialisms. The evils of the former practice are patent and glaring. New drugs are introduced, and vaunted as specifics; and before their virtues or properties have been ascertained by experience, they are deposed in popular favor by some other and newer remedy. Hence arises our woful want of true knowledge as to the weapons at our command, their virtues, and the proper method of using them.

I cannot venture to say much more upon the practice, now so prevalent, of dismembering the organism, and making a specialism of the treatment of some one class of diseases.\* I believe that the true method of viewing disease is, as a *de-parture from proper co-ordination of all the functions*. If this be so, then the prevalent practice must be opposed to the advance of true knowledge; not to dwell upon the fact that thereby our best men are withdrawn from the field of general utility, and the great and all-important subject, the detention and treatment of *obscure disease*, is systematically neglected. But with this brief hint I dismiss the subject at present, as being too extensive, and, I may add, too delicate in relation to the prejudices of many, to dwell upon more fully.

Thus I have endeavored, very imperfectly, to trace a few of the most prominent causes for the sad phenomena of the retrogression of our art, *pari passu* with the advance of our science. The knowledge of this evil should suggest the remedy, so urgently needed. Perhaps some bolder pen than mine may take up the theme, and expose the "sores and imposthumes" from which we, as a profession, are suffering. Meanwhile, I would only suggest that our first reform should be

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\* It is not long since that I saw a case of simple jaundice that had been under the care of one of our most eminent specialists. It had resisted the most *strenuous efforts* to cure it by small doses of solution of acetate of ammonia (!); and this being the case, the patient was told that it was a case of "scirrhus of the liver," and was sent home to die! No active treatment, and no mercurial, had been tried. A few small doses of mercury-with-chalk, with other mild treatment, removed the affection; and I believe the patient is alive and well at the present time.

directed to our system of education—*ab initio*—to devise some real, sound, practical system of teaching and learning the Art of Healing.—*London Lancet.*

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ARTICLE XXXIX.—*Pathogenesis of Rana Bufo (Common Toad).* By L. T. HOVAT, M.D. From the “Nouvelles Données de M. M. Hom. et de Toxicologie.”

1. Sadness full of restlessness and apprehension.  
Great susceptibility of character.  
He is irritated and weeps about the merest trifle.  
Excessive anguish.
5. He is anxious about the state of his health, is afraid he will die or that some other misfortune will happen to him.  
Changeable humor, taciturn, hypochondric.  
Defiance, duplicity, rancor.  
Repugnance to conversation.  
Aversion to strange people.
10. Desire for solitude and still he apprehends to be left alone and to die forsaken.  
Fear to catch the diseases of others.  
Impatience and ill humor.  
Great disposition to be frightened; a passing bird or little insect makes her tremble.  
Fear for animals.
15. Anger, with desire to strike and to destroy.  
Paroxysms of fury, which ceases as soon as he sees somebody.  
Languor, laziness, no desire for any occupation, or he performs only mechanically what he does.  
Distraction, loss of memory.
- \* Weakmindedness.
20. Great difficulty to get his thoughts together.  
He takes one word for another; or he pronounces only one half of a word and is angry, because he is not understood.  
He wants to get drunk and feels pleased when he is intoxicated.  
Idiocy, mania, furious folly.  
Sensation, as if a steaming vapor rose to the top of his head.

25. Vertigo with tottering, so that he has to hold on to something.

Movements of traction and of relaxation alternately in the temples.

Sensation of a great weight on the head, with lancinating pains in the forehead and eyes.

Stitches in the temples accompanied by constriction of the throat.

Great heat in the interior of the head, with sensation as if the whole brain were in ebullition.

30. Neuralgic pains running through the whole head and affecting the eyes and the nucha.

Headache either on the right or the left side.

Pains in the head radiating to the maxillary sinus.

Stitching, stinging pains in the brain.

Dullness and heaviness of the head, so that he has to support it.

35. Sensation as if the head got hammered on different places, with commotion over the whole brain.

Pressure in the temples, as if the head were compressed by hands of iron.

Headache with vertigo, trembling of the whole body, dimness of sight, nausea, retching and vomiting.

Pressive pulsative pains in the head with frontal heaviness.

Sanguineous congestion with internal pains in the brain.

40. Very painful cramps felt from the head to the cheeks and vice versa.

Lancinations in the cerebellum, making the head fall backwards, loss of consciousness and falling down, tonic and clonic spasms, turgescence and distortion of the face, convulsive agitation of the mouth and eyes, sanguinolent salivation, involuntary emission of urine, repeated shocks through the whole body, the lower extremities are more in motion than the upper ones, copious perspiration running down the face.

After the fit debility, palpitations, general malaise, trembling of all the extremities, spasmodic movements of the intestines, colic and pains going to the groins.

Sensation of shaking, as if a heavy ball runs around in his head.



Numbness of the head with sensation of drunkenness and great somnolence.

45. Sensation as if his head were full of water.

Pressive and contractive pains in the interior of the head.

Severe stupefying headache with sensation as if the hairy scalp and the ears were burned by an acid.

Lancinating pains going from the interior of the head to the forehead and eyes.

Aggravation of the pains by cold air and by walking.

50. Sensation of shivering and of vibration in the head, accompanied by fluent coryza.

Semilateral headaches with nausea, weakness and need to lie down, especially in the evening.

Hammering pains felt from the eyebrows to the cerebellum.

Pulsative and lancinating pains, as if he had an abscess in the head.

Excessive headache after having taken some liquor.

55. Great sensitiveness of the scalp.

Sensation as if the bones of the cranium separated.

Disposition to catch cold in the head.

Frequent and oily sweats on the head, especially evenings.

Burning itching and tingling in the scalp.

60. Sour and disagreeable odor of the hairs.

Phlyctenoid eruption, thick crusts, with pus under them, on the scalp.

Insupportable itching in the nucha.

Change of color of the hair and alopecia.

Complete baldness.

65. Sensation as if the eyes were full of sand.

Inflammation of the eyes and eyelids.

Considerable lacchrymation.

Photophobia.

Lancinating and drawing pains in the eyes.

70. The cilia fall out.

Uneasiness in the eyes with dimness of sight.

All objects appear crosswise.

Burning pains in the corners of the eyes with ulceration and suppuration of these parts.

Convulsive winking of the eyelids.

75. Pressive and crampy pains in the eyes with dazzling and dizziness.

Continual winking.

Sensation as if cold water were thrown on the eyes.

Eyelids swollen and burning.

Ulceration of the eyelids.

80. Heavy crusts on the eyelids.

Pupils dilated and apparently vacillating.

Myopia.

He cannot bear to look at brilliant objects.

Pupils with white or red reflex.

85. Ulcers on the cornea.

Mouches volantes before the eyes.

Presbyopia.

Sensation of burning heat in the ears.

Crampy pains in the interior of the ears.

90. Twitching and digging pains in the ears, as if he had there something strange.

Pulsative pains in the right ear, with sensation as if hot vapors came from it.

Crackling, roaring, tingling noises in the ears.

The beat of the heart is heard like the beat of a drum in the ears.

Great sensitiveness of hearing.

95. The least noise disturbs him, even music is unbearable.

Deafness.

Purulent discharge from the ears.

Sensation as if the auditory canal were closed up by concretions.

Ulcers and abscesses of the ears.

100. Contact of water aggravates all the troubles of the ears.

Hardness of hearing, he listens and comprehends the words only with great difficulty.

The affections of the ears coincide frequently with those of the eyes and the head.

Inflammatory swelling of the ears and parotids.

Desquamation, ulceration, suppuration and hæmorrhage from the ears.

105. Herpetic eruption back of the ears with insupportable itching.

Distensive pains in the ears, as if an animal would force its way in.

Pressure exercised on the submaxillary glands relieves the internal pains of the eyes.

Excrescences like warts on the ears.

The ears swollen and encrusted.

110. Stuffing with the sensation, as if the nose were clogged up.

Heat and great itching in the nostrils, wants to dig constantly with the fingers in his nose.

Burning lancinating pains in the nose, going up to the forehead.

Nostrils ulcerated, as if they had been burned.

Epistaxis especially mornings and evenings.

115. Loss of smell.

He bleeds from the nose nearly to fainting.

Coryza with great dryness of the nose.

The cold air which he breathes seems to corrode the nostrils.

Fluent coryza with frequent sneezing.

120. Discharge of yellowish, greenish, grayish and foul-smelling mucus, increased in the evening and after having been in the fresh air.

Throbbing and gnawing pains in the bones of the nose.

Nose swollen, red and covered with pustules.

Face pale, yellow or gray.

125. Face sunk in, bony with large red eyes or hollow and with a circle around them.

Water and humidity are very disagreeable to the face and produce blotches.

Great itching of the cheeks.

Redness of the face, as if he came from a vapor-bath.

Subcutaneous boils on the cheeks.

130. Eruption like small furnuncles on the cheeks and on the neck.

Pustular, red and very painful nodes on the forehead.

The skin of the face tans easily, and excoriates and cracks.

Inflammation and puffing up of the face, the eyes appear lost in their orbita.

Phlegmonous erysipelas of the face.

135. Crusts and fissures in the face.

Acne rosacea.

Great sensibility of the skin and of the bones of the face.

Lancinating pains in the face, with sensation as if the bones were bruised.

Pulsation and heat of the face, as if he had been too near the fire.

140. Inflammation, swelling, and caries of the bones of the face.

Red blotches in the face.

Large quantities of scales, constantly renewing themselves in the face with insupportable itching.

The lips contracted, dry, chapped, bleeding, very painful.

Phlyctænæ on the lips.

145. Herpetic ulcerations on the commissures of the lips.

The lips swollen, thick, hanging.

Mouth burning, as if he had put an acid there.

Very copious salivation.

Erysipelatous inflammation of the whole mouth.

150. Cold liquids aggravate all the pains in the mouth.

Tongue thick, hard, and full of small burning pimples.

Tongue smart and bleeds easily.

Desire to drink and to moisten the tongue, although full of saliva.

Difficult, embarrassed, incomprehensible speech.

155. Large pimples, like abscesses on the tongue, can only eat with great difficulty.

Tongue cracked and frequently of a bluish color.

Cracks and exfoliation of the walls of the cheeks.

Salty or bloody taste of the food.

Lancinating, piercing, digging toothache, excited by cold air, change of temperature and motion.

160. Racking toothache, with contraction of the jaws and squeezing of the teeth.

Toothache especially in the evening and at night.

Gums swollen and easily bleeding.

Cold, abscess and ulcers in the gums.

The teeth appear too long and loose.

165. The teeth become carious and fall out easily.

They seem to re-enter the gums when eating.

Sensation of excoriation and of lancinating pains in the throat.

Convulsive movements and constriction in the throat, with sensation as if he had a stone there.

Accumulation of large quantities of viscous mucus in the throat, with the continual taste of blood.

170. Inflammation and swelling of the throat and tonsils.

Difficult and painful deglutition, he can hardly swallow his saliva.

Pulsative pains and as of an abscess in the tonsils.

The air, passing his throat, seems impregnated with a corrosive acid.

Desire to snuff constantly.

175. The mouth full of thick mucus.

Respiration sibulant, difficult, with rales.

Membranous productions in the larynx.

Sensation of compression in the larynx, with great difficulty of breathing.

Pulsative, lancinating, excoriating pains in the larynx.

180. Ulcerations and tubercles in the larynx.

Burning and bleeding fissures in the larynx, with severe, suffocating, jerking cough.

Obstinate hoarseness.

Large quantities of mucus obstruct the larynx and bronchi.

Severe cough, excited by a continual tickling in the larynx.

185. Hollow and deep cough, with lancinating bruising pains on the left side of the chest.

A thick cough, especially in the morning on waking up, and in the evening, with chilliness, followed by great heat and congestion of the chest.

Dry cough, with burning in the larynx and chest.

Violent cough, provoking vomiting.

Expectoration abundant, foaming, whitish, yellow, green, gray, purulent.

190. Cough, with expectoration of mucus and blood, or only of blood.

Cough after rest or after the least emotion.

Clear viscous expectoration, frequently without cough.

Sensation of contraction in the windpipe, and heaviness in the chest.

Difficult and noisy breathing.

195. His breath in the morning is extremely foul.

Painful spots in the chest, so that he cannot take a long breath.

Oppression of the chest, with palpitation, especially when walking a little fast or ascending an eminence.

Burning heat in the chest, as if he had a chafing-knife in it.

Dyspncea, with impossibility to lie down, he is obliged to remain sitting and bent forwards.

200. Cutting pains in the whole chest, accompanied by tickling and stinging.

Hoarse cough, with tearing sensation in the chest.

It feels as if the lungs did not receive air enough.

Attack of paralysis of the lungs and of suffocation.

Weakness of the chest, with sensation as if it would never expand any more.

205. Granulations and tubercles in the lungs.

He cannot keep quiet, is constantly on the move, though motion aggravates his sufferings.

Inflammation and swelling of the lungs, especially on the left side, with severe and fatiguing cough.

He looks for a warm place, is always cold, especially in the extremities.

Violent pruritus, which seems to come from the lungs, frequently changing its place.

210. He must keep himself bent over, on one side or the other, to ease his pains.

He is irritable, pre-occupied with his disease, with great apprehension of death.

Desire for sweets, for acid fruits.

Continual taste of blood in the mouth.

Sensation of scraping and of weight in the heart.

215. Shooting pains in the region of the heart, as if something would distend itself.

Raking, shaking pains in the cardia, with great oppression, especially in the evening, after meals and walking.

Sensation of trembling of the heart.

Pains as if the heart were pricked with needles.

He has to press his heart, to ease his sufferings.

220. Sensation of rattling and of numbness, beginning in the cardia and spreading over the whole chest.

Sibilant respiration.

Sensation as if the heart were very large and swimming in water.

Palpitation, quicker or slower, intermittent and irregular.

Taste bitter, sour, flat, bloody, coppery, insipid, salty, strong, oily.

225. Loss of appetite, with thirst.

Great hunger, even after eating, especially in the evening.

Flat and disagreeable taste of the food, especially in the morning.

Sensation of burning heat in the stomach after eating.

Repugnance to salty or hot food.

230. He likes to partake only of particular dishes.

Dislike to strong odors, especially tobacco.

Desire for milk, dainties or liquors, to get rid of the bad taste in his mouth.

Would like to be in the country and enjoy the verdure.

Sugar-water and milk produce eructations and nausea.

235. He feels after breakfast as if he had not taken any.

Heat and uneasiness in the stomach, shooting to the back, with scraping in the epigastric region.

Darting, shooting pains and contractions in the stomach.

Sensation of emptiness in the stomach, or alternately of heat and of cold.

Fullness, heaviness and swelling of the stomach.

240. Tingling and gnawing sensation in the stomach.

Frequent hiccup.

Incessant eructations in the morning and evening.

Acrid, bitter and nauseous taste.

Pituita, followed in the morning by bitter and bilious vomiting.

245. Painful digestion of all aliments taken in the morning.

Regurgitation and pyrosis after every meal.

Cramps in the stomach, arresting digestion.

Nausea, with sensation of drunkenness, especially in the morning and evening.

After eating, he always feels like a drunken man.

250. Abundant pituita rising up every afternoon, with relief.

Sensation of debility and of goneness in the stomach.

Incessant emaciation, although he eats with appetite.

Nausea, with heaviness and pressure in the epigastric region.

Vomiting of everything he takes.

255. Vomiting of the food, of bile and of mucus, accompanied by a bloody taste in the mouth, and of tensive and crampy pains in the stomach and abdomen.

Stomach-ache, with burning and lancinating pains, radiating to the liver and to the heart.

Vomiting, with desire for stool.

Vomiting after a siesta, especially in the afternoon.

Yellow, greenish, or blood-streaked vomiting.

260. Wine aggravates the stomach and produces vomiting.

Brown vomit, or of clear blood.

Burning, crampy, sticking pains in the stomach.

Burning in the stomach, especially after eating.

Cramps in the stomach from the least movement.

265. Great sensibility of the epigastric region.

Sensation of sinking and of gnawing, accompanied by neuralgic pains in the liver and stomach, especially at night.

Excoriating and scraping pains in the stomach, and sensation as if he had stones there, which try to force their way through the cardia.

Pulsative pains, with sensation of swelling and tearing in the liver.

Burning and contractions in the region of the liver.

270. Every motion aggravates the pains in the liver.

Cramps in the liver, so that he twists himself and forces him to cry out.

Pulsative and lancinating pains in the liver, as if he had an abscess, accompanied by bilious vomiting.

He has frequently to change his position.

Inflammation and swelling of the spleen, with pressive and lancinating pains, desire to go to stool without accomplishing anything, constipation and disposition to be frightened.

275. Swelling of the abdomen, with heat and shooting pains, especially in the left side.



Great heaviness of the abdomen, with sensation as if the bowels were pressed and crushed.

Abdominal cramps, as if the bowels were twisted and in a knot.

Sensation as if cold balls were running to and fro through the intestinal tube.

Inflammation of the bowels, with distensive pains, swollen abdomen, colic and diarrhœa.

280. Tensive pains and weariness of the abdomen, the pains extending to the hypochondria.

Violent colic, with convulsive movements of the jaws and of the extremities.

Colic, with sensation as if the bowels were torn asunder, borborygmus and flatulency, rising from the bowels to the stomach.

Great sensitiveness of the abdomen, the least pressure produces severe stitches.

Bloatedness and hardness of the abdomen.

285. Encysted tumors in the mesentery.

Swelling of the inguinal glands.

Constipation, frequent desire to stool without result.

Difficult and hard stools.

Several stools during the day.

290. Diarrhœic stools, escaping sometimes involuntarily, with burning in the abdomen, especially in the rectum.

Diarrhœic stools, with tenesmus and faintness.

Sanguinolent diarrhœic stools, followed sometimes by white and very liquid stools.

Yellow diarrhœic stools mixed with dark substances.

Brown, foul-smelling stools.

295. Diarrhœa, frequently accompanied with inclination to vomit.

Watery diarrhœa, with copious urination and bulimy.

Large serous accumulation in the hypogastric region, as in ascites.

Burning in the bowels, as from an eruption.

Ascarides and lumbrici.

300. Erysipelatous swelling of the anus.

Blind hæmorrhoids, with great sufferings.

Very painful hæmorrhoidal knobs protrude frequently.

Hæmorrhoids, with bloody discharge, or sometimes purulent discharge.

Prolapsus recti, even if there is no stool.

305. Itching and burning in ano.

Excoriations between the buttocks and the thighs.

Great heat, contraction, raking pains in the kidneys.

Nephritic colic.

Sensation as if the bladder were swollen, with continual desire to urinate.

310. Distensive pains, with sensation of swelling and of distress in the kidneys.

Piercing pains, with weariness in the loins, he is obliged to lie on his back to assuage them.

Pulsative and lancinating pains in the kidneys, with hæmaturia.

Soft concretions in the kidneys and bladder.

Very frequent urination.

315. Clouded and gray urine.

After every urination, painful places in the kidneys and bladder, weakness and faintness.

Whitish urine, with chalky sediment.

Urine full of glairy mucus.

Sensation as if the neck of the bladder were obstructed by polypi.

320. Incisive pains, as if a knife passed through the whole length of the urethra, with the need to support it with his hands.

Great smarting in the urethra, even after urinating.

The penis red, swollen and burning.

Discharge of abundant yellow and grayish mucus from the urethra, with weariness and weakness in all the lower part of the body.

Hardly any erection.

325. Ulceration in the urethra and meatus urinarus.

Burning pains in the prepuce.

Warty excrescences on the glans.

Smarting miliary eruption on the penis, pubis and scrotum.

Pains in the testicles as if they were twisted and drawn up, at other times as if they would re-enter the abdomen.

330. Inflammation of the testicles, with the sensation as if a tumor were forming.

The least motion aggravates the sufferings of the genital organs.

Apparently tuberculous pimples on the scrotum.

Atrophy or hypertrophy of the testicles.

Complete absence of venereal desire.

335. Obstinate impotency.

Aversion to coitus.

Prompt ejaculation, but without pleasurable emotion, sometimes with spasms and weakness of the extremities.

Frequent nocturnal emissions, followed by debility.

Exaltation of venereal appetite.

340. Slow ejaculation, or entirely wanting.

He seeks solitude to give himself up to onanism.

Inflammation and swelling of the inguinal glands.

Enormous scrofulous boils on the groins.

Sensation of burning, heat and of stitches in the ovaries.

345. Swelling and great sensibility of the ovarian regions.

Ovarian hydatids.

Violent cramps in the ovaries, radiating to the groins.

Inflammatory swelling of the uterus.

Distensive and burning pains, or crampy, raking and gnawing in the womb.

350. Sensation of something rising from the uterus to the stomach, with nervous agitation and spasms.

Hard tumors and polypi of the uterus.

Severe stitches, like stabs in the uterus.

Aggravation of the uterine pains in the morning, on motion and after sitting too long.

Menses too early and very copious.

355. Menses, with passing of clots or very fluid and pale.

Before menstruation, headache, desire to vomit, colic, itching and burning in the uterus and vagina.

During menstruation, contraction in the hypochondria, pains in the liver, palpitations, chilliness over the whole body, especially in the legs, great venereal appetite, shooting in the region of the spleen, weariness, debility, general malaise.

After the menses, tired feeling and ill-humor.

Bloody discharges at other times than the menses.

360. Metrorrhagia.

Gripping pains and contractions in uterus, like labor-pains.

Disposition to abortion.

Ulceration and fissures on the os uteri.

Difficult, painful and tedious labor.

365. Itching in the vulva excites frequent pollutions.

Herpetic eruptions, burning and sanious oozing from the vulva.

Before and after the menses, yellow, thick or white leucorrhœa, or like cream, or like water, wherein meat was soaked.

Leucorrhœa, especially in the evening, with colic, burning in the lower abdomen, torticollis and general cramps.

Purulent and very fetid-smelling leucorrhœa.

370. Sensation as if the breasts were drawn towards the abdomen.

Inflammation and swelling of the breasts.

Engorgement of the breasts.

The milk not sound and frequently mixed with blood.

Large burrowing abscesses in the breasts.

Small indurated nuclei and scirrhus tumors in the breasts.

375. Tearing, digging, lancinating, stinging, gnawing and crampy pains in the mammary and axillary glands.

Sensation of tension and of shuddering in the skin.

It seems as if the skin were stretched to bursting.

The skin, burning, red and crimped in different places.

Smarting, unbearable itching over the whole body, aggravated by the fresh air.

380. Sensation of tickling in the skin, as if insects or a feather would tickle it.

Miliary and urticarious eruptions.

Many nodosities, like subcutaneous tubercles.

Small white pimples, lasting only one day.

Pimples resembling small furuncles.

385. Sickly skin, excoriating and chapping easily.

Eruption, resembling itch, lichen or prurigo.

Phlyctœna and pemphigus.

Furfuraceous, humid, crusty herpes of yellowish color.

The cutaneous affections are aggravated in the evening and at night.

390. Dandruff and scales in the hairy scalp and all over the body.

Skin moist, humid or dry and rough, like parchment, changing frequently its temperature.

Greenish skin, appearing always oily and dirty.

Icteric color of the skin.

Bloated or stretched skin, or relaxed and flabby; erysipelalous eruption on different parts of the body.

395. Phlegmonous erysipelas, leaving behind deformation of the features.

Furuncles and abscesses.

Malignant tumors, with erysipelalous character.

Great sleepiness, especially in the morning, after the siesta, or after having been in the fresh air.

Sleepiness in the evening and at night.

400. Sleepiness after meals and in the afternoon.

As soon as he lies down he is assailed with cramps and pricking in all the extremities.

Neuralgic pains, especially in the head, with great anguish and preventing sleep.

When lying on his back all his sufferings are aggravated, he is obliged to lie on his right side or on his stomach, in order to sleep.

Sleepiness, with agitation and insomnia, he throws himself constantly about on his bed.

Very heavy sleep, with congestion to the head.

405. Late sleep, prolonged towards morning, with dreams, nightmare and great fatigue when waking up.

During the sleep excessive sweating, especially towards morning.

When waking up, stiffness of neck, arthritic pains and general aggravation.

Restless sleep, dreaming about frightful things, with starting and palpitations.

Frequent, fantastic and frightful dreams.

410. Dreams about journeys, projects and other great things. Sleep, with speaking, crying out and groaning, awakes sobbing.

Insufficient sleep, wakes up too early.

Obstinate chilliness in bed during the night.

Sorrowful, or very pleasant dreams.

415. Ill-humor when falling asleep and when waking up.

When waking up great lassitude and desire to sleep again, as if he had not slept any.

Fever.

Alternation of chill and heat surging in the lower part of the body.

Coldness and chilliness, with moisture of the skin, nervous excitability and trembling.

420. Calor mordax, with fullness of the head, burning in the neck, throat and chest, agitated pulse, great thirst.

Copious sweat, accompanied by weakness, frequently by morbid hunger.

Aggravation of the fever in the evening, at night, and sometimes in the morning.

Quotidian evening fever, with great languor.

Fever with chills, exaltation of muscular force and delirium, especially evenings.

425. Heat and burning over the whole body, accompanied by fits of chilliness.

Tertian fever, with general lassitude, great hunger and unquenchable thirst.

Pulse hard, frequent, irregular, more elevated and agitated in the evening than in the morning.

Night-sweats, especially on the head, chest and back.

Weakening perspiration, smelling very sour, especially in the morning, in bed.

430. Copious perspiration by the least motion.

The body is nearly always bathed in perspiration.

Sensation of heat and turgescence, followed by general contraction and icy coldness.

Restlessness over the whole body, with great moral and physical agitation.

Malaise and weakness, especially mornings, he is hardly able to move.

435. All ailments show themselves especially mornings and evenings, aggravated by great heat, substantial dishes, meat, strong odors of liquors, humidity, or by working in water.

Pains either right or left, but hardly ever on both sides.

Cold, chilliness, trembling, vertigo, especially when going in the fresh air.

He must perform in the evening some gymnastic exercises. Constant sensation of drunkenness.

440. Inflammation and sanguineous congestion in the chest, throat and head.

Tingling and torpor in different parts of the body.

Cramps and sudden startings in the extremities.

Epileptic convulsions in the evening, at night, and sometimes in the morning, also at the time of the new moon.

Tetanus.

445. General weakness, frequently accompanied by palpitations and vertigo.

Fainting fits after the siesta and in the evening.

Great fatigue and profuse sweating after the least effort.

Nervous fits, with alternate laughing and weeping.

Swelling and redness of the whole body as from a general erysipelas.

450. Emaciated body with a bloated abdomen.

Obesity.

Great sensitiveness to cold air and to wind.

Swelling and induration of the glands.

Swelling, ulceration and crookedness of the bones.

455. Lancinating, digging, tensive and laming pains in the extremities.

Pulsative pains in the articulations.

Sensation as if he had been bitten in different parts of the body.

Great weakness, with the sensation as if all the bones sank under their own weight.

Contractions and very painful cramps, going from the extremities to trunk.

460. Frequent cramps, with increasing intensity in the cold air, in the evening and morning.

Extremities benumbed and like dead in the morning when waking up.

Contusive pains in the arms, in the legs, in the kidneys, especially during motion.

Frequent pains of luxation.

Trembling of the extremities.

465. Contractions in the right arm and leg.

Digging pains in the shoulder-joint.

Bruised and crushing pains in the arms, especially in the articulations.

Numbness of the arms, with great difficulty to move them.

Weariness of the arms with violent pains, when changing his position.

470. Drawing pains in the arms, especially in the evening, at night, and when waking up in the morning.

Burning lancinating pains in the bones of the arms.

Pulsative and lancinating pains with erysipelalous swelling of the arms and hands.

Inflammatory tumors of the arms.

Paralytic weakness of the arms and hands.

475. Muscular exaltation, he wishes to have his arms constantly employed.

Luxative pains, especially in the wrists.

The lightest garment on the arm incommodes and feels uncomfortable.

Swelling of the wrist and of the articulations of the fingers with burning pulsating pains.

Arthritic nodi.

480. Hands and fingers benumbed and stiff, with disposition to become crooked.

Chapped and cracked hands.

Burning urticarious eruption on the hands.

Frequent perspiration of the hands.

Warts especially on the back of the hands.

485. Panaritium of the bones of the finger.

Lancinating pains, with lassitude in the haunches and legs, especially when walking or changing his position.

Bruised pains in the knees, he is obliged to squat down.

Burning and dryness of the knee-pan.

Tumefaction, like phlegmasia alba dolens, from the groins to the hamstrings.

490. Great weakness of the legs, so that they are hardly able to support the body.



The feet are apt to turn in walking, as if sprained.

Gouty swelling of the legs.

Sensation as if the legs and the feet were over hot coals.

Inquietude and crawling in the legs; he is obliged to move constantly and cannot find any position comfortable.

495. Cramps in the legs and toes, especially when going to bed.

Tottering gait, so that he jumps more than he walks.

Luxative pains in the knees and feet.

Numbness of the feet.

Heaviness of the legs with sensation of shooting in the extremities.

500. Twitchings in the knees, especially when walking.

Sensation as if a pin were stuck in the thigh, knees and feet, so that he cannot move the joints.

Swelling of the knees, with pulsative and distensive pains.

Varicose tumors of the legs.

Herpes furfuraceus with great itching of the thighs and legs.

505. Deep red tumefaction, like contusions on the legs.

Swelling of the legs, especially in the evening and after marching.

Erysipelas of the legs.

Arthritic swelling of the feet.

Burning, lancinating and pulsative pains in the feet, with the sensation as if they were too tight.

510. Chilliness and numbness of the feet.

Blisters and corns on the feet.

Inflammation, swelling, and great fragility of the bones of the legs.

Tophus on the knees and feet.

S. L.

ARTICLE XL.—*Inquiries relating to the Therapeutic Effects and Uses of Mechanical Vibratory Motion.* By GEORGE H. TAYLOR, M.D., New-York.

THROUGH a series of years I have been engaged in making experiments and observations relating to the therapeutic influence of vibratory motion.

The subjects under observation were persons of all ages and both sexes. They were, in general, suffering from chronic

disease in various forms and all degrees. Some had severe local affections, and a considerable number were completely helpless and bed-ridden. Many hundreds of these cases have been submitted to the treatment described, some for a few weeks, others for many months, thus affording a varied pathological record, and, it might be inferred, sufficient advantages of experience for determining, with some degree of propriety, the therapeutic value of the agency under examination. These facts are mentioned, that the reader may not object to the conclusions set forth in this article on account of alleged inadequate details.

Being thoroughly confident of the great remedial value of the agency under consideration, and that this value will be prized in proportion as it is understood, I submit these statements regarding it to the unprejudiced consideration of a generous medical public.

There are two natural agencies whose remedial effects may be considered as somewhat correlated with vibratory motion, and which are universally employed, and the common property of the medical world. These are the familiar ones of *heat* and *electricity*. It can be easily demonstrated that vibration produces, and therefore includes, heat and static electricity, The former, moreover, carries all the physiological effects of these forward to more radical, permanent and satisfactory results; is under such perfect control of the prescriber, that he predicts effects with a large degree of confidence, and at present only claims a similar test of value—experience—to assume a high place among therapeutic agencies.

WHAT IS MEANT BY VIBRATION. —Vibration, as applied to the body, may be defined *a rapid, wave-like motion—propagated in constant series through the soft, yielding substance of the body, from a convenient external point.*

Such action depends for its effect on the imperfect solidity of fleshy substance, and the consequent tendency of the minutest elements of the organization to impinge and glide upon each other, when subjected to an impulse from without.

The action consists of a rapid displacement and replacement, and consequent attrition of the cells, fibres, and membranes that are in proximity, together with displacement of

the fluid contents of these structures, and of the fluids in which they are bathed.

At this point, a rational theory of the beneficial effects of vibration will doubtless suggest itself to the reader. For the living being is an arena of incessant activity of a multitude of kinds, through all its parts. Change of place, of fluids, of molecules—gliding of fibres, membranes, and cells, &c., are constantly going forward. How are all these actions supported? Doubtless there are numerous causes, many of which we do not, but some of which we do, understand. Let *volitional* activity cease, and the system soon stagnates; it barely vegetates, generating but a minimum of available force. It is the activities of life, derived from the various impulses of the will, to secure apparent good, that maintain health.

But the invalid is one whose ability to *do* is restricted, or whose power flows too abundantly in wrong (nervous) channels. The first symptom of ill-health is the restriction of available power—an incapacity to sustain *through action* the interior molecular and chemical operations, upon which, in turn, health and power so much depend. But these interior actions and their consequences *may be fully supplied by motion communicated from without*, and this is just what vibration appears to do.

HOW FORCE AFFECTS NUTRITIVE ACTION.—The effects of these actions communicated from without, all are familiar with, at least in some degree. For every one is aware of the peculiarly grateful sensations the invalid experiences when the surface of the body is gently *rubbed* by the hand of an attendant; in fact, this act is really not the least important duty of the nurse. It is often found that a great deal of energetic friction is of excellent service, and such advantages are insisted on by the medical adviser in a great variety of ailments, differing radically in their external manifestations or symptoms. Indeed, this very thing has been a common remedial resource in all ages and among all nations.

Suppose the attendant varies the operation, and, instead of a rubbing motion, he imparts very light, rapid strokes, directed perpendicularly upon some portion of the body. The force of the action is expended chiefly beneath the surface in this case,

and another class of grateful sensations is evoked, especially, if the part were previously suffering from pain. Effects similar to these might be multiplied, affecting various and differently-related portions of the organism, according to the direction, degree, and rapidity of the impulse. It is evident that this would afford, through the feelings, a vague clue to possible important benefits.

A little consideration will show that the idea of therapeutic advantages through the channel here indicated is not so far-fetched or illusory as might at first be supposed. We may at least comprehend some of the processes whereby such effects come.

The motion and pressure of the hand, in the case above cited, may be regarded as expressing force in pounds and ounces. This force is the collected energy of organized substances in its minutest parts. Its origin, so far as we can trace it, is in the ultimate physiological and chemical activities of certain elements of the body. The anatomical hand, so to speak, being the medium or channel for the expression of the aggregate power of an infinitude of distinct molecular elements and chemical substances, is now applied to oppose and overcome the resistance of external and wholly disconnected objects. The internal forces are transformed to external power.

When, now, this force is applied to a solid body, it overcomes the inertia of the body *en masse*. The integral portions do not change their mutual relationship.

But, if the same force be applied to another living being, which is constituted of soft or moveable parts, it is evident that the force thus employed overcomes not the inertia of the whole, but that of its minutest and invisible parts; is in fact distributed among these primary elements and causes of animal power.

But motion of the incipiently vital elements is necessary in order that they may fulfil their destiny; that the *becoming* muscle and nerve, may really *become* those instruments of power, that primary organization may occur. Each and every atom thus destined is by motion urged onward in its career to the consummation of its organic purpose.

Without such motion, organizing elements could never be

brought into due place, but must ever remain unendowed with vital privileges. Chemical changes too, so necessary in the rearrangements of molecules to conform to the uses of vitality, and quite as important in their destruction and dismissal from service, could never take place unless the materials concerned are moved into contact, and within the sphere of new chemical influences.

It hence appears that, when force exterior to the living body is expended upon such body, it is not lost, but is distributed among its minutest elements, where it becomes directly serviceable to vital needs. Though not transformed to vital force, it supplies the *very conditions* in which this force originates, and thus becomes a direct aid to its manifestation. This fact is especially apparent in cases where vital duties are illy performed, and where this power is evidently defective, as is the case in most forms of chronic disease.

Practically, it is quite impossible to carry forward the experiments above indicated to satisfactory results. The effects above described are produced in too limited a degree to be conspicuous. Besides, these effects are exactly in the direction of physiology, and are inevitably merged with these ordinary and unnoticed interior acts, as indeed they should be. Pathological facts arrest our attention in proportion to their gravity; physiological facts are unnoticed in proportion to their perfection.

No really curative plan, or reliance based on effects producible by the hand of an operator, has ever been established, because the power of the operator fails too soon. Indeed, more abundant power than the hand can afford was necessary to demonstrate a *principle* of action. Without further recourse, curative effects from this source must ever prove fragmentary and unreliable.

It hence became necessary to contrive apparatus, dependent for its work upon a more prolific source of power. This apparatus must be capable of infinite degrees of various kinds of action. It should be prompt in obedience to the will of the operator as well also as to the feelings of the patient.

VIBRATORY APPARATUS.—After much research and no small amount of experiment, these desirable ends in the application

of vibratory operations have been practically realized. A series of machines has been constructed, capable of the various uses hitherto found desirable. These applications comprise several methods.

In the *first* method of vibrating, the person subject to the operation rests in a lying position upon the apparatus, (which has the general appearance of a couch), and some selected point of the under position of the body is subjected to the rapid but very light strokes of the instrument operating from beneath, the patient being so situated as to adjust the impinging force so as to render it perfectly agreeable to his feelings.

The immediate mechanical effect consists of a rapid series of vibratory waves, whose degrees of intensity shade off in every direction from the impinging and radiating point. As the physiological and therapeutic effects will be revulsive, stimulant, &c., according to these degrees of intensity, it is plain that the desired effect may be secured by adjusting the position according to the diagnosis or medical ideas of the case as related to means employed. Every portion of the body may thus be subjected to various kinds of action, and so secure their varied effects.

The *second* method of applying the action consists of the short, quick, *reciprocating* motion, an instrument applied in contact with some selected portion of the body. Various effects are obtained through this action, according to the degree of pressure. If this is slight, the action is expended chiefly on the surface of the body; if the pressure be increased, a similar action is produced among the deep-seated structures of the interior, and effects will be produced accordingly.

This action is tolerably understood by the term *rubbing*, when the contact of the impinging instrument is so slight as to allow it to glide upon the skin. With more pressure, the skin is comparatively unaffected, while the frictional effect is expended in deeper parts.

In this operation also, the apparatus is so contrived that the degree of force and motion employed may be wholly governed by the person receiving the action.

The *third* method is limited to the extremities. It consists in *oscillating* the limb, whether leg or arm, upon its axis, with

a short, quick, reciprocating motion. This produces the mechanical effect of attrition between ultimate anatomical elements, with alternate slight pressure and relaxation, in rapid succession.

An analysis and comparison of the motions above described show their mechanical forms to be similar, and that the choice in their use will depend more on local convenience than the peculiar specific effects distinguishing them.

The *degree of rapidity* with which these vibratory motions may be applied generally ranges between one and two thousand vibratory acts per minute. Here, again, is opportunity to secure a variety of effects, such as experience proves the most desirable in different cases. The more rapid rate produces effects somewhat allied to a diffusive stimulant, except that it is more permanent, and is not followed by any sign of depression. The slower rates secure reactive effects of various grades quite as valuable in a therapeutic point of view. The specific effects to be described diminish with the rate of motion, till this ceases to be vibratory, and glides into that of *kneading*, giving it quite another character, whether judged of by the effect on the sensations or the nutritive functions. Very slow motions of this kind, if accompanied with due pressure, have still a therapeutic value, but belong to another class.

The *time* during which any portion of the body may be subjected to the vibratory action will depend on the pathology of the case, and what therapeutic end is desired. Especial reference is had to the condition of the nervous system. In paralysis, the different forms above described may be used almost without stint, if applied at the proper points. In other forms of nervous affection it is, when well directed and not used in excess, a valuable as well as powerful remedy. Every thing depends on the purpose and design of the application, and the demeanor of the patient under its use. In short, the *degree* of success, in persons of great sensitiveness, depends on the tact of the operator.

Having thus explained what is meant by vibratory motion, as applied for curative purposes, to the various regions of the body, we are prepared to examine how the physical, physiological, chemical, and vital operations of the organism are influ-

enced by applications of this kind, and also how these influences are turned to therapeutic advantage.

**VIBRATION PRODUCES HEAT.**—Perhaps the most direct and conspicuous of the effects of vibration is an *increase of temperature* of the part subjected to the action. No matter how prolonged and obstinate the previous feeling of cold in the extremities, a few minutes' employment of this agency quite invariably restores the normal temperature. The same is equally true of other regions of the body besides the extremities. The feeling of warmth thus induced gradually diffuses itself from the point to which the action is applied, over the whole body. An active perspiration sometimes succeeds the access of heat, and a softening of the skin by increase of insensible perspiration is a constant result of the process. The temperature has not been observed to rise above the natural standard, except in case of too prolonged application of the agent, on several successive days.

The vibratory operation has in fact been demonstrated to be a prompt and reliable means of permanently restoring the natural temperature to any portion, or to the whole of the body, whenever this is deficient. Indeed, there has been found no condition of disease which effectually resists this heat-producing cause. It is hence a means of depriving chronic disease of its most constant and troublesome characteristic.

This increase of heat may doubtless be referred to two sources. The *friction of fluids* and solids, under agitation, has long been demonstrated to be a cause of heat, the source being the motion which has become, by this means, transformed to heat, and furnishes an illustration of the correlation of forces.

But the chief source of heat in this case is probably the increased *chemical action* that is hereby superinduced, particularly that occurring through the agency of oxygen. This presumption is justified by the fact that the *products of oxydation, passing from the body, are increased by vibration.*

The evidences of increase of *oxydation* produced by the vibratory process are too strong to admit of question. These consist in marked dilatation of the chest and increase of the amount of air held by the lungs that immediately supervene,



in freedom and ease of respiration, in increase of the products of oxydation as denoted by the moisture of the skin, and increased amount and change in color of the urinary secretion. No exact experiments have demonstrated the amount of increase of carbonic acid exhaled, but we are warranted in presuming that this is in at least equal ratio. As regards urea, the obvious change of color and diminution of extractives, the increase of amount and change of quality of the urine, together with the effect in certain cases of disease, as rheumatism, afford strong proof that this representative of healthful elimination is coincidentally increased by the operation of the same cause.

**VIBRATION CAUSES ELIMINATION.**—The effect of this increase of chemical action secured by vibration is expended chiefly on the retrogressive, wasting elements of the system—a consequence of the utmost importance in chronic illness. For it is at just this point in these cases that the failure exists. According to Lehmann, the products of oxydation are always diminished in disease. This statement is corroborated by other investigators in physiological chemistry. In fact, to the comprehension of all thoughtful observers, the furred tongue, the local congestions, the evidences of “biliousness,” the dryness of the skin, coldness of surface and extremities, with a retinue of similar symptoms, are evidence of the presence of incompletely oxydized and therefore retained matters. Elimination is the immediate and inevitable consequence of carrying this act forward to completion, because the products of oxydation, secured by this means, become aëriform and fluid, and at once find exit through skin, lungs, and kidneys.

The practical importance of this point it is impossible to exaggerate. Indeed, it is the indirect effect of all remedies, whatever be their aim, to restore the proper relations between the supplies and waste, by causing a more perfect use and disposal of food. Whatever else be the purpose of the body, it is, *first*, an oxydizing apparatus. The other purposes of bodily existence are fulfilled in about the ratio that the perfection of this function is attained.

It follows that the kind of remedial assistance most needed is that which aids in perfecting this physiological process, as

supplying at once the ordinary means of destroying morbid principles, and furnishing an antidote for their effects.

The process is simply that of bringing these mobile elements of the system, which are seeking alliance, into contact. This secures the completion of those atomic changes which it is the endeavor of physiology to secure. The test-tube in the hands of the chemist, which on agitation instantly indicates the expected reaction, illustrates the effect of motion in the body in fulfilling the chemico-physiological tendencies of its constituent elements.

The oxygen held in solution by the blood becomes most potent and efficacious when brought into *vigorous* contact with oxydizable materials. The blood, on the other hand, cannot attract this element from the air of respiration in greater proportion than it is yielded to the system for the above-described purposes. In short, it is increased energy of chemico-vital affinities that needs to be vigorously asserted, in order to meet the requirements of the chronic invalid.

This view is in perfect harmony with ordinary medical practice. It only presents means more direct, and fulfils indications more completely. For *all* remedies do something either directly or indirectly toward the end here in view, or they fail to satisfy expectation concerning their use.

Practically, these views are fully justified by our experience of the effects of vibration. For, as the products of waste rise to the normal standard, both in quality and amount, the countenance brightens, the appetite and strength return, and all those evidences of disease which constitute physical symptoms coincidentally disappear.

**REVULSION.**—No more reliable means of securing revulsion is at the command of the physician than through vibratory operations of the extremities and skin. The *oscillatory* vibration of the extremities, and the *rubbing*, have been mentioned as producing increase of heat in the parts to which they are applied. The increase of temperature, it hardly need be said, is always accompanied by a fuller flow of blood to those parts. The degree and efficacy of this effect are soon indicated by a relief from the sensation of pressure and pain in parts previously suffering, as the head, chest, spine, or digestive organs,

indicating, apparently, a diminution of fluid where previously too much was retained, accompanied by an actual transfer of a considerable amount of blood to the parts subjected to the operation. As this purpose is secured without any injurious effect, or indeed any but agreeable sensations at the points to which the applications were made, it follows that the operation may be repeated indefinitely till the full degree of the desired revulsion is permanently secured. The contrast between this method and those so long in vogue, when pain and injury to the skin are supposed to be necessary to secure the effect described, is very great, and highly favorable to the vibratory method.

REMOVAL OF CONGESTION.—*Capillary congestions* meet with a satisfactory remedy in vibration. In this condition the capillary walls are dilated, the calibre of the vessels is increased and the rate of flow in the minute vessels diminished. When this condition has long existed, the contained blood is deteriorated, and we are informed by pathologists that gelatinous corpuscles occur, which, together with the adherent blood-corpuscle, become attached to the capillary walls and to each other, thus causing partial occlusion of the vessels.

The effect of vibration, in removing this condition of things, can be easily understood. The mechanical impulse, instantly narrowing the walls of these dilated vessels, drives their contents forward. The same cause also stimulates the vital contraction of these walls, thus adding to the causes of motion acting upon the current. These causes conspire to force onward and remove the mechanical impediment in these minute vessels, which consequently admit a fresh supply of blood from the heart. The effect of this means is to stimulate and nourish the capillary walls, and cause them to become permanently more contractile, and able to transmit duly their currents, instead of injuriously retaining them.

To produce these effects in a satisfactory manner requires something more than a hap-hazard and blundering way of applying the remedy. The *mode* of application, it has before been intimated, depends on the nature of the case, and a full knowledge of the peculiarities and powers of the remedy, otherwise injury might be inflicted. It is necessary to say

here, that a full use of the revulsive means above described is an indispensable preliminary in the production of these effects. This mode of action should be gradually drawn nearer the diseased point, sending, at first, the lighter waves of vibration into the diseased region, being always careful to be guided by sensations of the patient. The physician may in this way have the satisfaction, as he from time to time examines his patient, of witnessing the removal of swelling (when this has been indolent) as well as pain and soreness from regions that have long and defiantly suffered.

INTERCHANGE OF FLUIDS—ABSORPTION.—As might be inferred, the motion of fluids caused by vibration is not confined to those of the vessels. The interstitial fluids are subjected to equal action. The effect of this agitation is to superinduce an exchange of fluid; those outside the vessels, in which the general tissues are bathed, are transferred to the venous vessels through their membranous walls. This, it will be noticed, is on the principle amplified in works on physical science under the designation of *Osmosis*. The conditions for this action consist of differing fluids separated by membranous walls. Motion being imparted to *one* of these fluids (that within the vessels in this case), the other is drawn through the membrane and joins that in the vessels—conditions, it will be observed, amply fulfilled in the case before us. The *evidence* of the action consists in the diminution of swelling, in disappearance of fat, and in certain cases, at will of the operator, the sudden appearance of what are usually called “bilious” symptoms.

It hence appears that vibratory action becomes a reliable and radical means of securing interstitial absorption, and of excellent remedial service in case of swollen parts. Practically it is an effective means of reducing hypertrophies of organs, whether internal or external, glandular swellings, and dropsical effusions, whether areolar or in cavities. In the latter case the action of the skin, always increased by the motion described, often becomes for a short time excessive, while the effusion disappears.

The diminution of scrofulous swellings and hypertrophies is probably produced by the joint result of two effects of vibra-

tion herein described. First, the reducing effect of the additional oxygen caused to be attracted to and absorbed in the region; then the absorption (through the agency of the same cause) of the liquefied materials into the general currents of the circulation, submitting them, in common with the rest, to purifying and eliminating causes incessantly operatory throughout the organism. These effects of vibration in scrofulous and other enlargements have often been practically demonstrated.

The operations herein described, it will be observed, consist, not in the expenditure of force, but in its acquisition. There is no exertion, and therefore no fatigue, immediate or remote. No degree of feebleness (in chronic disease) is a bar to the employment of this recourse. There must, however, be no fever or acute inflammation present.

The immediate sensations derived from these applications are unqualifiedly agreeable. Invalids are inclined to fall asleep during the applications. Even in cases of great hyperæsthesia, of neuralgia, and nervous disorders generally, these applications are entirely agreeable to the feelings, and quieting to nervous excitement.

The cases of chronic invalids whose indications are met by the means now set forth, are sufficiently numerous, if indeed they be not quite universal. The primary principles underlying the measures are such as to afford no difference of opinion. As to their relevancy or importance regarded from a therapeutic point of view, a candid consideration is desired of the profession, and it is to this end that I now submit it to their attention. (*New-York Med. Journal, Nov. 1869.*)

ARTICLE XLI.—*Diphtheritis.* A Lecture delivered before the General Meeting of the German Institute. By Dr. HIRSCHL, Presiding Officer.

AT our last meeting, Dr. V. Marenzella proposed the subject of diphtheritis for discussion, and obeying this call, I beg your permission to give a short resume of what we know of this disease.

Our ideas about this disease differ somewhat from the Old school; we do not neglect, as we are accused, pathological studies, but we do not consider them the *sine qua non*, but

only the means, on which to base our therapeutics. It is of the utmost importance to distinguish strictly between croup and diphtheria, and it is a fatal mistake to consider both diseases as varieties of one and the same inflammatory process. The mistake of the allopathic school consists especially in that, that they take every thing up from a pathological stand-point, which will not suffice in every case. To what errors pathological anatomy may lead us, Virchow shows us, when he affirms, that he has never found anything else but diphtheritic exudations in the fauces, although we see them frequently covered with croupy exudations. There is also a diphtheritic croup, far different from the common one. Virchow considers the inflammation of the fauces diphtheritic, and that of the larynx and trachea croupy. The diphtheritis is according to this high authority a specific poisonous state of the blood, a miasmatic-contagious disease of infection, localizing itself in the fauces and nares as diphtheritis, in the lymphatic glands of the neck, larynx and trachea as croup, in the kidneys as albuminous deposits with fatty degeneration of the epithelium and urinary canals, in the spleen as hypertrophy and increase of the pulpa, in the nervous system without appreciable disorganization. (*Wurt. Cor.-Blatt*, 1868, Oct. 30.)

Chemistry is also insufficient to give us the difference between the two diseases, for the membranes of either disease show equal relations towards the different reagentia.

We have to consider especially the physio-pathological relations of the mucous membranes. In croup the mucous membrane is affected, in diphtheritis also the subcutaneous cellular tissue. In croup we find the exudation leaving the mucous membrane smooth and intact, in diphtheritis there remains a necrotic or ulcerated surface. Croup is with one word a plastic disease, diphtheritis a deleterious, destructive, gangrenous disease. Diphtheritis appears frequently as an epidemic, croup mostly sporadically; diphtheritis attacks grown persons and children, croup mostly children. Social relations, as uncleanliness and the living of many persons in close and confined spaces may cause diphtheritis; climatic relations prevail in croup. Croup is a local disease, fatal by paralysis of the nerves going to the vocal chords or by asphyxia, diphtheritis

is the local expression of a general disease, is a total poisoning the of blood, fatal by general as well as by local influences; finally diphtheritis is contagious, croup never.

With this question of contagiousness the fungoid origin of diphtheritis is closely connected. We have rather now an epidemic going round, to find fungus in everything, but for us it is of little moment, as at any rate we could consider them only as symptoms, as the carriers of the contagium; and it is interesting to witness the contradiction of late experimenters. According to Weber and Tomasi, diphtheritis produces, it may appear on wounds or mucous membranes, an immigration of small round organisms, energetically moving, in the blood, which are found then in the same form in the tissues of diphtheritic wounds and the coating of the mucous membranes. It is probable, that the diphtheritic matter of infection is closely connected with these organisms. But Hoffman and Hueter consider these organisms only vibriones (*Bacterium termo*, *Monas crepusculum*), but not fungi, they consider them as accidental accessories, and not ætiologically important in diphtheritis.

As a more characteristic difference we consider the palsies, which some consider caused by the poisonous state of the blood, others by debility, renal diseases, thrombosis. Hirsch considers them as a consequence of the abuse of caustics, especially of the Argent.-nitr., which we believe to be too far fetched. English observers adopted as a cause of these palsies the reaction of the fauces on the spinal vertebræ, and the observations of Buhl (*Biology* III., 4) are of interest. Hæmorrhages in the brain with softened surroundings have been shown; the place of union between the posterior and anterior spinal radices, including the spinal ganglia, have been found of twice their natural thickness, dark-red by extravasated blood and with yellow softening. This thickening was caused by a diphtheritic infiltration of the neurilemma, partly also of the interstitial connecting tissue. The paralysis is dependent on the alterations of the infiltrate. It passes either through a fatty metamorphosis and becomes resorbed, or it develops itself further as connecting tissue, which swells up and compresses the nerves, drying up after a while and constricting them; finally it may become loose again and thus the pressure

be removed. Anæmia and faulty bloodcrasis cannot therefore be considered as causes of the nervous symptoms, and the peculiar affections of the nerves after diphtheritis are only continuations of the diphtheritic process on another sphere, and coincide therefore in the consideration of this disease as a general intoxication. Our worthy friend Sybel distinguishes in an excellent article between idiopathic and deuteropathic diphtheritis, but this is of little practical value,—we have to consider far more the difference between benignant and malignant diphtheria, as many a happy and successful termination finds its solution in this difference. We in general call a case malignant, where necrosis takes place with foul breath, and where we must endeavor by all means to prevent its spread on the larynx. But even the mildest case may end fatally.

We are sorry to say, that most homœopathic observations are merely empirical ones in relation to treatment, and that we still miss truly homœopathic individualizing indications. *Belladonna* has been rejected by most physicians for this disease; *Apis* may do some service in lighter cases, Hirsch recommends *Lachesis*; Bæhr *Capicum*; Schussler *Plumbum*; Kafka *Argentum-nitr.*, though confessing that he has never treated a malignant case. *Arsenic* is highly praised by Schneider, who himself passed through a severe attack and believes that Arsen. saved his life. Sorge, Bæhr, Richter and others also speak favorable of Arsen. Fielitz has published a case, where Mercur. and Nitr.-acid. were given in vain, and where Arsenicum saved the case, though no gargles were employed to remove the pestilential breath. Kafka and Neuschæffer recommend *Chinin-arsenicos*. Corresponding to the necrotic foul character, *Kreasote* might come into play, which Bæhr and Sybel recommend; but it cannot do much, as it does not cover the totality of the symptoms.

Hirsch is right when he says that the acids suit far better, and most physicians apply one or the other. Bæhr and Sybel recommend *Acid-phosphor.*, as it keeps up strength; Hirsch recommends *Acid-sulphur.*, but this covers only the aphthous affection; Sybel thinks highly of *Acidum-muriaticum*. Dr. Pernerl and the Homœopathic Society of Munich fully agree with him. Analogy to typhus directed perhaps the thoughts



of physicians to these acids, and it is very remarkable that allopathic doses given by allopathic physicians, who saw their good effects from the Munich physicians, failed to give favorable results. But the third and fourth dilutions failed also, and only the first, giving to the water a slightly acidulated taste, internally and externally applied, proved to be the indicated dilution. Swabbing with it was considered unnecessary. As soon as the larynx became affected, it failed to relieve. Many physicians prefer in hard cases the *Nitric-acid*.

Others considered the alkalies preferable for the dissolution of the membranes. In one of the best monographs on this disease by Neidhardt *Chlorcalcium* (Calcis-murias.) is recommended by the author. Others recommend *Kali-chloricum* (Bæhr and others), *Kali-bromatum* and English physicians *Kali-bichromicum* (Sybel, Hirsch). We allow them only local effects.

Homœopathy has always done masterly with the mercurials, especially in plastic and exudative processes on the mucous membranes, and we need not wonder therefore to find all the different preparations recommended in diphtheritis. *Corrosive Mercury* was seldom employed, but the Vienna physicians speak highly of *Merc.-sol.-Hahn.*, whereas others throw it aside. Bæhr, Kafka, Porges, Sybel recommend the *Merc.-bi-iod.*, and Sorge wishes it employed in laryngeal cases, as it is really a splendid combination. Von Villers has lately brought into notice the *Cyanuret of Mercury*, and since then it has been acknowledged by most physicians as a remedy, holding the first rank in diphtheritis. Henke has collected all the symptoms and proved, that it finds on homœopathic principles its full indication. The antiphlogistic Mercury is here wedded to the hydrocyanic acid, which is such a good remedy in cholera, and fully corresponds to the adynamic character of the disease. Heinrich employs all the mercurial preparations, even the red precipitate.

Different physicians (Bæhr, Sybel, Schweikert, Marenzeller, &c.) have recommended *Iodine* in laryngeal affections. Eidherr especially in scrofulous subjects. Black, of England, brought *Bromine* in repute, and Kafka, Marenzeller and others affirm its beneficial effect, as it not only corresponds to diphtheritis as

well as to croup, but also because its action is quicker and more volatile, than that of the slowly acting Iodine.

Ozanam in his excellent treatise on Bromine remarks, that false membranes are formed in pharynx and larynx, when this remedy is inhaled, and it is therefore fully indicated in diphtheritis, and epidemiologically it acts similarly to Chlorine. He made further experiments, how the membranes may be destroyed by external means, and distinguishes between dissolution, falling to pieces and hardening. Ozanam prefers the alkalies to the acids. A falling to pieces of the membranes is produced by Bromochlorure, Brom. Chlor. less by Iodine, Perchloruret of Iron, Sublimate, Chrom. He prepares a Brom.-water, 10-12 drops in sugared water, or a watery solution of  $\frac{1}{500}$  to  $\frac{1}{1000}$  (3d dec. dil.) 1 drop to  $\frac{1}{2}$ -1 pint of water, a dose every hour, so that in 24 hours  $\frac{1}{2}$ -2 grammes of the solution are taken. He recommends also Bromine inhalation, by throwing some Bromide of Potash or sea-salt in boiling water, adding by degrees a tea-spoonful of Brom.-water and allows the whole to be inhaled for 5-10 minutes.

Bricheteau and Adrian experimented also, to discover, what would dissolve the quickest diphtheritic pseudo-membranes, and found that *Lactic-acid* and *Lime-water* possess this quality in the highest degree. A *concentrated solution of Pepsine* divides the membranes, but does not dissolve them, till we add a few drops of the lactic-acid. *Acetic-acid*, mixed with equal parts of water renders them translucent, but does not dissolve them perfectly. Citric-acid has exactly the same effect. Lactic-acid, greatly diluted, dissolves the membrane perfectly and rapidly. Lime-water also produces a perfect solution of the membrane. A solution of Lactic-lime has no effect whatever on the membrane. A solution of Potash or of Natron also acts as a dissolvent, and what is remarkable, a highly diluted solution quicker, *i. e.* between 4 and 5 minutes, than a concentrated one. Brom.-water in dilution produces division of the membrane, but no dissolution, not even after a few days. Water, saturated with Bromine, produces this action far later. Bromine kept in statu nascente (by the action of Chlor-water on Bromkalium) shows no positive effect. Kali-chloratum and Natrum-chloratum possess a decidedly dissolving action on

the membranes, but not to the same effect as lime-water and Lactic-acid, the dissolution was not yet finished after an hour. But what possible use can we make of such knowledge? and we may well ask, how about the constitutional disease? how do we find the mucous membrane after the pseudo-membrane is dislodged? is it not exulcerated and necrotic, may it be covered or not by the pseudo-membranes? Such a disease, as diphtheritis is, can only be removed by internal medication. The removal of the membrane obviates contagiousness, but this can be accomplished far better by other means than through chemical solutions, which may act injuriously on the internal medication, without preventing the reformation of the pseudo-membrane. Ehrichsen, an allopathic authority, acknowledged already, that caustics are not applicable indiscriminately and that they do not reach the whole depth. I affirm, on the contrary, that caustics destroy more deeply and give occasion for the resorption of the caustic on the sore mucous membrane. I am glad that I can produce another allopathic authority, Abeille, who holds cauterization distinctly contra-indicated. He says: Diphtheritis is a general disease, not inoculable. Trousseau was led away by his analogy between pustula maligna and diphtheritis, to use cauterizations. He considers them nonsense and rather recommends inhalations of the fumes of Cinnabar.

We take a decided stand against all locally acting cauterizations and against all chemical solvents. It is our duty, to study the diseased state in its totality. Every external agent, as soon as it is of a different nature, counteracts our homœopathic remedy, and it might well appear as if homœopathy was unable to cope with its enemy. We have plenty of homœopathic solvents, look at Ozanam's experiments with Bromine, but we act only then homœopathically, when we use the same remedy internally and externally, after having carefully selected it according to the principle, "*Similia similibus curantur*," as Pernerl has done with Muriatic-acid, Sorge with Arsen., others with corrosive Mercury or with the fumes of Cinnabaris. The problem, to cleanse the affected parts, to destroy the fungi, to amend the fetid breath and to render the exhalation innocuous for the friends we can

easily solve by means which do not counteract our internal medication, as gargling with water or green tea, which is far preferable to all cauterization and swabbing out. There is even great and increasing opposition to the inhalation of Alcohol, as recommended by Grauvogl, and at the meeting at Vienna not one voice was raised in its favor.

The acts are not yet closed. We have a great practical material before us, but diametrically opposing contradictions are often found in the different epidemics, the study of which, as of so many other things, we must leave undone for the moment, a work for future labors.

REMARKS BY THE TRANSLATOR: We are really astonished, that the presiding officer of the German Institute of Homœopathy does not find it worth while, to study American literature on a disease where we have done more to clear up the difficulties than any European nation, and we are sorry to find his article neither exhausting the subject nor the treatment the best known.

Speaking about the differential symptoms between croup and diphtheria, we would just mention that membranous croup is a primary disease, whereas in diphtheria the laryngeal symptoms are a secondary affection. Diphtheria is always first seen on the fauces, which are of a dark mahogany color, on the tonsils, spreading hence over the soft palate *upwards* in the posterior nares and *downwards* into the œsophagus and larynx; whereas croup spreads always *downwards* in the bronchi. The difficulty of swallowing is therefore the rule in diphtheritis, but is rarely ever seen in croup, where children sometimes eat with avidity, though struggling for breath. The difficulty in breathing may in diphtheritis just as well come from the stoppage of the nose and fauces, whereas in croup the difficulty lies in and below the larynx. In diphtheria we have the peculiar odor of the discharges up to the most foul stench, which is entirely wanting in croup. The *plastic fibrinous* exudation in croup is *upon* the mucous membrane, the *albuminous exudation* of diphtheria an infiltration into the mucous membrane, producing ulceration and leaving scars behind. In the adynamic diphtheritis we find primarily or secondarily swelling of the parotid or submaxillary glands and of all the lymphatics,

we find a rash on the skin, resembling measles or scarlatina, always dark and purplish and reminding us of the roseola of typhus, whereas nothing of the kind is ever seen in true membranous croup. A lingering convalescence from the great prostration we expect to see in diphtheritis, whereas after croup children recuperate quickly, though they may remain hoarse for some time.

It is news to us, that the modern Apis takes the place of Lachesis, and if we had to choose peremptorily between the two remedies, most American physicians would rather do without the poison of the honey-bee, than without their so highly valued Lachesis. We are sorry to see only Hirsch speak a good word for Lachesis, whereas we, under the lead of father Hering, find it frequently *the* remedy, and when given from the beginning, able to cut short the disease, and need we wonder at it, when there is hardly another remedy in the whole M. M., which covers so fully the whole ground.

Germany is indeed under great obligations to Bruckner of Basle, who has opened to them the treasures which we possess in our indigenous remedies. In the febrile commencement how well does Gelseminum answer to diphtheritis, whereas Aconite responds to the really phlogistic croup. Lachesis will nearly always cover those cases, for which the acids or Arsen. are prescribed. Baptisia, Hamamelis and others, which we prescribe with so much benefit according to their indications, are still a terra incognita to our German friends. That we find so many remedies recommended in Germany in this disease, is a pleasing fact in so far, as we find the same state in our Western hemisphere, where every physician has also his favorite remedies, with which he performs miraculous cures, the unfavorable ones being passed over in silence. Still we are thankful to Hirschel, that he opposes in toto all external applications, and wants us strictly to rely on internal medication according to our great principle of similarity. Should there be any difference in the climate? For of all external applications the only one favored by American physicians is Grauvogel's method of Alcohol applications, which is thrown away as old lumber in the Old country. "Watchman, what of the night" we may cry yet as of old, for the morning has not yet dawned which will bring us certainty in the practice of medicine.

ARTICLE XLII.—*Ozone as a means of Cure in Pulmonary Tuberculosis.* By HENRY N. AVERY, M.D., New-York.

THIS is intended as a sequel to my article in the November Number of the JOURNAL, entitled "Food as a means of Cure in Pulmonary Tuberculosis."

Ozone, symbol  $\theta$  is the active agent of oxygen, or may be said to be the active oxygen of atmospheric air. Oxygen may be divided into two elements, viz.: ozone (active) and antozone (passive or inactive). For the purpose of showing the effects of oxygen, we select the active portion, or ozone.

Under certain circumstances oxygen gas acquires greatly increased chemical activity, that is an increase of ozone. As for instance by electricity, or in contact with Phosphorus, and some acids. It is an oxydizing agent, and bleaches. It is absorbed by moist iron, salts of copper, mercury and silver. It also acts as a deoxygenant, decomposing peroxyds of hydrogen.

Ozone is most abundant in the air after thunder-storms, therefore the relief afforded in hot weather after a storm, also abundant in clear, cold weather, and in cold climates, where there is little moisture; thus the benefit consumptives derive from living in Northern climates and regions where the air is pure and free from dampness, also in regions where the sky is clear a large portion of the year.

I desire to call attention to the importance of consumptives breathing pure air, and particularly air that is charged with ozone, in connection with nutritious food.

After the proper food has entered the system and become absorbed by the lacteals and blood-vessels, and emptied into the left sub-clavian vein, it is carried to the lungs. A proper and effectual change must take place in the lymph before the proper disposition can be made of this nutritious substance, (lymph), and *that* change must be produced by the air (ozone) inhaled into the lungs. In the lungs this nutritious material becomes changed and is carried throughout the system by the arteries for the proper nourishment of the body. Now the veins bring back to the lungs the venous blood, highly charged with carbonic-acid, and the products of the metamorphosis of the tissues, viz.: the effete materials thrown off by decay.

The sources of carbonic-acid in the animal body are: I. The continued decay of the tissues common to all organized bodies. II. The metamorphosis peculiar to the nervous and muscular tissues. III. The direct conversion of the carbon and hydrogen of the food into carbonic-acid and water, and varies with the heat to be generated.

In respiration the most important function to perform is to eliminate this carbonic-acid, for if retained in the system as effete carbon of degradation, it may be a source of *tubercle*—by loading the lung-tissue with decayed particles, fat and cretaceous material—thus forming a nucleus for tubercular deposit.

Now oxygen (ozone) is the principal source for carrying off this carbon—as carbonic-acid. Oxygen and particularly ozone is the principal oxydizing agent, in disposing of the carbon in the system, that is: the carbon is *burnt up* by the oxygen (ozone), and thus eliminated from the system.

It will be seen on strict physiological grounds, that oxygen is necessary in order to rid the system of the worn-out parts of the body, and in order to accomplish this, fresh air must be breathed both day and night, particularly at night, for the system seems at that time to store up active oxygen for further use.

Next in importance to proper food, is a plentiful supply of oxygen, and these combined, will exert a great tendency to eradicate pulmonary tuberculosis—in fact in many cases will produce cures.

ARTICLE XLIII.—*State Homœopathic Society.* Introductory Address of Dr. WM. WRIGHT, President of the New-York State Homœopathic Medical Society, at the Opening of the Semi-Annual Meeting of said Society, held at the Cooper Institute, N.-Y., Sept 14, 1869.

*Gentlemen of the Homœopathic Medical Society of the State of New-York:*

You will permit me, on assuming the duties and responsibilities of the station to which your partiality has called me, to congratulate you upon the favorable auspices under which we have this evening assembled.

It is now some twelve years *only* since the homœopathic practice of medicine was first recognized by the authorities of this State. In 1857, "The people of the State of New-York, represented in Senate and Assembly, enacted that it should be lawful for the Homœopathic Physicians in each of the Counties of this State, to meet together in their respective counties and organize Homœopathic Medical Societies;" and that "whenever so organized, they should have all the powers, rights and privileges, as well as duties and responsibilities enjoyed by and belonging to the other medical societies."

When it is recollected under what peculiarly discouraging circumstances the enactment of such a law was asked for; how strong and bitter the prejudices that then prevailed against our system of practice among the people; how unscrupulous, not to say malignant, the opposition of our medical brethren of the Allopathic School; how false and yet how plausible the arguments urged against us; and, above all, how little was then *really* known of the system of practice which we advocated to commend us even in the *higher walks of life*—this enactment of the legislative power of the State, by which we obtained a legal status before the people, and were made the *peers* of an old and time-honored institution, *was no small triumph for the cause of Homœopathy in the Empire State*, and throughout the nation.

But, gentlemen, glorious as was this, other triumphs have since been achieved; other victories won in this State, no less important in their bearings perhaps upon true science and the cause which we here represent, than our legal recognition by the State. And here, may it not well be said, that, from a little "pitied" if not "despised group of visionary fanatics," as we were then called, we have, in the unprecedentedly short space of *less than the one-half of a single generation* grown up, multiplied, and increased, until we have indeed become "*an army with banners.*"

"The stone"—without irreverence, it may be said—"which the builders rejected has '*indeed and in truth*' become the *head of the corner,*" for not only have we now a large and flourishing *State Society*, whose members are counted not only by the hundreds of active, intelligent, well-educated, and devoted



men; but nearly every county in the State can boast of a living, working organization.

And more than this. Not only have converts to our system of practice been greatly multiplied from the ranks of the allopathic school of *physicians*, but very much more so from the ranks of the intelligent and educated laymen, the *people*. So that the cry is not now, as it once was, where shall a Homœopathic physician find a field for practice? but, where shall the people find enough of such physicians to meet the public demand? Verily, the little leaven which Gram\* "hid" at first, in *less* than "three measures of meal," in this city, has gradually, but no less effectually, spread until it has "*leavened the whole lump.*"

The same Legislature that was so strongly beset, only a few years since, to enact such stringent and *partizan* laws in the interests of the old school of practice, as it was thought by their instigators would most effectually "*stamp us out,*" have, and that almost without the asking, granted us exceedingly liberal charters, not only for a Medical College, but for the first "*Homœopathic Asylum*" or "*Retreat for the Insane,*" ever granted in this Union, if not in the world!† And, as though that were not enough to manifest their kind disposition towards us, and to mark their high appreciation of the superior merits of this new system of practice, have voted liberal sums of money in aid of all our Homœopathic Dispensaries. Verily, then, we have good cause whereon to congratulate ourselves upon the auspicious occasion, and to "thank God and take courage." But, besides all this, gentlemen, the numerous and well-conducted medical journals which are now being published and scattered broadcast all over the land, together with the frequent additions which are being made to our *medical literature*—a little too much of the "domestic" and not quite enough of the *scientific*, it is true—are nevertheless, evidences of *progress* and just causes of rejoicing. But, gentlemen, we have met this evening on a special occasion; and the range of our duties and responsibilities was, perhaps, wisely limited by the State Society at its last annual meeting, "to the discussion

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\* Dr. Gram, the founder of Homœopathy in the United States.

† Margarettsville Retreat for the Insane, Delaware County, N.-Y.

of subjects of medical or surgical interest;" and "no transaction of business at this meeting can be binding upon the State Society until reviewed and adopted at the succeeding annual meeting."

While it is presumed that it will be the pleasure, as it is evidently the duty, of the society mainly to confine itself to the discussion of "subjects pertaining to practical medicine;" yet there can be no objection to the transaction of any *business* of pressing importance, should there be such (subject, however, to the revision of the State Society, at its next annual meeting.)

The reports of the several standing committees, it is hoped and expected, will furnish matter upon which we may most profitably dwell. The reception of private papers, resolutions, &c., &c., will also be in order.

Allow me then once again to congratulate you, gentlemen, upon the favorable auspices under which we assemble; and to express the ardent hope that our past success may impress deeply upon all our minds the great truth, that "*in Union there is strength*;" and that though now on the high tide of preferment, our prestige and our advantages *may be lost* by dissensions and strife, should they, unfortunately, be permitted to enter into our deliberations. Let the avowal then no longer be heard from the lips or pen of any Homœopath—"I am of Paul, or I of Apollos, or I of Cephas." But let us all, in good faith, and with one heart, subscribing anew to the one only and true doctrine of our profession—"Similia Similibus Curantur;" leave every man free to the choice of his own *attenuations*, whether that be the "tenth or the ten thousandth," as is undoubtedly his just right and prerogative so to do!

By such a course as this, our success and ultimate triumph is assured; and we shall thereby evince not only our devotion to the cause which we espoused, but have the sweet consolation of knowing that we have contributed whatever of *power* and *influence*, and *might*, the God of nature has given us in achieving and confirming one of the grandest and most sublime revolutions in the science and practice of medicine that the world ever saw.

To our visiting friends from across the *Atlantic*, or at least

from across one of its most important tributaries, in the name of the New-York State Homœopathic Medical Society, we bid you all a hearty welcome; and whether you come to us as Ministers Plenipotentiary from the Republic of New Jersey, seeking to negotiate a treaty of peace and amity, or simply as suitors asking for admission within the folds of this, our glorious Union, we bid you equally a cordial welcome. The deliberations and discussions of this semi-annual session of our Society will be mainly upon scientific subjects; and it is hoped and confidently believed, will be of more than ordinary interest. To these discussions and deliberations you are most respectfully invited.

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ARTICLE XLIV.—*Lifting Cure.* By LEWIS G. JANES.

IN a preceding article we have briefly presented the philosophy of this new science of physical culture. We have endeavored to show that, while the public mind has become educated to an understanding of the need of human beings for *exercise*, the quality and mode of a scientific system of bodily training have been little comprehended. We have presented some of our reasons for regarding "The Lifting Cure" as the most perfect fulfillment of the law of action in the human machine which has yet been contrived. In this article we propose briefly to examine its process and practical effects.

A minute description, in detail, of the lifting apparatus is unnecessary to our purpose. It is sufficient to say that the principles of its action are essentially those which govern the action of the human body. It comprises a substantial table, through the centre of which passes a vertical rod on which the graduating weights rest, varied to the condition of the patient. Between every joint in the machine are inserted artificial cartilages of rubber. The weight is suspended on a line with the feet, upon a steel spring, by means of the continuous rod which is surmounted by an eye or socket containing a pivot rest, on which the handle, a cross-bar, padded with buckskin or rubber, is pressed in lifting. Beneath the platform, on which the patient stands, is a series of semi-elliptical or spiral springs, which are depressed as the weight is taken upon the

body. This combination of spring and rubber with central rod and handle, which is covered by the Butler patent, adapts the action of the machine to that of the body, prevents all injurious strain, secures a co-operation of the smaller muscles and the internal organs in the effort, and is absolutely essential to the most perfect curative results.

In lifting, the entire body from hips to head, including the spine and viscera, maintains throughout its normal upright position, obeying the fundamental law, that no action which compels the body to assume an unnatural stooping posture, or any contortion whereby the viscera are disarranged from their natural condition of consecutive dependency is allowable, as a scientific method of health culture. The importance of maintaining this upright position of the body, even when at rest, can hardly be over-estimated. Failure to do so is constantly resulting in visceral displacements, rupture, disturbed circulation, indigestion, and a large share of the ills which afflict humanity. The necessity of maintaining an upright posture *in action* must be even greater. By fulfilling this law "The Lifting Cure" becomes the most natural and effective remedy in cases of *prolapsus uteri*, hernia, and all visceral displacements. The position of the body brings all the internal organs as nearly as possible into their proper relations, and by perseverance, ultimates in a permanent and effectual cure. Inguinal hernia or rupture is thus relieved by the compressing, contractile action of the abdominal muscles, which are consolidated instead of separated, tending to restore the parts to their proper positions and retain them there, by giving tone and vigor to them and their adjacent muscles.

Contrary, perhaps, to the ordinary opinion, the lifting of heavy weights, under a proper system of training upon this apparatus, does not tend to stiffen or harden the muscles. Much of the stiffness of joint and muscle which results from misdirected exercise, is due to the production of continued impressions upon the muscular and bony system while in abnormal or constrained positions. The Lifting Cure which avoids this action and never results in abnormal muscular development, secures not only vital power, but a proper degree of suppleness.

The upright position of the body maintained in lifting, also renders it most effective as a cure in cases of spinal curvature and other deformities. Under the action of properly graduated weights, the spine is compelled to assume as nearly as possible a vertical position, which the muscular tensions gradually increasing in power under the influence of the weights, tend to assist and render permanent. Ordinary lateral curvatures, double or single, rarely fail to yield to this treatment when properly applied. It has also proved effective in cases of inward curvature with breast deformities, stooping bodies, swollen joints, resulting from rheumatic or scrofulous affections and many other similar cases.

Nearly every form of disease is accompanied by defective circulation of the blood. The Lifting Cure, being general in its action, tends always to *equalize* the circulation, and its influence upon all disorders arising from congestion, defective or unequal circulation is very marked. Congestive or nervous headaches are usually relieved by a single exercise, and where they have become chronic, are permanently cured by a proper course of this treatment. Many marked cases of this kind, even in persons well advanced in years, have come under my observation, and my own experience furnishes additional testimony to the relief furnished in these cases. Many acute pains in other portions of the system, of which congestion is the immediate cause, are relieved by the lifting, and in process of time, their *cause* being removed, they return no more. The Lifting Cure also tends to prevent *hæmorrhage*, in cases of consumption and other weaknesses. *Hæmorrhage* is always preceded by local weakness and congestion. If, by equalization, we can remove the congestion, and at the same time strengthen the weak parts, it is evident that the liability to a rupture of the part is greatly lessened. Thus, in many cases where local or excessive action of properly graduated lifting exercise will relieve and finally cure. Cold hands or feet, and torpid conditions of the vital organs, obstructing their healthy action, which are caused by defective circulation, here find their most appropriate remedy and a sure relief. Congestion of the liver, where other treatment had failed and the life of the patient had been despaired of has been cured.

The equalizing influence of the lifting exercise upon the *nervous forces* is none the less positive and beneficial than upon the circulation of the blood. In cases of nervous debility it seems to produce the effect of a tonic, with no subsequent reaction or prostration. Calling upon the will and nerve-energy by ever-increasing demands, it gives a tone and vigor to the system, and an encouragement to the patient, the value of which can hardly be over-estimated in the cure of diseased conditions. In instances of over-nervous excitement, to which American people are peculiarly liable, the effect of this treatment is always sedative and quieting, and constantly invigorating. Many marked cases of improvement come under this head. In cases of chronic and acute neuralgia, the Lifting Cure has effected some noticeable cures. One case in Boston, of ten years' standing, which had resulted in a partial paralysis of the lower limbs, yielding to this treatment when the patient had been under the care of some of the most noted physicians in Europe and America without obtaining any relief. The American people, who are over-active in mind and body, constantly exhausting the nervous forces, certainly need a quieting, equalizing exercise of this nature, rather than one which prolongs the conditions which are already preparing the way for debility and disease.

By its action upon the circulation and nervous forces, the Lifting Cure relieves the system of various humors and poisons latent in the tissues and blood. In cases of vegetable poisoning of many years' standing all the original symptoms have been reproduced, and the poison expelled through this acute action. In a like manner has mercurial salivation recurred after many years' lapse, and as a result of these actions the patient has always experienced great improvement in general tone and vigor of health. So, also, in cases of broken bones and injuries to the frame which had occurred a long time previous to the application of the treatment, and which nature had healed to the extent of the power then present in the system; when this power has been raised to a higher level by the systematic culture of the Lifting Cure, the old symptoms have been reproduced, the healing process continued, and the part greatly strengthened and improved. In some of these cases the patient has entirely for-

gotten the old injury until it was recalled to memory by the reappearance of the symptoms. In all these conditions of crisis under the Lifting Cure the general strength of the patient is not reduced, as in many other forms of treatment, but is greater than ever.

In the treatment of consumption, by giving a powerful and healthful action to the lungs by promoting a healthy circulation of the blood, and aiding the system in appropriating the elements of nutrition, the Lifting Cure becomes an invaluable agent. In dyspepsia, torpid liver, weak or diseased kidneys and kindred troubles, it furnishes an action which strengthens and invigorates. It is also most effective in preventing and curing gout and paralysis. Catarrh and deafness arising from it yield to a systematic course of this treatment. A patient nearly fifty years of age, a well-known business man of New-York, recently assured me that he was more than compensated for his year's tuition by the improvement in his hearing alone; and the marked change, noted by all his friends, emphasized his assurance. Indeed, since all conditions arise from either local or general weakness, it is difficult to conceive a method of cure more natural or sure than one which, by systematic culture and use, results in both local and general invigoration.

As an exercise, for business and professional men, and those of sedentary habits, it is more economical in time than any other. But a quarter and or half-hour daily for most people, a little longer for some invalids, suffices to give the entire body complete, harmonious, and sufficient exercise; thus becoming perhaps even more important in its prophylactic than in its remedial bearings.

Especially does it offer to ladies a convenient method of obtaining exercise, which adds grace and symmetry to the body, beauty to the complexion, strength and health which they all so much need. To the prospective mothers of the race it offers an invaluable aid. In every case, upwards of forty in number, where the mother has been under our treatment during pregnancy, parturition has been very easy and healthy offspring the result. To the coming generation it promises even more, perhaps, than to the present. In all those weaknesses and diseases peculiar to women, which arise largely from in-

sufficient or improper bodily exercise, the Lifting Cure is a most effectual remedy.

It is also peculiarly adapted to children and youth, whose great liability is to exhaust vitality through excessive nervous action. As a method of health-culture, tending to equalize and soothe without deleterious incentive to excitement or rivalry, it adds to the vital forces and lays the foundation for health and long life. To aged people it also offers a gentle appropriate exercise, and they have already availed themselves of it in sufficient numbers to test its value and tendency to longevity.

It is impossible in an article like this to do more than simply indicate the scope and measure of usefulness of this new method of bodily culture. By its one merit it must stand or fall. Founded upon the basic law of "self-help," as a curative agent, we believe that the public, and especially all interested in the preservation and restoration of health, should know more of it than they now do. And when thus comprehended its value as an exercise and curative agency will certainly be recognized.—*Herald of Health for December.*

ARTICLE XLV.—*Insanity in Bloomingdale Asylum and in the Supreme Court, New-York City.* Before NATHANIEL JARVIS, Jr., Referee.

*In the Matter of Caroline C. Allen, Who seeks to be Discharged from a Degree of Lunacy.*—It will be remembered by the readers of the *Papers* that this somewhat interesting case came up before Judge Cardozo some two months since, as fully reported at the time in this paper, and that he referred it to Mr. Nathaniel Jarvis, of the Common Pleas, to take testimony in the matter and report back to him. Accordingly in December the case came up before the referee, when Mr. George Shea who appeared for Mrs. Allen, proceeded to call and examine his witnesses as follows:—

Dr. Payne, the first witness, testified that he had known Mrs. Allen for several years, during which time her conduct was perfectly sane and rational and was so now, and that she



is now perfectly capable of controlling and managing her own concerns.

Dr. Albert Hoge was next examined, and testified that he had occasion to observe insanity in all its phases; had given special attention to that department; has known Mrs. Caroline C. Allen since June last; has seen her at all hours and under all circumstances, without any expectation on her part and when she was entirely off her guard; his attention was specially and professionally directed to her; his conversation with her was upon all general subjects, and showed her to be a person perfectly rational, and her language coherent; he could observe nothing that would lead him to suppose that she was other than a perfectly sane person; his attention had been devoted to watching her specially, to discover symptoms of insanity; he deemed her perfectly capable of taking care of and managing her property.

Mrs. Admiral Farragut testified to knowing Mrs. Allen before and since the 1st of June last; has seen her three or four times a week during that time; had observed her conduct and conversation, which has always been rational and intelligent; she has much improved since May last; thinks whatever peculiarity existed before May last was occasioned by the charge of insanity made against her; she deemed her perfectly capable of taking charge of her property, more so than most women.

Mrs. Kane, who had been a visitor to lunatic asylums for years with a view to inspect the condition of the inmates, testified that she had large experience in judging of the symptoms of insanity; she had observed Mrs. Allen for weeks and had known her at the time her son took proceedings to have her confined; her manner and conduct has much improved since May last, since the proceedings in her case terminated; has had long conversation with her with a view to discover any symptoms of insanity, either in her acts or conversation, but failed to discover any; she had also spoken with Mrs. Allen's son about the proceedings, but failed to discover in him a particle of attachment for his mother; the witness deemed herself perfectly capable of distinguishing an insane person, and deemed Mrs. Allen perfectly sane and capable of controlling both herself and her property.

Dr. Paine, of 229 Fifth avenue, testified that he had practiced for thirty years; had opportunities for observing insane persons; had observed Mrs. Allen with a view to discover if she was insane and discovered no evidence of that fact, but on the contrary concurred with all the other witnesses that she was perfectly capable of taking care of both herself and her property.

Mr. Shea, then referring to a letter received from a counsel in the western part of the State expressing an opinion that the members of the commission should be punished, gave the following statement of the circumstances surrounding the proceedings from their inception:—

This lady, no matter why, or whose fault it is, has either by her own conduct, or by the connivance of others, drawn upon herself the censure of persons in the village of Geneva. Deprived of her husband some years ago, and keeping her son here in a college, educating him for a clergyman, and living in an economical manner in order to give that boy an education she kept herself to herself in her little cottage in Geneva, secluded from society there and, indeed, not associating as she should do with those that were about her. She behaved, as they say, in an eccentric manner, living alone in her widowhood and denying herself the pleasures of life, in order to keep sufficient out of her small property to support her son. She behaved in such a manner, as they say, as attracted the attention of some rude boys belonging to the college at that place. Now, Mr. Referee, she has a faculty in the use of the pen, and during the late war used that pen in defence of some parties, in excuse of others; and in opposition to others and brought upon herself from them—certainly offering no excuse to them—the irritating visits of some of those students, on one occasion going so far as to paint upon her door a death's head and bones with "Ku Klux Klan" upon it, and shouting as they passed her window, until at last she was actually driven from that place, which had been her summer's residence, and lived entirely in New-York, which had been her winter, spring and autumn residence. Thus she was entirely thrown on herself to keep her own little property intact. She had to use the only weapon and shield that she had—her ingenuity—to protect

that property, and how effectual were those efforts this late commission testifies. Her son, in accomplishment of an old threat of his, alleged this complaint against her, availing himself of the sentiment of the community up there and her living such an eccentric life, which had attracted the notice of the people about her. The case was tried at Waterloo, and with my humble efforts I defended her. The jury found that she was insane, although that verdict was unsatisfactory to the estimable judge before whom the case was tried—Judge Johnson. Twelve men were selected from the neighboring farms and if they had sent twelve calves into the jury box they would have as much intelligence and knowledge of the case as had the jury on that occasion. Under the practice there is no appeal from that verdict; but, then, there is under the present proceeding a right given to the party to petition after a certain time, and to show that she is comparatively restored, if she was ever insane, and the truth is that she never has been. The court then appointed a Mr. Van Houghton, who is a sort of cattle negotiator, or a man employed on the farm of this lady's own brother, as a committee. Who that brother, is you can judge from one sentence of his testimony:—

“I have hated her ever since we were children, and I hate her now.”

In that prosecution, although this lady's fortune, as it is called, is very small, yet the amount of \$700 was charged against her as attorney's fees in the proceedings. And how was that money raised? She had a farm upon which very little personally belonged to herself, because it was rented. She had pictures which she had been gathering all her life—some of them from her own hand, for she is skilled in the use of the brush. She had other things, articles of bijouterie, and altogether a tasty and comfortable home. She had also clothing fit for the summer wear, together with under-clothing; but this committee, without either writing to her or sending her one article of clothing for the season, took and sold even her clothing, leaving her during this cold weather without any raiment fit for the season. They went so far even as to expose her under-clothing at public sale, amid jibes and insults, to

raise this \$700, they deeming it too long to wait for a sale of the farm. This lady is one of a class which are not very numerous outside this city. She is a member of the Protestant Episcopal Church, of which her son is after a fashion, certainly technically, a clergyman. She visits those services, which in this city are called the early services, at six and seven o'clock in the morning. She is there summer and winter. Such a thing as that with us in this city is not unusual. For this and other branches of the Catholic Church it is not unfrequent and would not with them attract any attention. Such things with us, members of the Catholic Church, as bowing to a revered name, would not be noticed, but would rather be commended. But up in the locality of Geneva, where this lady is from, they would esteem it as the wildest sort of ritualizing, and this lady attracted attention for so acting. I know of a clergyman, whose name I will not mention, who said that she had disturbed the whole assemblage. I then asked him how? And he answered, "Why, sir, she never says 'amen,' but says 'âmen!' That is the manner in which this woman disturbed the people who were present. This, therefore is one of the very worst cases I have ever heard, and it is one I am willing to take very great risk in.

This concluded the testimony, except a conversation by the referee with Mrs. Allen, in relation to her affairs, which seemed to satisfy him that the lady was anything but a lunatic, whatever her religious views might be, and, doubtless, the report to the court will be in favor of the lady, and an order will be issued discharging the commission and restoring Mrs. Allen to the control of her person and property.

It should be stated that after the order of reference had been granted, Judge Dwight, of Geneva, granted an order staying all the proceedings, which, however, on coming to the knowledge of Judge Cardozo, was promptly set aside by a contrary order.

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ARTICLE XLVI.—*Medical Jurisprudence. Case of Eugene Aram, the Learned Criminal of Knaresborough.* By F. W. HUNT, M.D.

An English critic once condemned a large book of British biography on the ground that it commemorated too many in-

significant names. Among these he said that Eugene Aram was an obscure man who had no claim to be remembered by the world. The critic was answered by Mr. Paley, the lecturer on Moral Philosophy, who said :

“ A man who has been hanged has certainly *some* claim to notoriety,” especially when it is remembered that in Eugene Aram’s case his deeds and their punishment were alike the work of his own genius.” In more recent times the pen of a novelist has transmitted the name of Aram to immortality ; his real history may occupy less space and be quite as instructive.

Eugene Aram was born in the West Riding of Yorkshire in 1704, and was related to some of the gentry of the county. He became a good scholar, but commenced life in poverty : he commenced teaching young and was much devoted to the study of languages. At the age of thirty he arrived at Knaresborough in embarrassed circumstances, but already distinguished for his knowledge of the Hebrew, Arabic and Celtic languages, with many branches of modern science. He was engaged in compiling a polyglot lexicon, which promised a large addition to his fame ; and he had written some tracts upon British Antiquities. In the immediate vicinity of Knaresborough he had examined many ruins of the earlier centuries ; among these were dwellings excavated from the cliffs of the River Nidd, and the Chapel which the hermit St. Robert of the 13th century had cut out of the solid rock, and in which he performed some of his greatest miracles, as attested by the old traditions of the country people. A mile further down the river is St. Robert’s Cave, which was the usual residence of the Saint. For 11 years Aram pursued his avocation as a teacher ; and the world was anxiously expecting his great literary labor to be completed.

In 1745 a shoemaker named Clarke, borrowed a quantity of plate, with some other articles from his friends under different pretexts, and soon afterwards disappeared. It was supposed that he had carried off the plate ; and the houses of Eugene Aram and Richard Houseman were searched for evidence of participation in the fraud. No plate was found ; the investigation was abandoned, and the subject was nearly for-

gotten. Thirteen years passed away. In this time the learned schoolmaster left Knaresborough, and became usher of a large school at Lynn, in Norfolk.

Among his pupils were some boys who afterwards rose to positions far higher than their teacher was ever to reach. One of these was Collingwood, the future admiral, and sharer with Nelson in the glory of Trafalgar. The youthful hero often told of the lessons of Eugene Aram, in which the stories of great criminals were narrated, as far back as the time of the first murderer;

“And long since then, of bloody men  
Whose deeds tradition saves:

Of lonely folks cut off unseen,  
And hid in sudden graves;  
Of horrid deaths in groves forlorn,  
And murders done in caves.

And how the spirits of injured men  
Shriek upward from the sod.  
Aye, how the ghostly hand will point  
To show the buried clod,  
And unknown facts of guilty acts  
Revealed in Dreams from God!

He told how murderers walk the earth  
Beneath the curse of Cain,  
With crimson clouds before their eyes,  
And flame around their brain;  
For blood has left upon their souls  
Its everlasting stain.”

The mind of the teacher was not at rest; for he perpetually feared that the Angel of Justice was watching over him still; He dismissed his pupils at night:—

“And peace went with them one and all  
And each calm pillow spread:  
But GUILT was my grim Chamberlain  
That lighted me to bed,  
And drew my midnight curtains round  
With fingers *bloody red!*

All night I lay in agony,  
From weary chime to chime,  
With one besetting, horrid thought  
That racked me all the time,—  
A mighty yearning like the first  
*Dread impulse unto crime.*”

\* \* \* \* \*

“Then down I cast me on my face,  
And first began to weep:  
For I knew my secret then was one  
That earth refused to keep.  
Or land or sea, though it should be  
Then thousand fathoms deep.”

His old friend Houseman still continued to be the prey of gloomy terrors. In 1758 a human skeleton was dug up in a field near Knaresborough; and the excited people endeavored to identify the discovered body with some lost individual whose fate had never been ascertained. An inquest was held by the coroner; and many remembered the disappearance of the lost shoemaker Clarke. Houseman was brought before the coroner's jury; and there he displayed in his countenance and voice every mark of fear and consternation. But he attempted to disguise his feeling as he approached the decaying skeleton; and with an air of levity he took up a bone, saying at the same time, “this is no more Dan. Clarke's bone than it is mine.” His manner induced the jury to believe that Houseman knew more than he had ever revealed about Clarke's death. He was told that he had as good as confessed that he could tell something more; and he was finally obliged to tell where the bones of Clarke could be found.

“Go,” said the agitated man, “to St. Robert's Cave, and you will find the bones of that man, just by the entrance, and with the head turned toward the right.” Houseman now knew that there was no way to save himself but by turning King's evidence, thus bringing his accomplice to justice. Eugene Aram was named as the principal perpetrator of the crime. Officers therefore hastened to Lynn, arrested the learned usher, and brought him to confront the cowardly Houseman.

The trial of Aram took place at the York Assizes, August 3, 1759. Houseman was brought forward to testify against him. He said that Daniel Clarke had received his wife's fortune amounting to £166, the night before he was murdered. He called at Aram's with this sum in his pocket, and was carrying also the plate he had borrowed among his friends. Aram requested Clarke and Houseman to walk out toward St. Robert's Cave; and there Aram speedily knocked down Clarke and killed him. With the aid of Houseman, the body was

buried in the cave, where the bones had now been found; and the clothes were brought to Aram's house and buried.

The skull of the murdered man was now produced in court "a ghastly witness against the prisoner." On the left side was a fracture which could only have been made by the stroke of a blunt instrument; the piece of bone was driven inward, and could not have been replaced except from within. The only medical witness was Mr. Locock. He said that "no such breach as that pointed out in the skull could have proceeded from natural decay; that it was not a recent fracture by the instrument by which it had been dug up, but seemed to be of many years' standing." The prosecution had no further evidence to offer, and Aram called no witness for the defence.

Relying entirely on his own eloquence and ingenuity, Aram delivered a written speech of great power, which strongly impressed many in his favor. It has been considered a principle in English law that no man can be condemned for murder unless the body of the person supposed to have been murdered be found and identified. In this case no proof that would be satisfactory to a court of the present day was presented. The skeleton was not proved to be that of Clarke; neither the age, the sex, nor any of the many points of identity which in the present age would be elicited were brought out.

Aram denied any knowledge of the bones exhibited; he entered a long argument that they must have belonged to some hermit who had, in former ages dwelt in the cave, as the holy Saint Robert himself was known to have done.

But all the eloquence and learning displayed by the prisoner in his extraordinary speech failed to convince the jury of his innocence. It was even believed that the astonishing abilities he exhibited contributed only to the clearer establishment of his guilt. The celebrated Dr. Paley, who was present at the trial, was afterwards heard to say, that Eugene Aram had "*got himself hanged*" by his own ingenuity. He was sentenced to death.

Despair seized upon his mind in the prison in which he awaited the hour of execution. He confessed his guilt to the clergyman who conversed with him; and afterward wrote a feeble justification of the crime of suicide.



On the morning appointed for his execution, he was found in a dying state in his bed. He had inflicted a large wound on his arm with a razor, and his written apology for the deed was lying on the table by his bed. Fainting from loss of blood, he was led to the scaffold, and, at the appointed hour, suspended by the neck till dead.

His body was then suspended in chains at St. Robert's Cave, the scene of his crime committed fourteen years before. The secret of his life "was one that earth refused to keep."

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ARTICLE XLVII.—*Delirium Tremens.* By EDWARD W. AVERY, M.D.

THE following case of Mania à Potu may prove interesting and instructive to the profession.

Mr. S——, is a man of intellect; has been addicted for years to daily drinking; makes occasionally an excessive use of liquors; has been affected a number of times with delirium tremens.

About the middle of August he abstained for some days from his accustomed stimulus, and, as a consequence, became delirious. Was for some time under the treatment of Allopathic physicians in New-York, but did not improve. Subsequently, he came under the care of Dr. Moll and myself. We found him in a *fussy* delirium—constant in his vain endeavors to accomplish certain things.

The pulse was 100 and weak; edges of the tongue very red; watery diarrhœa; excessive vigilance.

He was greatly troubled with hallucinations and delusions. Gave Morphine to induce sleep. When narcotized, only four respirations per minute. On emerging from the soporific condition he was always weak, and frequently trembled. Finally five grs. of Morphine did not produce the desired effect. At intervals, tried Bromide of Potassium to no purpose. One week ago discarded narcotics. Resorted to Rhus-tox., 1st, and Arsenicum, 1st. After six hours administration of these remedies the patient fell into a natural slumber. On these two medicines only he has gradually improved and is now

entirely rational. The Rhus always dissipates the visions. A constant restlessness was quite marked.

The patient saw incendiaries and robbers. He was at times fearfully frightened. Liquor proved an arterial stimulant and aggravated the symptoms.

I think no case can prove more conclusively the superiority of homœopathic practice in delirium tremens over the old method of meeting the disease. The Bromide invariably weakened; so excessive was the muscular prostration after its administration that the patient, before strong, was scarcely able to stand.

Arsenicum where there is thirst and restlessness and Rhus where hallucinations and asthenic condition of the system preponderate can but prove beneficial. When the patient persists in carrying out an entertained idea and has a flushed countenance with arterial excitement, Bell., is indicated.

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ARTICLE XLVIII.—*Homœopathic Insane Asylum.* By GEO. F. FOOTE, M.D.

THE Homœopathic practice of medicine in this country alone now numbers over five thousand physicians, while its recipients and believers are numbered by many hundreds of thousands. These are from the most intelligent and respectable portion of the community:—people of good sense, good judgment, in every way competent to distinguish between right and wrong. They represent all professions, trades and arts, and their numbers are increasing at a ratio that is in harmony with the progressive age we live in, affording abundant evidence that this great system of medical reform is one of the powers that help on modern improvements, while it is promoting the happiness and well-being of mankind.

We have colleges for the instruction of those who aspire to the healing art; we have dispensaries and hospitals where the unfortunate sick may receive proper medical attention; but we have no asylum where the sick insane can receive the blessings of Homœopathic treatment.

This is a startling fact, in view of the daily calls that rise up from all parts of the country for our aid in this direction, and

even in view of the danger that besets our friends, our families and even our own persons, liable as we all are to become victims to this terrible scourge, which may at any time drop into the domestic circle, leaving a direful wake of desolation and heart-rending misery.

The time has come for action, the call is imperative, and we cannot longer fold our hands and, Micawber like, "wait for something to turn up," wait for somebody else to do this work. We must bring this matter home to our own doors and stand face to face with the facts; and they are facts which, when duly reflected upon, are startling in the extreme.

Is it not alarming when we come to reflect that we ourselves or any member of our household, a bosom companion, or our children, if attacked with this disease, must be hurried off to an asylum where the Allopathic treatment reigns supreme? Where we and our friends cannot, in any particular, be advisory as to the administration of remedies, or even to visit them in person? Is it not alarming when we reflect that there is no retreat, no home, where, if necessity requires it, they can be sent and receive that benign treatment our long experience has taught us is so efficacious in curing the sick mind as well as the sick body? Nothing but Allopathy for ourselves and our dearest friends when the worst of all calamities in the shape of disease shall beset us or them?

We may continue to walk our daily rounds and pursue our daily avocations with commendable zeal; we may gather into our garner the goods of this life, and even say to our souls, "Take thine ease, eat, drink and be merry." But we are in danger; the storm-king may be howling in the distant horizon, and the deluge may come with terrific fury and engulf us in a fearful flood, entailing desolation and sorrow when we least expect it.

These are serious thoughts that it behoves us to dwell upon. We are personally interested, and the prospective possibilities demand a preparation; while the pressing calls of those now suffering, demand *immediate* action.

The subject is momentous and we must be up and doing. We must work until we have an abiding place for our sick insane, where we can pour on the oil and wine, where we can say to our suffering friends come and be healed.

We must talk about it in our homes, in our offices, upon the street corners and among our patrons. We must give from our own stores, and gather from the overflowing coffers of our friends. And if we all labor with a heart and will we shall soon see our efforts crowned with success and the desire of our hearts gratified, while the rewards due to a good action shall tell upon our lives, and "our children shall rise up and call us blessed."

#### THE ORGANIZATION.

To ensure success in any enterprise those engaged in it must become conversant with the business in hand. They must know their wants and the means to secure the ends sought. They must profit by past experience and be able to anticipate probable results.

It is also equally important in this great work, from which we anticipate so much good professionally and socially, that we carefully canvass this matter.

And first, what do we want? The answer is, the best asylum for the insane that the ingenuity of man, duly enlightened by all past experience, can devise. The best designs for buildings combining all modern improvements, with the best system of ventilation and warming, the most appropriate furniture, and the best and most humane system of management, where everything combines to give a home-like appearance, where a mild and proper restraint can be enforced without the horrors of bars and prison discipline, and where all this can be combined with an intelligent administration of hygienic measures and Homœopathic medicines, so mild, so efficacious, so certain in their results. Where we can demonstrate to the world that for this disease, as well as for other sufferings, we hold in our hands, through Divine aid, the balance of medical power; and where we can add to the charities of this progressive age a new blessing pregnant with the good of life, and at the same time establish a new era in the progressive uses of our much loved profession.

Having established our wants, how shall we obtain the end? And this must lead us to the inquiry as to what has already been done, and what is now being done for the unfortunate insane throughout the world?

Within the past few years great changes have been wrought in their management. Comfortable quarters and pleasant homes take the place of crowded jails and prison cells; mild measures and persuasive means take the place of cruel stripes and galling chains; while a wholesome diet and the best hygienic treatment are substituted for a prisoner's fare, and the loathsome exhalations of the felon's dungeon.

And while everything is being done that shall conduce to the comfort of the patients, and while the best, most kind-hearted and worthy men are selected as superintending physicians, yet in all the institutions throughout the world, up to the present time, the medical management is Allopathic. The treatment consists in supporting the body with a wholesome diet and hygienic surroundings, and abiding the event of time. In other words it is expectant. They give but little medicine to reach the conditions of the mind, for the reason that they look upon these as an adjunct of debility that does not require special medication: a striking contrast to the Homœopathic law of cure which accepts the conditions of the mind as an expression of the disease, the symptoms of which condition form a prominent guide to the selection of the remedy.

Other questions arise that concern us at this stage of the proceedings, viz: what plans of organization have been found to answer the most desirable ends, and what is best adapted to our wants?

These are important questions and must be answered before our plans of operations are matured.

Both in this country and in Europe there are three modes of inaugurating similar institutions:

1st. As public charities under the direction and support of the State, county, or city, free to all who are not able to pay, —as the Utica and Blackwell Island Asylums.

They receive some paying patients who, with reason, complain of the over-crowded conditions, and the unpleasant associations incident to pauperism.

2d. As private asylums, of which there are but two in this country, one at Flushing, under the management of Dr. Barstow, and the other at Canandaigua, under the management of Dr. Cook. These in no sense can be termed charities. They

are individual enterprises, created with a view to money-making, same as the various water-cures and private hospitals. The objections to these may be found in the fact that they are necessarily expensive. The patient must pay, in addition to the outlay, for medical supervision, attendants, living, &c., a per cent. on the cost of the ground and buildings, with a profit to the owners. This places it beyond the reach of a large proportion of our worthy and most respectable inhabitants who have but a moderate competence.\* And again, the number necessarily being limited, the patients cannot be classified according to their mental conditions. Whereas with larger associations both sexes are each arranged into six or eight divisions with separate apartments. And finally they are not under the supervision of a board of trustees to watch over the general interest of the patients. There is no appeal from the superintending physician, who is a participant in the profits.

3d. As a close corporation, an intermediate between the two former—like the Bloomingdale Asylum, New-York, the retreat for the Insane, at Hartford, Conn., and the McLean Asylum, at Summerville, near Boston.

These are founded on private charity and endowments. The lands are obtained and the buildings erected and furnished by contributions for this object. But the current expenses are paid by the patients, each in proportion to the rooms occupied and the attention given. The superintending physician and officers are all salaried, and have no pecuniary interest beyond this. It is under the direction of a board of trustees, selected from well-known and most trustworthy citizens, who control the management and keep a general supervision of its operations. They stand between the public and the officers, listen to complaints and correct abuses. The advantages are—

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\* Average cost per week in different asylums for each patient, for 1869, the charges for each varying according to the attention required.

McLean Asylum, near Boston, (about) .....	\$16.00
Bloomingdale Asylum, New-York, (about).....	12.00
Pennsylvania Hospital for the Insane, Philadelphia, .....	8.72
Blackwell Island Asylum, New-York (pauper), 1200 patients, with room intended for only for 600, (including clothing) .....	2.34
At Flushing (private) charges are from \$35 to \$55.	

1st. It is a large charity without the stigma of pauperism attached to it.

2d. It is self-supporting.

3d. It is accessible to a large class of respectable citizens who are able and willing to pay current expenses, but are not able to pay extravagant prices. At the same time it is equally available to the more wealthy who can receive the attention, and be accommodated with quarters commensurate with their ability to pay. It is, to all intents and purposes, a respectable charity, where the occupants and their friends feel that they are giving a *quid pro quo*.

4th. It being a close corporation the board of trustees, or governors, who are chosen for life, fill all vacancies that may occur in their number, thus placing it above all political influence, while the managing power acquires experience and a paternal interest and devotion attained only through time and continued application.

It has been proposed to raise the funds to build an asylum by issuing stocks with a promise of dividends; but any business man must readily see that this must result in a failure. No one wishing to make investments with a sure return of profits would venture upon such an expectation, knowing that in justice to the patients all the surplus, above current expenditures, should be applied in improving their condition by beautifying their surroundings, contributing to their amusements, and in every way adding to their comforts, so as to make the time pass as pleasantly as their mental state will admit.

But few persons would care to speculate out of the unfortunate insane, while all are interested in providing for them a pleasant retreat with home-like comforts and good medical attendance. A stock organization precludes all hopes of any donations or endowments as well as any aid from the State.

Having visited the different asylums and witnessed their workings, having been in consultation with their governors and superintendents, who have generously aided in these investigations, I am of the opinion that the best form of organization is that of a close corporation above described, like the Bloomingdale asylum.

In addition to the reasons given above in favor of this plan,

I will add that by adopting it we can safely rely upon aid from the State. Bloomingdale received \$10,000 a year for a number of years, until by donations and advance of real estate they were placed above this want.

In this charity, as in most others, we have been deprived of our rights to be represented in the legislative disbursements. Heretofore all private as well as public donations have been given to asylums placed under Allopathic supervision. This has been an injustice us, and an injustice to the friends of Homœopathy.

Knowing, as we do, that this disease would be far less formidable, its duration greatly shortened, and the number of incurable cases materially lessened by Homœopathic treatment, we have a RIGHT to demand that a public asylum should be set apart to our management, where we can extend its blessings to a large class of patients desiring it, and where we can show to the world its superior advantages.

A strong appeal to the friends of Homœopathy, with the facts duly presented, will result in substantial aid. It has been given for other charities, and it will be given again for this. Homœopathists have contributed largely to Allopathic charities, and Homœopathists will contribute to a Homœopathic charity. Let every one, then, put his shoulder to the wheel and feel personally that success depends upon action, and in the end we shall see an asylum that shall be a lasting monument in proof of the law *similia similibus curantur*.

At a regular meeting of the HOMŒOPATHIC MEDICAL SOCIETY OF THE CITY AND COUNTY OF NEW-YORK, held this Nov. 10th, 1869, the following preamble and resolutions were unanimously adopted:

*Whereas*, The Lunatic Asylums of this State, owing to their present over-crowded conditions, are inadequate to the wants of our increasing population,

*Whereas*, The Medical practice of the existing asylums is exclusively Allopathic, thus debarring our patients from their chosen system,

*Whereas*, We believe that under Homœopathic treatment mental diseases are less formidable, the time required for their



cure much shorter, and the number of incurable patients less than under any other system of medical practice, therefore,

*Resolved*, That this society recognizes the necessity for an additional Lunatic Asylum in which patients should have Homœopathic treatment; and that we will aid in its establishment.

*Resolved*, That GEO. F. FOOTE, M.D., being engaged in preparing plans and soliciting subscriptions for the organization and construction of such an asylum, this society endorse his project and recommend it to the profession and the community.

HENRY D. PAINE, M.D.,

*President.*

HENRY M. SMITH, M.D.,

*Secretary.*

ARTICLE XLIX.—*Are we violating the Law Similia by using Large and Compound Remedies in Disease.* BY JOHN H. HENRY, M.D., Selma, Ala.

HOMŒOPATHY has stood the test, its bold advocates are in every clime and country.

They are earnest and determined in vindicating the claims of their School: Hahnemann, the most practical, most original and observing of medical reformers that have adorned the annals of medicine had the boldness and skill to institute and enforce a perfect change in the system of drug-doses and medication which was used in his day. Death in his family brought him to fully realize the great want of a specific and positive system in medicine. Before him prevailed many systems and theories which flourished and were taught until supplanted by more pretentious medical philosophers, claiming their theories and practice more exact and true; but like their predecessors to be swept away and perish in the brain of medical philosophers. Is this to be the fate with Homœopathy and Hahnemann's perfect law in medicine, the law similia? Hippocrates, the father of medicine, did much. Galen's system stood for near two centuries, when Paracelsus' clinical system in rivalry received the attention of physicians. Until the discovery of the circulation of the blood these two systems were

rivals in the medical world. After the discovery of the circulation many changes were made in medicine produced by scientific investigation. Change and failure mark the path of every system of medical science. So many theories imply error in medicine and its pathological system. Able minds have investigated morbid phenomena long enough to have attained some scientific precision, if they had investigated in the right direction. To Hahnemann we give praise for pursuing his investigation in the right direction. His great success in the treatment of disease implies soundness of the principle *Similia*, making medicine no longer a conjectural, but a positive and specific science, which gives positive and specific scientific precision in treating disease.

The medical world is stealing the remedies of Homœopathy and applying them in combination in the treatment of disease according to the law *Similia*. Our practice has been successful in the most malignant diseases. Our success is hoped for and prayed for by the most enlightened and wealthy. The eye of the civilized world is upon us; it is our duty to protect Homœopathy by more strenuously advocating the universality of the application of the law *Similia* in compound remedies, for fear that Hahnemann's system of medicine may perish like others before him; for already some of his professed followers are endeavoring to separate the name of Hahnemann from Homœopathy, and the sooner we forget him the better will it be for our system of medicine. Shame! shame! We honor the name and memory of the greatest reformer of this age, one to whom the world and his professed followers owe so vast a debt of gratitude. We have a profound veneration for our Master, and claim for him the highest honor; his labor, persecution and life of suffering has produced a greater influence upon the practice of medicine than any one man that has lived, affecting the present and future of medical science. We must protect Homœopathy from the ranger therapeutics and others of that class, who are stealing our weapons to fight us with, while we contend Hahnemann should have all the glory for bringing drug effects on the human system almost to perfection. We must contend for the universality of the law *Similia* in crude doses and in compound medicines. That is, every cure that is made in disease by large

or small, crude or compound prescription, owes its cure to the Similia used in the prescription. By taking this strong and impregnable possession, we storm the last fortress of Allopathy and spike the compound masked-batteries which the rangers in medicine are using against the Homœopathic fortress Similia. By using sugar powders and small sugar pellets, and rejecting large, small, crude or compound medicines, ridicule has been brought on our school. When we all know the size of the dose and mode of giving has nothing to do with the truth of Homœopathy, thousands that have been cured by our water and sugar powders fail to comprehend how they are cured. As one of our most influential men informed me. He had his lady under the care one of the most renowned homœopathic physicians. He was giving her Sepia 200. He asked the Doctor how he accounted for the action of such small doses. I cannot, Sir, says the Doctor, only magnetically or spiritually. This was no answer, it gave the gentleman no satisfaction, and the medicine did no good. But the true Homœopathic specific remedy, Macrotin in half-grain doses, produced in six doses what high dilutions never could do, for I have more faith in the 1st to the 12th producing an effect than I have in all medicines used above thirty. Mystery and darkness shroud the mind in attempting to comprehend the power of infinitesimals in dangerous diseases, when the body is racked with pain, and the fear of death is before the eye, and the mind in doubt and despair flies to Allopathy, as something which can be comprehended; as the medicine pukes, purges, blisters and makes them drunk or sleep, all effects and impressions which a diseased body and mind can comprehend, giving confidence to the sick and friends in time of serious sickness; work, work-action, effect of some kind of good, as such is what the sick and friends want when death approaches; and they will have the physician that makes the greatest show of doing something, whether good or evil, if they die; then all are satisfied, but under water and sugar medicine the physician and friends feel as if more could have been done. By being liberal and using large, small or compound remedies as needed, we qualify and comfort the friends of the sick, and close the mouths of empirics, allopaths and all theoretical medical

teachers, with those that charge us with infinitesimal transcendental do-nothing. Such false, foolish weapons have long been used against Homœopathy. Practical facts based on the law Similia is all we need to govern us in the practice of medicine; the law Similia is the only law that points to specific medicines in disease, whether given in large, small, single or compound doses. As in malarial districts diseases require larger doses and often compound remedies,—some seasons diseases require a complete change of remedies and doses to produce an effect. During the last summer our diseases yielded easily to treatment; but summer before the last it took all our medical agents energetically employed to control. When the vital forces are all struck down by disease, the law Similia points us unceasingly to the remedy that will help restore healthy action. The chemical primary, secondary and poisonous action of medicine is often needed in disease, and it is the duty of the physician to know when to use the different actions as required. Hygiene, mechanics and chemistry must be at the command of every enlightened physician, he obeying the law in giving large, small or mixed doses. By taking the possession of the universality of the law Similia in its application to disease and medicine, whether given in large, small or compound remedies, we leave no ground for the Rangers and Empirics to rob us of the specific action of medicine as founded on the Homœopathic law Similia.

The law Similia is the only fixed and specific way by which medicine can remove disease or cure. In prescribing medicine in single or compound form we must act according to fixed law and not by chance. All medicines, whether single or compound, produce their effect on the human system by their peculiar force of action. From the moment we breathe until death we struggle to live: the very air we breathe and the water we drink produces a medical effect on our system exciting an influence for death. The food we eat, the springs and wells of water we resort to for health, all being compounds by nature, are valued as curatives and renovators of man's health. How can we reject the compound action of drugs in disease? If the medicines we employ produce a direct effect on the disease we are called to cure, removing the existing condition of disease

so as to yield to nature's recuperative power,—we must contend for the universal application of the law *Similia* as the only curative law in medicine. We press the questions: Are we violating the law *Similia*, by using compound remedies? Are compound remedies curative and necessary in the treatment of disease? We cannot hope to answer these questions in a Journal Article, but we will endeavor to present some curative fruits of faithful true clinical experience, such as the lover of true specific medicine may scan, test and prove by practical experience of twenty years. Observation and experience must receive credit for pointing us to the best remedial agents now used in Homœopathy and all other medical systems. We must resort to all remedies proved to be good in disease by positive and specific clinical facts not to the exclusion of other remedies. Not many curative specific stars break forth to give light in the dark path of medical practice. We accept all the light which the planets, Quinine, Arsenic, Sulphur and Mercury yield; accepting also the light which experience in medicine gives us in the treatment of disease. Without experience in medicine what success would physicians have in different climes in the treatment of the diseases peculiar to those climes and nations? *Bryonia* and *Rhus-tox.* may do in Europe to cure typhoid fever, but in the U. States, and especially at the South, we would have no success only in doing nothing. But with the use of American remedies, growing on our soil in reach of the disease, we have *Gelseminum*, *Sassafras*, *Baptisia* and *Turpentine*, each one acting as almost specific. In Pneumonia, while we have had great success with *Aconite*, *Bryonia*, *Tart.-emetic* and *Phosphor*, we have had better success with *Aconite*, *Tinct.-lobelia*, *Sanguinaria*, *Tinct.-hyoscyamus*, *Tart.-emetic*, *Quinine*, *Morphine*, *Mercury*. We treat Pneumonia almost specifically with the above class of remedies, given in such doses and in such combinations as we think called for in each case. To some Homœopaths this may sound like going back to the flesh-pots of Allopathy and Quackery. Having practised Homœopathy twenty years, and having all the old and new works in Homœopathic literature, I have culled and endeavored to find the specific remedy, either singly, small or large doses or in compound.

If we lived in Germany, perhaps we could cure without resorting to American remedies. If the constitution of man was not mixed or compound, and all that sustained life, as his food, water, and air, we would be inexcusable in resorting to compound remedies in the cure of his compound diseases. Secondary syphilis requires compound remedies. Iodide of Mercury and Iodide of Potassa, assisted by Belladonna, Phytolacca and Arsenicum : in this class of remedies we almost find the specific in every form of syphilis ; Aconite and Permanganate of Potassa may be added.

Diseases of children call on us to look for more practical remedies than are found in common use in our practical works. Aconite, Chamomilla, Bismuth, Nux-vomica, Strychnia, Mint, Lime-water, Paregoric, Mercury, Arsenicum and Belladonna : This group of remedies are indicated in almost all diseases of children.

Bismuth, Mint, Lime-water, Paregoric, Mercury and Arsenicum produce specific effects in diseases of the bowels, used in small, large, or compound doses. Bismuth, Mint, Paregoric, Lime-water are favorites. The symptoms of Bismuth are rich in practical suggestion ; the same with Nux-vomica and Chamomilla in diarrhœa of children.

We sometimes give three or five drops of the tincture of Nux-vomica to children for diarrhœa. Syrup of Chamomilla we make a soothing syrup in combination at times with Opium or Paregoric. In spasms of children, Strychnia alone or in combination with Aconite and Belladonna, is classed almost as specific. Syrup of the Phosphate of Iron, singly or in combination with Strychnia and Belladonna, seems to act as specific in disease of the urinary organs of children. Syrup of Iron for involuntarily micturition. Around this specific all other remedies must render assistance in disease.

While we oppose the use of anodines in fevers and all refrigerants in inflammation, cases may arise where we are compelled to resort to them which would be antipathic and contrary to Homœopathy and the law Similia. But in the use of Gamboge and Podophyllin in constipation we believe we are practising strictly Homœopathy if medicines have a primary and secondary action. If in neuralgia we use Stramonium,

Aconite, Belladonna, Atropia, Strychnia, Morphine, Arsenicum and Quinine in large, small, or compound doses, or endermically with Wood's syringe and cure the disease,—do we violate the law *similia* and fail to practice Homœopathy?

If in scarlet fever we use hot baths and packs, with large doses of Brandy, with Belladonna, Chlorine, and Permanganate of Potassa and cure most of our patients, are we any the less Homœopaths?

In treating the fevers of the South, Tart.-emetic, 2 grs. is what we always begin with, followed at night by Gamboge, Mercury, Podophyllin, Colocynth and Capsicum, to act on the bowels. Compound or single the Capsicum is only used to excite the mucous membrane. Quinine, Aconite, Belladonna and Gelseminum are given single or compound every three hours, beginning as soon as the Tart.-emetic ceases to act. These remedies have proved to me almost specific in bilious and chills and fever. For chronic chills, Arsenicum, Podophyllin, Gamboge, Strychnia, Sanguinaria, Quinine and Ferroferrocyanuretum with Gentian, have proved curative and positive remedies for me in this most common disease; with us they are worth a thousand such remedies as Cubebs and Whiskey, which I have seen recommended by some high-dilutionists out West. The remedies recommended can be used single or in combination.

The antipathic principle *contraria* in disease cannot be regarded as a safe law to direct us in the treatment of disease. All remedies that act contrary to disease are antipathic and aggravate or palliate the disease. The many theories advanced by the allopaths lead them to employ medicines in large doses in most acute diseases which are quite successful, but from this class or school of medicine we find no grand curative law to guide and direct us in the hour of danger. Allopathy, antipathy, empiricism and hydropathy have no law of cure like the law *Similia* pointing to the condition of disease and its removal. Physicians of all schools discard the doctrine of specifics. If Homœopathy is the correct method of treating disease, we must believe in the specific action of medicine. The opponents of Homœopathy contend there is no general law of cure, and no such law can direct in the

practice of medicine. Anatomy, physiology and the diseases of man are taught to perfection almost, and the remedies to cure from experience and practice, based on drugs, mechanical, chemical and hygienic measures. Physicians of the dominant school use all means which belong to every class or school of medicine prepared blindly to charge on every poor diseased being, without any correct chart to guide like the law Similia. What groping in the dark is there among physicians of regular medicine! As Homœopaths we grope in no dark paths in treating disease; our law is as true as the compass or the law of gravitation,—it is unerring. We accept and make use of all the improvements in regular medicine, ever contending that the law of Similia is the only true law of medicine. Having the utmost confidence in the Homœopathic law, we believe no cure can be made by small, large or compound doses of medicines, unless the medicine used is the specific Similia to the disease.

Healing waters, springs or hills, specifics used in allopathic practice prove the correctness of our position. In treating asthma, we have in Stramonium, Belladonna, Hyoscyamus, Helianthus, Annuus, Ipecac., Capsicum, Strychnia, Quinine a class of positive specific remedies; *Cactus-grandiflora* is also good.

Epilepsy can be cured; I have cured hundreds of cases with these remedies, Stramonium, Strychnia, Belladonna, Hyoscyamus, Zinc, Aconite. To keep the bowels open, I use Gamboge, Podophyllin, Colocynth, Aloes. If menstrual disturbance, Macrotin, Gossypium, *Asclepia-incarnata*. I have used this class of remedies for twenty years with great success. Bromide of Potassa is used greatly by the old school, it only palliates; at times I resort to it more especially if weakness of the lower limbs is present in the case. I have used it with some success as an assistant to the specific remedies mentioned, singly or in combination.

*Chronic Cough.*—*Sativa-officinales*, Hammamelis, Gnafolium, Crook-wood, Phosphor, Arsenicum, Cod-liver-oil, Nitric-acid, China, Arsenite of Soda, Iodide of Arsenic, Aurum, Iodide of Gold, Honey:—this group of remedies is most advantageous in chronic cough and consumption. In acute, Tinct.-aconite, Tinct.-hyoscyamus, Tinct.-lobelia, Morphine, and Tart.-emetic



are the best. Keep the chest well covered with thick woolen pads; a gum plaster may be worn on the chest and back.

*Chronic Ulcers.*—Arsenicum, China, Iodide of Potassa, Liquor-potassa, Ferrum, Hydrastis, Acetic-acid. Locally, Permanganate of Potassa, Hydrastis, Acetic-acid, Capsicum, Turpentine, Ferrum, Muriatic-acid, Pernitrate of Mercury, Oxyde of Zinc ointment, strapping and bandage. This group of remedies has in most cases proved specific and positive remedies.

*Amenorrhœa.*—Macrotin, Asclepias-incarnata, Gossypium.

*Profuse Menses, Hæmorrhage.*—Arsenicum, Calcaria-carb., Sulphuric-acid, Ergot of Rye or Corn.

*Painful Menstruation.*—Arsenicum, Muriate of Ammonia, Macrotin.

*Leucorrhœa.*—Arsenicum, Calcaria-carb., Bromide of Potassa, Aurum, Iodide. Injections of Iodine and Iodide of Potassa also Bicarb. of Potash and Permanganate of Potassa.

*Gonorrhœa.*—Bromide of Potassa, Bal.-copaiva, Yellow oil of Sandalwood. Injections of Sulph. of Zinc, Hydrastin.

*Skin Diseases.*—Arsenicum, Iodide of Potassa, Sulphur, Iodide of Ammonia, Sulphate of Copper, Carbolic-acid, Cold Tar and Wood, Tar, Liquor-potassa.

*Burns.*—Opium, Brandy. Locally, White-lead, Zinc ointment.

These hints and suggestions, in regard to practice, are only presented to render some aid to younger physicians that are thrown in a strange and precluded community against homœopathy far away from any brother Homœopath. How thankful would I have been for such hints, to assist me when nothing was found in our books, but the stereotyped remedies, with symptoms that are never seen in the sick-room. Having practiced homœopathy for twenty years in the malarial diseases of the South, with a large practice among the poor, with a large number of patients in the city hospital of Selma, I have confidence in the remedies recommended in the diseases mentioned. Gamboge, Permanganate of Potassa, and the treatment recommended for epilepsy and asthma, I wish specially to call attention to. I have confidence in the positive specific

action of medicine. I take it and prescribe it with confidence. The practical works of homœopathy are far in advance of those of ten years ago. Bæhr's Therapeutics is a jewel, Hughes, Hale, Jahr's 40 years' Practice with Kruger's Handbook of Therapeutics are worth studying and reading every day, for we always find something new in such practical works; to such workers in homœopathy, not forgetting the great Hempel, we point to them with pride. We honor them.

We look eagerly for Grauvogl's work by Dr. George E. Shipman, knowing it will interest every physician. We speculate and tremble no longer in the presence of disease, and change our remedies and alternate them every little while as we used to do when we followed the practice of Hartmann and Boëninghausen. Thanks to our American Hale, to England's Hughes, France's Jahr, Germany's Bæhr, a brighter day dawns on the specific homœopathic treatment of disease.

And it is our duty to protect our system of medicine from the rangers of allopathy, ever remembering that homœopathy claims no dose, but the law Similia as the specific law of medicine.

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ARTICLE L.—*Metastasis.—Low and High Potencies.* By  
F. SEEGER, M.D., of New-York.

In the issue of July 15th, 1869, of the *Neue Zeitschrift für Homœopathische Klinik*, Dr. Goullon of Weimar publishes an article "Critical remarks on The Homœopathic Therapeutics on the basis of the Physiological School, by Dr. J. Kafka." He opens by quoting Göthe: "Und wo ihr's packt, da ist es interessant!" After praising the diligence of the author, who, with his large practice still finds time to write such a work; he throws in a word of commendation on the elegance and attractiveness of the author's style.

But a sentence attracts our attention, and we pause. Dr. Goullon says, yet because I have given my public endorsement to so and so, it is not to be understood that we blindly endorse the whole. "Kafka himself warns against blind belief in Authorities. Hahnemann's own writings the author subjects to a searching criticism."

To cut the matter short, Dr. Goullon finds cause for dissent in the assertion of Dr. Kafka that the present standpoint of the profession is perceptibly different from that of Hahnemann's time. This is to be found in the Psora doctrine, sycosis, of suppressed perspiration, hæmorrhoids, scarlatina, &c., &c." The minority of homœopathic practitioners who belonged more to the natural philosophical (ideal) than to the natural historical (real) direction, still hold the above teachings." This is the point which rouses Dr. Goullon, and he takes Kafka to task.

He (Goullon) says, freely and openly : " I confess to belong to the *presumed* minority. \* \* \* We know that Exanthemata of all kinds do strike in and obstruct the course of the *natura medicatrix*, we know that patients affected with hæmorrhoidal trouble have thereby become freed of troublesome asthmatic difficulties ; \* \* \* we know further that nearly all affections which are laid to taking cold (rheumatisms, &c.), *without* suppression of the perspiratory function would be impossible. Has it not often occurred to the author, to be called to cases of croup (false or true croup) which have had copious fluent coryza and now evince no fluid discharge of the nose ; should not the author in such cases regard the first return of sneezing as of favorable prognosis ? Is this not a suppressed coryza ? It is impossible that Kafka earnestly means to throw overboard the teachings of metastasis. It (the metastasis doctrine) agrees very well with the views of the physiological school. Only forget not the "*cum grano salis !*" Still more evident is the connection between suppressed sweating of the feet and the often consequent dangerous spinal symptoms. A book might be written upon such facts, and not even take them into consideration at the bedside : this certainly does not deserve the reproach of "cultivating Hahnemann's superannated theories with astonishing pertinacity."

As very commendable we consider the passage in the preface, which says : " It remains for the homœopathic practitioners to make public their experience in the various departments of our Therapeutics, so that, in a future edition we may be placed in a condition to take them up and thus be enabled to improve and make our work more complete."

Dr. Goullon closes his critical article with a few remarks on the therapeutics of the eye, and finally closes his communication by challenging Dr. Kafka to a friendly and courteous open debate on this point before the Central Society of German Homœopathic Physicians. The debate to take place in the annual meeting of the Society which takes place on the 10th of August. He begs that Dr. Kafka and those believing as he does, will freely and with the utmost frankness express their views, support them with facts from practice, from literature, and bring all possible physiological, pathological and Hahnemannic proofs to the discussion; and he declares himself prepared to diligently strive to convince his opponents and co-believers of the error of "their way and lead them into the path of the true."

Nothing can be more pleasing than to observe the true and dignified courtesy which is evinced in the articles of these distinguished German colleagues. One almost feels tempted to declare, it worth while to study German if for no other reason than to read the essays of these scientists. *Many* might also read a moral in the dignified courtesy of the disputants.

Nothing so much hinders the progress of a good cause as the illiberality and jealousy of *shallow-minded* men, and nothing more clearly demonstrates that a man is shallow-minded and selfish as when he opposes that which is good: Would that "Peace upon earth and good will among men" might prevail more—especially among medical men.

Drs. Goullon and Kafka did not meet at the session of the German Homœopathic Society, but the discussion has been opened by an article from Dr. Goullon in the *Neue Zeitschrift*. As soon as the arrival of the Journal in question permits, I will translate it and publish in the North American.

A case bearing on this point has been under my treatment for some time. It is interesting to me from the reason stated and from the fact that I have seldom used high potencies, having but a small quantity of faith in them. I have used as high as the 30th with results puzzling to me, and which made me believe that there was virtue in the thirtieth, but this is the first case in which I ever used a higher potency.

Case—John G., Jr., aged 39—residing in 59th Street, New-

York—called on me first time on the 23d of September; rheumatism in right shoulder and finger-joints. Feet have been affected. Fifteen years ago he had an attack of inflammatory rheumatism. In this attack as well as to the time of calling on me, had always had old-school treatment. On the left half of the body anteriorly and posteriorly he has a herpetic eruption. Heart sounds normal. Pulse 74. Temperature in the axilla 98.2 F. The itching he describes as creeping; worse when he is heated or from warmth. Has some difficulty of breathing. Vertigo on rising. Feels heavy in the morning on rising. The eruption he says is not out so strong as it was, but his rheumatism and difficulty of breathing is worse. Bad taste in the mouth usually on rising. Change of weather causes aggravation. He informs me that the first appearance of this eruption was somewhat over a year ago. The points of the fingers are somewhat swollen, but no external signs of any inflammatory character were visible. Rhus-tox. 2d cent. every 3 hours was prescribed. Oct. 2d. The eruption has come out very fully, but it itches less. In taking a deep breath says it catches him in the back just below the ribs. Considerable flatulence. Taste in the mouth morning not so bad. Food does not lie so heavy. Rests better. Considers himself better. Rhus. 30, 3 pellets, 3 times per diem. Oct. 20th, is steadily improving. Eruption has come out very strong. Itches less. Rheumatism in the hand and shoulder-joints very much better. Rhus. 30 three times a day. Oct. 27th. His wife called stating that he feels so much improved that he had gone to work, and requested more medicine. She informed me in the course of the conversation that he has always been stiff on rising in the morning, but that this passes off after moving about a little. Blank pills. Nov. 8th. Improvement still continuing. Feeling somewhat ashamed of this blank pill business I concluded to give him Rhus. 30, 3 times per day. The result was as follows. Nov. 19th rash has again *come out* very strongly. Can use his right hand perfectly well now. When he first came he says he could not hold a hammer or anything possessing weight of any extent. Flexes and extends the hand with the utmost freedom. As regards the lower extremities they are "all right." Whenever he had any external application

given him by his old-school attendants while in their care, for application to the eruption, he immediately experienced an aggravation of his rheumatic troubles. Eats with relish. Sleeps well and describes himself as feeling "a dozen times better." Rhus-tox. 200 (Dunham's) morning and evening. Nov. 29th. Is steadily improving. Rhus. 30, 3 times per diem. My faith in the 200th was not sufficient to induce me to continue it, and on Nov. 31st report came of an aggravation of his rheumatic symptoms. A strong breaking out of the eruption was helping to make him more miserable. Has such pain in the region of the kidneys that he cannot move. Turning in bed causes him great pain. I concluded that this was a medicinal aggravation. I was much astonished at it, but the examination of the case made me come to this conclusion. Tests of the urine revealed no trouble in this direction. My conclusion therefore was that the rheumatism had transplanted itself to the dorsal muscles, as the hand and shoulder were entirely free from all pain. Sach.-lactis was given, and by the next day he was so much better as to be up and exercising. To date Dec. 15th, he has had but two doses.

In the next following issue of the "Klinik" Dr. Kafka replies to Dr. Goullon's criticisms.

"*Jacta est alea!* In your critical observations on my Therapeutics, you offer me the gauntlet on my opinion in reference to the question of Metastasis—I accept it with the greatest pleasure. Dr. Kafka thanks his critic for his scientific frankness. You, in contrast with so many, openly and frankly criticise my belief on the disputed question, *sine ira et studio*, and believe that "It is impossible that I earnestly mean to throw overboard the observations on metastasis."

Dr. Kafka goes on to say that he has with all earnestness, supported by important observations, cut himself loose from the traditional Metastasis theory. At every opportunity that presented itself in the course of my work to touch this subject have I done so. He reiterates his disbelief in the doctrines or theory of metastasis: doses of medicine (Rhus 30) and these at long intervals. In the interval he gives Saccharum-lactis.

In the next number of the Journal a translation of the discussion between Drs. Goullon and Kafka will appear, with such other facts as I may have, of the case given.

ARTICLE LI.—*Case of Complicated Thoracic Disease.* By  
GEORGE BEAKLEY, M.D. of New-York.

WILLIAM P. W.—, Stratford, Connecticut, aged 47 years.

About three months ago I visited him and found him suffering from the following symptoms: There was laborious breathing, severe pain in the region of the pyloric orifice of the stomach; and the food was rejected at different intervals. About 10 days later there was perceptible an evident bronchial *râle* at the upper portion of the left lung. This abnormal breathing proceeded to the extent that it amounted to a real asthma. He had at this time been unable for nearly nine months to lie on the left side: there was burning, aching pain in the left side of the chest as high as the third or fourth rib. and across the back in a line with the 5th dorsal vertebra.

The pulse was generally 120, sometimes 125 per minute, that of the right hand being slower than in the left by 15 or 20 beats; the right hand was always cold. There was no normal appetite, the tongue was coated; he could take no solid food; the secretion of urine was scanty; and there was more or less cough at all times, which was of a spasmodic and distressing character.

Under medical treatment he so far improved as to be able to visit me in New-York where I prescribed for him six or seven times. The remedies used were, Hydrastis, Arsenicum, and Bryonia, under which the symptoms improved. After he was well enough to come to New-York I gave him Aurum. When the asthmatic symptoms were quite strong I gave him a few doses of Capsicum, which relieved him.

On the 3d of January, 1870, I visited him at Stratford, also again on the 5th, on the last of which days he died.

For several days he had been expectorating, in small quantities, but the matters thrown off were sometimes streaked with blood. On January 5th, he had been down-stairs to dinner, and had then walked up-stairs; as he was sitting on the lounge talking with me he said he would visit me soon in New-York. I told him he should be quiet at home a few days till the hæmorrhage should entirely cease. I then left him, but had proceeded no farther than to the Depot when a telegram urged

me to return, as Williams was thought to be dying. I found on returning to the house that he had died within about 15 minutes after I had left him. The immediate cause of death being hæmorrhage from the lungs, brought on by a paroxysm of spasmodic coughing.

*Post-Mortem Examination.*—JANUARY 7th.—On the following day I proceeded to make a post-mortem examination of the body in the presence of Dr. Gray of Stratford, and Drs. Hubbard and Chapman of Bridgeport. The body was emaciated, though not greatly so.

On opening the chest we found a small quantity of serum. We took out the heart and divided it below the arch of the aorta. Beyond the arch we found some very small tubercles and some fatty degeneration of structure covering about two square inches of the mucous membrane of the aorta, which, apart from this small departure from the most perfect condition was entirely healthy; there was *no dilatation* of the aorta, the different coats being perfectly healthy.

After inspecting the heart and aorta we removed the lungs. The right one was perfectly healthy, except a slight engorgement at the top. The left lung showed a congested state of all the capillaries, and for two-thirds of its length there was effusion of pus and serum into the structure of the parenchyma; and the vessels in all its upper portion were filled with coagulated blood extending into the bronchia.

The left lung was attached by adhesion of the pleura to the ribs so strongly that considerable force was required to tear it away.

After removing the lungs we found attached to the site of the third and fourth vertebræ, a hard fibroid tumor of atheromatous character. It was connected with the thoracic duct which was embedded in the tumor and quite obliterated in the mass. The tumor was atheromatous in structure; it partially embraced the bronchia, and the aorta was chiefly buried in it, though this vessel was otherwise sound. All the upper part of this left lung was hepatized, partially filled with pus and serum; and there was some pleural effusion.

The stomach looked well externally; but the mucous membrane near the pyloric orifice had undergone some softening



and ulceration; it was congested in some parts and softened in others, little patches having given way. The kidneys were sound generally, though enlarged, and fatty degeneration was beginning. Some atheromatous deposits were discovered on cutting into them.

The origin of this quite remarkable case is easily traced to the habits usual among the business men of New-York. The subject of it was one of the most thorough business men "down town." To the great amount of business he carried through successfully, the over-work of mind and body, and the means so commonly resorted to to maintain mental and physical strength may be attributed the complicated organic disease which was so abruptly terminated by the pulmonary hæmorrhage excited at last by the paroxysm of spasmodic cough; though death could not by any means have been averted.

### General Record of Medical Science.

*The Men of Old Times.—The oldest Human Remains in Europe. From "The Student."* By P. MARTIN DUNCAN, Secretary of the Geological Society.

THE questions of the origin and primitive condition of the human race are gradually assuming such great importance, that it is absolutely necessary to reconsider the value of the evidence which has been published in support of the high antiquity of certain portions of the skeletons of men found in sediments. Not many years since it was a favorite dogma that human bones could not be preserved for any long period without decomposition taking place, and that they were therefore not liable to become fossilized. But year after year there has appeared some evidence in opposition to this theory, and now there are many specimens of human bones which have been dug up from sediments whose positions indicate a very considerable antiquity. Some of the specimens were obtained during the careful and scientific excavation of caverns by qualified geologists, and others were discovered under less satisfactory circumstances. There has been great doubt expressed about the discovery of some of the human remains, and much suspicion exists about others. Their extreme rarity, and the facilities for deception, have been advanced as arguments against the fact of any human bones having been really found in positions where they must have remained undisturbed during great changes in the physical geography of the neighborhood. Moreover, the indisposition to concede a high antiquity to man has tended to the rejection of trustworthy evidence to the contrary.

There has always been a great disinclination to associate man with the extinct mammalia. He was supposed to belong essentially to the existing state of things. Moreover, there has been a strong objection to the possibility of great physico-geographical changes having occurred during the human period. But now that palæontology and natural history have combined to prove the vast antiquity of many existing species of animals, there is no reason, if the book of nature is alone studied, why man should not have a corresponding age. The antiquity is of course measured by certain geological changes in continents, and alterations in the relative positions of sediments, rivers and seas.

Opinions overcame many facts in the early part of this century, and every discovery of human remains in association with the extinct fauna was discredited. It had occurred over and over again that huge reptilian bones, or those of the mammoth and whale, had been ignorantly decided to be those of giants. These mistakes, coupled with the dogma about the impossibility of the preservation of human bones, affected the judgment of some very distinguished men. Of late years the speculations of some biologists respecting the simian characteristics of certain portions of the human crania that were found in very old deposits, have made the subject of the antiquity of man very distasteful and unpopular. But from an early date in this century, well authenticated instances of the discovery of human bones in association with the remains of the extinct fauna have been carefully detailed in many first-class scientific journals. The late Dr. Buckland, although an enthusiastic geologist, appears to have been influenced by the opinions concerning the impossibility of the preservation of human bones in deposits for any very long period. Those who are acquainted with the general characteristics of very early burials, and who have read Lartet's description of the caves in the valley of the Vezère, must be struck by Buckland's very off-hand determination of the age of the so-called red lady of the Paviland.

During some excavations in the Goat's Hole Cave, fifteen miles west of Swansea, Dr. Buckland came upon traces of human remains in close contiguity with the skull of a mammoth. The left side of a human skeleton was found surrounded by red earth and stained of the same color; it had some small ivory rods close to it and some common shells of the sea-shore also. Six inches of earth covered the skeleton, which was in the same kind of soil and on the same level with the head of the mammoth. This huge cranium was covered with a much greater depth of soil, but was further from the opening of the cave than the human remains. Dr. Buckland pronounced these to be, comparatively speaking, modern as regards the date of their sepulture, and to have no relation to the mammoth's head as regards their deposition. He was of opinion that the bone earth of the cave had often been disturbed by excavators, and that the skeleton was that of a woman who had died long after the sediment had been deposited. Dr. Falconer took Dr. Buckland's view of the age of the red lady, and drew attention to the similarity of the ivory rods to those which were common on both sides of the English Channel in prehistoric times. Since Dr. Buckland described the cave many have visited it, and there is one important fact upon which all are

agreed, and that is that flint instruments of palæolithic age were found on the surface of the remains of the bone earth. The force of the expression that repeated excavations have been made in the cave, is lost when there are such proofs of the antiquity of the bone earth. No one was likely to bury anything there of late years, for the cave is very difficult of access. That the red lady was buried, there can be little doubt, but it is evident, from the nature of the surrounding deposits, and the character of the funeral accessories, that this took place in palæolithic times. The skeleton, or rather what remains of it, is not, however, that of a woman, but of a tall male. It is worthy of the attention of anatomists, and is very interesting to antiquaries, for it is the only considerable portion of the human frame found in Great Britain in association with the extinct mammalia.

Aimé Boue, a German geologist of excellent reputation, found some human bones at Lahr under that silt of the Old Rhine which is called the Loess. The discovery was neglected, and the matter dropped. Nevertheless, the details of the excellent observer were recorded, and have lately been substantiated by a corresponding discovery at Eguisheim, near Colmar. Aimé Boue had not a class of readers that would accept the inferences which must be drawn, respecting time, from the consideration of the position of the remains beneath the Loess; and probably there were not half a dozen men in the world that could make up their minds about the age of this deposit. This question will be carefully considered further on.

About this time a human jaw was found near Maestricht, at a depth of nineteen feet from the surface, in a stratum of sandy loam which rested upon gravel.

After Aimé Boue's discovery, the remains of man associated with those of the reindeer, in clay, were found by M. Tournal, in a cave at Bize, near Narbonne. This able anatomist and antiquary grasped the importance of the discovery, and he made the first attempt at a classification of post-tertiary geology. He established a human period,—*Anthropoienne*,—and divided it into ante-historic and historic sub-periods. This was in 1828.

In 1833, Schmerling published his "*Recherches sur les ossements Fossiles découvertes dans les Cavernes de la Province de Liège*." He described the details of his discovery of the human skull at Engis, and sent the specimen to Paris. The cave in which it was found had been opened under the personal superintendence of Schmerling. The remains were discovered at a depth of a metre and a half underneath an osseous breccia formed of the remains of small animals and which contained the tooth of rhinoceros and some of those of the horse, and of ruminants. Remains of rhinoceros, horse, hyæna, and bear surrounded the skull on every side (*de toute part*). Moreover, from another observation of Schmerling's, it is evident that the mammoth was associated with the human remains, which he says were *entourés de ceux d'éléphant de rhinoceros, et des carnassiers*.

The great Parisian anatomists were as unprepared for the discovery of the association of human remains with those of the extinct mammalia as their fellow-savans. Schmerling's labors were discredited, and the great age of the Engis skull was denied, because it presented the closest resemblance to many ordinary and modern crania. It was supposed by the ad-

vocates of the progressive development theory, that some alteration in the contour and shape of the bones of the head must have occurred in man during the vast ages that must have elapsed since the mammoth died out in Europe. The Engis skull was too human, and therefore the voice of authority was not heard in its favor. Schmerling was, however, a first-class comparative osteologist, and his work was so carefully compiled from his own notes that it could not be forgotten. He described the different kinds of gravels and clays in which the animal and human remains were found, and divided them into two series. He did not see the geological value of his divisions, for the science was still in the midst of its struggle to get out of the hands of the cataclysmatists. But he distinctly noticed one gravel which was at the bottom of the caves, and whose stones were not of the rock of the neighborhood, and a second gravel and clay, whose angular masses were composed of the limestone out of which the rivers and caves were worn or excavated. He noticed that some very ossiferous earth exactly resembled the soil which caps the top of the hills of the neighborhood. Thirty years elapsed, and Dupont began to describe the caverns of the Lesse, close to the seat of Schmerling's labor. The science of geology had greatly increased in the mean time, and the effects of fluvial erosion, and the phenomena of making and moving gravel had been particularly studied. If any evidence were required to prove the correctness of Schmerling's work, it has been offered over and over again by Dupont, whose classification of sediments containing the osseous remains in the caves is simply an extension of the ideas of the great Belgian anatomist.

The soil that capped the hills around Liege, and which Schmerling noticed to be ossiferous, is an extension of that loess under which Aimé Boue had discovered human remains. But this geological fact was not satisfactorily determined when the Neanderthal skull and bones were discovered. Dupont's researches had not shown geologists clearly what the loess was, and, indeed, he had not written on the subject. His elaborate investigations, which form the only satisfactory groundwork for the study of the antiquity of man in relation to geology, were not before the world when the skull and bones just mentioned were found in a fissure leading from the plateau above the valley of the Neander down into the ravine. The fissure communicated with the cliff face of the valley at whose base flowed the river, and its upper outlet was on the surface of the country, all of which is more or less covered by the loess. This loess filled the fissure, and in it were the bones. The skull was peculiar in shape, and it attracted great attention. Its position in the great deposit of silt or loess which covered the country around the Rhine and its branches and extended far to the east, and which had been worn down by the great river and its affluents until it formed here and there cliffs hundreds of feet in height, indicated extraordinary changes in the physical geography of Europe during and after the time of the early men. Aimé Boue's discovery was not considered, Schmerling was still comparatively unread. The shape of the bones appeared to cause distinguished savans to run riot, and the Neanderthal skull became one of the wonders of the age. Yet, if there could be

no doubt thrown upon the disposition of the skull in original and unmoved loess, there is now abundance of evidence to show that its antiquity is greatly inferior to the Engis skull, and to those human remains found by Dupont in some of the caves in the valley of the Lesse. Such remains, for instance, as the lower jaw, found in the cave of La Naulette, and the bones and skulls discovered in the caverns named Du Frontal and La Rosette. But there is every reason for believing that the fissure in the Neanderthal rock was not filled during the deposition of the loess, and that the upper opening and the cavity was closed at the time. If this theory is correct the loess may have drifted down the fissure at any time between the deposition and the historic period or afterwards. The body whose bones were found in the midst of the silt in the fissure may have been washed down, or its possessor may have fallen down during the in-wash of the sediment. The excavation of the valley close by does not appear to be unnecessarily associated with the deposition of the loess in the fissure. The Neanderthal skull cannot, therefore, be considered of any value as a type of great antiquity. It should be placed after the human remains found by Aimé Boue at Lahr, and by Faudel at Eguisheim in the chronology of man.

M. Faudel has described the position of the human frontal and parietal bones that were found close to the hill called Bühl at Eguisheim near Colmar. ("Ann. des Sciences Nat." v. serie, tom. vi. p. 361.) There is a cliff formed of an old sandstone deposit, close to Eguisheim, and the hill of Bühl is a slight elevation which rests against it. The hill slopes off into a plain which extends towards Colmar. The under part of the hill is formed by a tertiary limestone, which dips towards the plain at an angle of from fifteen to twenty degrees. The upper part is formed of the loess or upper silt of the second glacial extension, and it is thick on the flanks, but thin on the top of the hill. At the base of the hill some of the old Alpine gravel of the first extension of the glaciers is found, and it is covered by the loess just mentioned to the extent of two or three metres. Some bones of the stag were found in sinking cellars in the loess in 1865, and shortly afterwards the human remains were exhumed. Some elephantine remains were found in the old gravel, but none were discovered in the true silty loess. The human remains were found in the silty loess, and consisted of a frontal and parietal bone; they were separated, but could be united easily. The loess contained the usual shells of the deposit. *Helix hispida*, Lin.; *Pupa muscorum*, Drap.; *Succinea oblonga*, Drap.

The jaw discovered by Crahey, of Louvain, and which is known as the Maestricht jaw, was found above the old Alpine gravel and in the lowest part of the loess. The old gravel had been much disturbed and its elephantine fossils had been ploughed up by the torrents that accompanied the formation of the lowest part of the silty loess, consequently there is a great mixture of the faunas of the deposit. . . The jaw may be fairly considered to be of the same geological age as the remains at Lahr and Eguisheim.

The antiquity of the human remains found in France in the gravels of the Somme and Seine, in the Grotto des Feés, in the caves of Perigord, and in those of the south-eastern part of the country has been the subject of

much discussion. Many of the French anthropologists hold to their original opinion that the lower-jawbone discovered in the gravel at Abbeville was not introduced there a short time previously to the visit of the "finder," and that it was deposited with the sediment that surrounded it. They assert that other bones were found there subsequently. A careful examination of the evidence that has been published concerning the Abbeville jaw proves that there is much reason for doubting its antiquity, and when the collateral proof of the successful abortive attempts at deception respecting many of the flint implements said to have been found in the same gravel as the jaw are considered, there is nothing left but to put the mandible on one side as an untrustworthy piece of humanity. The lower jaw discovered in the Grotto des Feés was associated with remains of the extinct mammalia, and a careful examination of the evidence leads to the belief that although the cave had often been disturbed, the bone was not introduced artificially, but was washed in with the remains of mammoth, rhinoceros, and bear. The fact of the cave having been frequented for years before its excavation renders the artificial introduction of the bone possible, and although such a proceeding was most improbable, the value of the relic to the anatomist and to the student of early man is seriously affected.

M. Reboux found human bones in the gravels of the Seine, and they are known as the Clichy-Montmartre remains. There can be no doubt about their having been found where they are stated to have been met with, but their age is not satisfactorily determined. Considering the evidence brought forward, these bones may be associated with those of the palæolithic age, but not with those of the age of the mammoth.

The skeletons found in the cave at Cro-Magnon, in the valley of the Vézère in Perigord, may be taken as the types, as regards age, of the osseous remains discovered in South-western and Southern France, associated with the antiquities of the reindeer period. Bruniquel, Bize, and other caves have yielded portions of human skeletons, but the admirable condition and the extraordinary development of the Cro-Magnon skulls, femora, and tibiae, offer such opportunities for study and comparison that they necessarily have attracted the greatest attention. The Cro-Magnon skeletons were found on the top of the remains of a shelter or cave, which was nearly filled. They belong to individuals who had been buried, and one had certainly died a violent death. There were no antiquities found above them, and beneath were the relics of the reindeer age. There were several old hearths in the cave, one over the other; they were formed of charcoal, charred bones and ashes, and they were separated by masses of limestone which had fallen time after time from the roof. In the lowest of the hearths was part of the tusk of a mammoth. The age of the skeletons cannot be decided by means of any geological data, and it can only be estimated in a very comparative and unsatisfactory manner by considering the antiquities of the other caves of the valley. The discoverer of the bones, M. Lartet and their describer, M. P. Broca, consider them to belong to the age of the mammoth. To this opinion I cannot defer, and I would rather give them the age of the reindeer in M. Lartet's classification of prehistoric archæology.

In Northern Italy there is a great difficulty in deciding the exact relation of some very old bones to the Alpine silt or loess, which, like that of the rivers to the Alps, covers much of the country.

There is an old and a new Alpine gravel and silt, south of the Alps, just as there is to the north; and the position of the skull discovered at Olmo in these sediments is unsatisfactorily determined. The older sediment consists of the down-wash of the great moraines and glacier mud that followed the retreat of the glaciers when the so-called glacial period of Europe and the north ceased. This sediment, the first Alpine gravel, contains the remains of the great mammalia. The younger silt is the product of the second glacialization of the Alps. It is the wash-down of the moraine mud of the glaciers which extended far into the Italian plains during the period when the great mammalia became comparatively extinct, and the Arctic animals typified by the reindeer, musk sheep, and glutton roamed through Western Europe. This second Alpine gravel may have been formed or rather spread over the plains at any period between the end of the second glacial period and the departure of the Arctic animals from amongst the Western European fauna. Consequently bones covered by it have not the same geological value as those found amongst the older or first gravel. M. Cocchi's description of the discovery leads to the belief that the Olmo skull is like that of the Neanderthal, very likely very old and perhaps comparatively modern. It is reasonable, however, to give a palæolithic date to the Olmo skull.

The age of the human bones discovered by M. Dupont has now to be considered, and it will be observed that by bringing these remains in careful association with the geology of Belgium, a classification of the antiquity of all the human remains noticed can be founded upon very satisfactory reasoning. Europe, north and south of the Alps, in the Alps, and to their east and west, and in and about the Pyrenees, has experienced some grand changes in its physical geography since man first appeared on the western area. The geological phenomena that prove this, show a relative contemporaneity as regards the conditions in the Alps, Pyrenees, Vosges, and Ardennes. There are evidences of two great extensions of the glaciers, and of the former presence of coast-lines now either worn away or submerged. What the phenomena of life were on the continent of Europe when the glacial conditions extended to the Thames, when icebergs grounded in the Channel, and when glaciers, hundreds of miles long, descended from the mountainous districts of Europe, no one can imagine. But it is evident that this glacialization was terminated by a general and very gradual upheaval of the whole of Europe. With increased warmth came huge rivers that spread their gravels and cut their way down as the land rose. These gravels were not formed from the rock subjacent to them, but of materials from a distance. Such a gravel formed of crystalline and gneissic rocks covers much of the elevated land of Belgium, near Liège and Dinant. It is known as the Ardennes gravel; it is water-worn and round. It was washed down from the Vosges and Ardennes as their glaciers retreated, and as that part of Belgium became up-heaved. This gravel is the geological equivalent of the old Alpine gravel of the Rhine,

and of the first gravel of the Italian plains. As the Belgian plains arose they were cut into by the streams, and this gravel was washed down them, and into their caves. At last a period of rest came, and the deep and narrow valleys of the Lesse were still carrying down the mud and stone of the Ardennes gravel. This was the age of the great mammalia, and it is in the mud and gravels of this period that the jaw of the Naulette Cave was found and the Engis skull discovered. The high level gravels of England and of the Somme Valley belong to the earliest part of this period during which Europe was inhabited by not less than four species of elephants.

A gradual depression of the European area succeeded the period of rest. The second extension of the glaciers occurred, and the greater part of the pachyderms and many carnivora became extinct. Again a period of upheaval commenced, and the Belgian valleys were choked up with their own wear and tear,—not with the Ardennes gravel which was covered with it. As the land rose and the glaciers retreated, vast floods brought down the moraine and glacial mud, and, finding the outlets choked, deposited their silt or loess to the thickness of hundreds of feet. Still the continent arose, and the Rhine began to cut its way through the loess, and the Belgian valleys were nearly emptied of their contents.

This second gravel of the valley is angular, and consists of the minerals of the carboniferous limestone of their sides. It is covered here and there by the fine silt or loess, and both sediments were formed about the same time. The angular gravel is the lowest member of the loess, and the silt the upper. It is beneath and amongst this upper member that the Neanderthal, the Eguisheim, the Lahr, and the Maestricht remains were found, and thus their remote antiquity disappears.

Amongst the gravel and the silt are found the remains of the reindeer. There were caves which were open after the deposit of the Ardennes gravel, and within them human remains were buried. These have subsequently been covered up with the angular gravel before it was washed out of the valleys. Such skeletons as those of the caves Du Frontal, Chaleux, and La Rosette are covered with the angular gravel. Consequently their age dates before the filling up of the valleys with the second gravel. The great mammalia had ceased to be prominent members of the fauna when the sepulture and the cave Du Frontal was closed with a dalle. The time that may have elapsed between the sepulture and the filling up of the valleys may have been as great as that which it took to clear them out again and to re-elevate the country. It leads one back far before the formation of the loess, and yet the reindeer was the most prominent member of the fauna.

The results of M. Dupont's studies show that palæolithic man lived during the excavation of the valleys and the filling of the caves more or less with Ardennes gravel. The jaw of La Naulette and the Engis skull are the Belgian human remains of this period. The jaw of the Grotto des Fées is also of this age. These are the only examples of human bones that will bear criticism, and which can be referred to the mammoth age. M. Dupont proves that after the excavation of the Belgian valleys, and the deposition of the Ardennes gravel within their caves, men were buried in the



cave Du Frontal and included in the sediments at Chaleux and in the cave of La Rosette. No traces of the mammoth (except at Chaleux, where a huge bone was found not belonging to a contemporaneous elephant) were discovered with these remains which belong to the reindeer period. After the sepulture at the cave Du Frontal, the valleys were deepened, a period of rest occurred, and then commenced the formation of the angular gravel and loess already mentioned. The angular gravel must have filled up the narrow valleys to the depth of 70 metres. Then the silty loess was deposited on the plateau. Subsequently, as the country rose, the angular gravel was nearly cleared out the valleys. The remains of the men of the reindeer period are also to be found in the upper silty loess, and the Eguisheim, Maestricht, and Lahr remains are instances. Above the loess no traces of palæolithic man are to be found, but those of the neolithic age abound. In spite of the new readings of Julius Cæsar's words, *bos cervus*, the remains of reindeer are not found amongst the relics of the Allemanni. The Olmo skull is of the same general age as the Eguisheim and Lahr remains, and to this period the skeletons of Cro-Magnon, of Bruniquel, of Bize, and very probably of Paviland may be appended. The age of the Clichy-Montmartre bones is still in doubt, and those discovered in the sepulture of Aurignac were too much disturbed before they were carefully examined, to be considered of any exact antiquarian value.

### Reviews and Bibliographical Notices.

1. *The Science of Therapeutics, according to the Principles of Homœopathy.* By BERNHARD BÆHR, M.D. Translated and enriched with numerous Additions from KAFKA, and other Sources, by CHARLES J. HEMPEL, M.D. Two volumes Imperial Octavo, pp. 635, 752. New-York: BOERICKE & TAFEL, 145 Grand-street. Philadelphia: F. E. BOERICKE & A. J. TAFEL. 1869.

THE work here received is one for which the profession has been waiting rather impatiently. It is handed forth by the translator, Dr. HEMPEL, labelled only with the briefest possible preface, presuming that none is needed. He says, "it is to take the place of Hartmann's Acute and Chronic Diseases; but in point of scientific value and practical usefulness it is as far superior to the former as the present status of homœopathy is above that of Hartmann's time. Bæhr is a man not only endowed with great scientific accomplishments, but he is likewise a man of large experience."

Professor Hempel's share in the English edition of Bæhr's work seems to be considerable as well as important. He says he has "incorporated large sections from Kafka, so that this author is also presented in these two volumes;" he has also "introduced on suitable occasions the new remedies, and made "valuable additions from our Journals, and drawn upon our own personal records."

Of Dr. Bæhr and his work we have all entertained rather "large ex-

pectations." The labor he has performed deserves a fair examination, and we proceed to give him a hearing on a few important questions. We stop first to inquire of the author what he proposes to do.

I. He says, of the importance of "a pathological treatise after the manner of Hartmann," of course corrected up to the present time:

"A system of Special Therapeutics never was, nor ever will be, a necessary, scientifically founded requisite of our doctrine, but will always depend upon the necessity of mediating between us and our therapeutic antipodes and opponents. In this way they will always find it easier to institute clinical experiments with our system of treatment, and to form correct opinions concerning its scientific value. Starting from this standpoint it becomes indispensable as a preliminary step, not only to explain the general principles of Homœopathy, but likewise to show in what manner this new system of treatment affects the science of Pathology. In this respect our general system of Therapeutics must necessarily differ from that of other therapeutic manuals; our position in the domain of medicine, which is still of a polemic character, compels us to touch certain questions which, though not necessarily included within the range of Therapeutics, yet are of essential importance to ourselves."

1. The first question raised by our author is that which he says has been so often injudiciously answered by our friends, that our enemies, if we have any, have been driven away from our beautiful temple of medical truth instead of being attracted to it. We will then permit our author to answer for himself. He says: "It is the doctrine of the effects of drugs upon the animal organism as applied, according to a uniformly valid law, to the doctrine of the morbid changes of the organism. As such it is not antagonistic to Medicine considered as a scientific whole; on the contrary, it constitutes a necessary completion of this science, inasmuch as the homœopathic system establishes one part of Medicine which had hitherto been abandoned to the crudest empiricism, on a scientific basis. Accordingly, it shares with the ancient science of Medicine all the suppositions necessary to a knowledge of pathological changes, and is distinguished from that science only by the mode in which it leads to a knowledge of the remedial agent, and brings this knowledge in union with the curative object. This is accomplished in accordance with two fundamental principles, the principle of proving drugs on the healthy organism and the Therapeutic law: "*Similia similibus curantur.*"

2. The Introductory chapter, extending to fifty-five pages, is occupied with the following subjects, so often treated of by homœopathic writers: 1. The proving of Drugs upon the healthy organism; 2. The Law of Similarity; 3. Diagnosis of the Natural Disease; 4. Single Remedies; 5. Size of Dose; 6. Preparation, Repetition, &c., of Medicines; 7. Diet. In the course of a few pages the failure of Old Medicine to furnish the modern physician with a reliable and efficient *Materia Medica*, the superiority of Hahnemann's method of seeking for true remedies for disease, and the best mode of conducting such provings of drugs upon the healthy are quite skilfully disposed of. This sub-section of the Introduction is closed with the following important advice: Having shown that the *Materia Medica*

itself rests upon provings on the healthy, "as a matter of course it is the duty of every partizan of this doctrine to complete and perfect it by proving drugs upon himself and others. Those who wish to obtain a knowledge of Homœopathy should regard it as an indispensable condition to prove at least one drug upon themselves. Only he who has made such a proving upon himself is capable of obtaining a comprehension of *Materia Medica*; a proving upon one's self facilitates in a large degree the comprehension of the provings of others. This is an undisputable truth, for whose sake we warmly urge the above-mentioned advice upon every lover of our doctrine."

The *Law of Similarity* is next explained in contrast with the multifarious *laws of Cure* under which our predecessors have endeavored to classify their "cures," when they happened to make any. The philosophy of the process by which a remedy, *small* in quantity, but "homœopathically" suited for the case, so certainly and marvellously cures the most violent disease is discussed by our author, though it is less satisfactorily disposed of. We suspect that the true *modus operandi* of our remedies in curing disease has scarcely yet been touched. We are willing to see the question discussed, but must decline the task of defending any of the hypotheses yet made public. Homœopathy is committed to a *mode of choosing a remedy*, it claims better known remedies, and it is, therefore, able to promise better results in practice than other systems of treatment have been able to show. But the *precise* mode in which these remarkable results have been reached has not yet been made perfectly clear: we have no doubt however that we shall yet understand it all well enough a long time before the votaries of the older systems of practice will be able to explain and systematize the many conflicting creeds and doctrines under which they have for so many ages been striving to cure disease.

3. *Diagnosis of Natural Disease.*—Under this sub-heading the author presents a condensed summary of Hahnemann's directions for investigating a case of disease, and then follows it with some criticisms upon this method as not entirely coming up to the requirements of the science of the present hour. Here we may well assent to the proposed estimate of the value of Pathology, but in his analysis of Hahnemann's Psoric theory it can hardly be said that he does justice to the chivalrous leader of medical reform. It is common for critics and surgeons, in their efforts to remove defective parts to cut rather unmercifully through portions of organs which might have been more easily and safely saved. It is indeed quite true that Hahnemann's "Psoric theory" was not most perfectly apprehended by himself, and his manner of stating it made its defence still more difficult for friends, some of whom have almost said "it was glory enough" for them "to have served under such a Chief." Still, we feel assured that these same brigade surgeons, who so proudly flourish their amputating instruments over this condemned member of the body which Hahnemann built up, are striving to extirpate some truths which we can not afford to lose. These critics have proved as clearly as ever Death did, that they "love a shining mark." How many surgeons have gained immortal fame by mutilating, without conscientious or scientific reason, some illustrious victim who happened to be firmly held down by menial assistants on the operating table.

We will now leave those knotty questions to which the world is not quite ready to hear an intelligible answer, and proceed to ask the author's views on a few practical questions. We begin with

4. *The Diagnosis of Disease.*—"As regards the diagnosis of disease, the following proposition is the only one that we can recognize as correct: Investigate by all possible means and contrivances all the changes developed by the disease with reference to their cause, from origin, course, connection and successions; in a like manner investigate the symptoms and changes of the drug-disease, and you will be in possession of the two conditions necessary to achieve a cure by remedial agents. The less perfectly these two conditions are fulfilled, the less sure can we be of effecting a cure.

"It is readily seen that this proportion includes all covering of symptoms, but in addition requires something else. It cannot be denied that in the present condition of our remedial resources it may often happen that we have to select a remedy exclusively according to the similarity of symptoms without any knowledge of their connection or origin, and that such a course will likewise lead to favorable results. However, it would be a mistake, if from a few favorable results of this kind we should draw conclusions regarding all possible cases of disease, and jump at the inference that we must treat diseases exclusively upon the basis of symptomatic similarity; for where a disease manifests itself only with a few morbid phenomena, the selection of the remedial agent can be depended upon as certain and infallible, if the symptoms are strongly marked and characteristic; not otherwise. Covering the symptoms can only lead to a cure by way of exception, not as a rule; in addition to the uncertainty involved in the selection of a remedial agent, such a proceeding is, moreover highly unscientific."

"Our demands relative to a complete and practically reliable diagnosis of disease can only be satisfied in accordance with our previous statements, the diagnosis remains purely individual, in other words, confines itself to the case in hand, without regard to other similar cases that may have occurred before, or without regard to a general similarity with other cases of the same category. Theoretically speaking, the homœopath knows of no categories of diseases, of no classifications based upon individual phenomena, were they ever so essential, of no names such as are used in pathology for the purpose of attaching to them equally general therapeutic rules. Generalizing is the enemy of every correct treatment, more particularly when conducted in accordance of the principles of Homœopathy. It would be going too far if we would condemn all pathological forms. So far as the study of disease is concerned, great benefit is derived by starting from the general phenomena and combining with them the more special symptoms which are peculiar to each individual case. Pathology, for instance, reveals to us the characteristic symptoms peculiar to all cases of pneumonia, but not by any means the symptoms by which one case is distinguished from another; and which are of the utmost importance in practice. The fact pneumonia suggests to us a whole series of drugs, all of which may be useful in this disease; but it does not, at the same time, inform us what remedy may be the best in the present case. Our Therapeutics cannot, therefore, be applied to the commonly received Pathology. As it enjoins upon us a rigorously individual

diagnosis and selection of remedial agents, so should a manual of Therapeutics, rigorously speaking, occupy itself with individual cases of disease; it should really be a collection of single cases, and yet, in spite of all its completeness, it would even then be only fragmentary, and would, moreover, be such a bulky and unmanageable fragment, that nobody might feel anxious to wade through it. Such a work could not possibly be perfected by one man; it would have to engage for a long time the energies of a number of co-laborers, and even then it would not answer the demands of a really scientific work.

It is claimed that "with an exhaustive diagnosis of disease, and a complete knowledge of drug effects," we should be "placed in possession of all the requisites of Therapeutics, we might really do without any special system" of Pathology. But it is admitted that "up to this time we have not yet reached this point." We must therefore continue to avail ourselves of *all* the aids which modern scientific investigation have furnished for the use of therapeutic art. For many days yet to come we may profit by the assistance of Pathology.

Here then we find the key note of the author's system of Therapeutics — "the points of view starting from which this work has been composed. The object of the work to serve beginners in Homœopathy as a guide in the treatment of diseases, rendered it necessary to follow up a strictly pathological system, and to range, in parallel series with the pathological categories, a whole number of remedies that occupy the first rank in the treatment of diseases."

In suggesting remedies the author says he has not proposed so many as to endanger the confusion which so commonly results from the effort to teach too much of too many things at once. It is therefore not pretended that the whole *Materia Medica* can be learned from these two volumes. "What we intended to accomplish was, to furnish a guide to a knowledge of the *Materia Medica*, on which account we have indulged in as few special indications as possible, in order that everybody should be obliged to study the special symptoms in the *Materia Medica*, which is really the true Therapeutics of Homœopathy." "In order to facilitate such a study by means of a comparative arrangement of the materials, we have endeavored" "to follow the plan of the *Materia Medica* and to adapt it to our arrangement of particular diseases. In this way a comparison of the different drugs among each other bearing upon one and the same anatomical locality, is very much facilitated."

The Introduction furnishes many more points of the highest interest which we could not pass over if we did not know that no analysis of ours would prevent any of our readers from examining,—even studying, the whole work for himself: any "review" that would have *that* effect would do its readers very great injustice, the author and the publisher being both left entirely out of the account.

5. The next sub-section treats of

*Single Remedies.*—"Next to the two leading maxims of Homœopathy, this subject is undoubtedly the most important. We generalize as follows: Every drug must be administered without the admixture of any other me-

dicinal substance. If Hahnemann had done nothing further than to start the previously expressed proposition, "he would not only deserve our gratitude, but likewise our admiration. It is undoubtedly this law which has exerted the greatest influence upon medicine generally. In proof of this it is well known that apothecaries have heaped upon Hahnemann their bitterest curses for introducing this reform."

The use of *combined* or *mixed* remedies is therefore unequivocally condemned. Of the widely extending practice of *alternating* two or more remedies Dr. Baehr says: "The method of alternating drugs can be excused under certain circumstances but can never be defended as scientific. We very frequently meet with cases where it is difficult to at once hit upon the right remedy on account of the inherent difficulty of establishing a correct diagnosis; nevertheless the imminence of the danger may require prompt help. In such a case the use of two drugs in rapid alternation may be excused until our diagnosis is satisfactorily cleared up. Croup may serve as an example. As soon as our diagnosis is perfectly certain, there is no further reason to excuse the alternate employment of drugs; after this it becomes a mistake that weighs so much more heavily, since it renders our observations obscure and unreliable." "What we have said shows that the alternate use of drugs is either a forced or self-indulgent palliation of a want of knowledge either of the drugs or of the diseases, or is even a matter of convenience." "We more especially warn beginners against adopting this custom: it will render their path much more difficult since they can not place any reliance upon an experience derived from such a source."

6. *The Size of the Dose.*—The fifth cardinal maxim of Homœopathy though first announced by Hahnemann, needs, in the opinion of the present author, to be re-stated. After two pages of explanation he says:

"According to what we have said, the *dose* should be determined in accordance with the following rule: The dose should be of a size not to develop any medicinal symptoms while the healing process is going on, nor, if possible, any homœopathic aggravation. We use the term "if possible," because it is impossible to avoid a homœopathic aggravation in every case, which, after all, deserves our attention only in case it should set in with much violence."

This is the general law for deciding the proper quantity of the proper remedy to be given for a dose. After re-asserting the efficacy of small doses, however they may act, we read: For special cases a few less definite and fixed rules are suggested:

"a. Every medicine which is administered in accordance with the law of similarity, has to be administered in proportionally small doses." "The dose should never be large enough to develop either a medicinal or homœopathic aggravation." "Inasmuch as we intend to excite the (health-restoring) reaction within the limits of the parts affected by disease, we do not prescribe the medicine in such a large dose that, in addition to the existing symptoms of the disease, it is able to develop its own inherent drug effects; this would envelop other organs and symptoms within the range of the pathological process. That only small doses are necessary to excite his reaction, is not only taught us by practice, but we are led to such a

conclusion *a priori*, since a diseased organ is much more sensitive to the action of an artificial stimulus than the same organ in health."

"*b.* The limit up to which the dose of a remedy prescribed in accordance with the law of similarity can be diminished without being divested of its curative power, has not yet been fixed up to this time." Fortunately, we have no leaders now who pretend to fix this limit. It must hereafter be fixed under the dictation of the "higher law."

"*c.* We consider it an established fact that the lower potencies show a more rapid, momentarily more intense, but less persistent effect than the higher potencies, which develop their effects more slowly and gradually, but more persistently; and that, for this reason, the lower potencies are more suitable where rapid aid is required—the higher potencies, on the contrary, where the effects can be awaited without any great hurry." Such is the doctrine of the leaders. We think that these abstract theorizings do not help our cause. Cullen said: "A theory was as necessary to amuse students, as a tub to amuse a whale." In some *such* way they may be useful, they do not as yet help us in curing disease.

"*d.* The more similar the chosen remedy to the disease, the more surely may we expect curative results even from the smallest dose." "This shows that in selecting a drug, *its similarity* to the natural disease is the first and most important condition, and that the *quantity* of the dose plays an entirely subordinate part." Yes, subordinate, but still *important*. The practice often results well when the theory that directed it is false.

"*e.* In determining the dose, the peculiar nature of the drug demands special consideration." Surely nobody will dispute that assertion. Hippocrates the only man who could claim to be "the eighteenth lineal descendant from *Æsculapius* received this truth from his "illustrious predecessor."

The final conclusion in regard to "*dose*" is: "We deem it just as wrong on the part of those who prefer the lower potencies to deny the efficacy of the higher, as on the part of those who prefer the higher potencies to condemn the lower, as though they only produced toxical results. The former generally pronounce judgment without having made sufficient trials, the latter condemn under the influence of a pitiable one-sidedness."

7. Rules for the "preparation and repetition of medicines" are given.

8. *Diet.*—The extreme rigidity of the "homœopathic diet" of the earlier writers is condemned. Experience, physiology and common sense are the best guides.

Medicine is improving on all hands, and all old schools are approximating more nearly to Homœopathy. The superiority of homœopathic surgery is now confidently asserted; our other collateral branches are growing into value and importance in proportion as they are cultivated and practiced in the light of Homœopathy, reformed, liberal, and thoroughly understood.

Such is the general basis upon which the author before us has erected this work of two massive volumes. In inspecting it we have raised some questions without attempting to answer them. Fortunately they need not now detain us. The work, as a whole, is a very grand one indeed. It is evidently the work of many years, an enduring monument of genius judiciously expended in useful and well-rewarded labor.

The system of classification adopted by the author is, perhaps, as good as any now in use, since no arrangement is likely to be generally adopted. The *grand divisions* established in this work are the following :

SECTION I.—Diseases of the Brain, the Spinal Cord and the Nervous System generally.

SECOND SECTION.—*Diseases of the Head.*

THIRD SECTION.—*Diseases of the Mouth, Fauces and Œsophagus.*

FOURTH SECTION.—*Diseases of the Stomach, Intestines and Peritonæum.*

FIFTH SECTION.—*Diseases of the Liver, Spleen, and Pancreas.*

SIXTH SECTION.—*Diseases of the Uropoetic System.*

Any further notice of the work of Dr. Baehr is unnecessary here. The accuracy of his views on one point or another will be called in question by critics of every section of the homœopathic medical profession; but its general accuracy, able generalizations, wide range of subjects, clearness of style, its comprehensiveness, and aspect of elaborate finish and completeness will scarcely be questioned anywhere. The substantial and attractive dress in which it is issued by the publishers must assure it a permanent place in the libraries of physicians who adhere closely to Hahnemann, as well as of others who follow him more remotely or strive to go forward to a position far in advance of him.

2. "*Circular Number 2,*" of the Surgeon General's Office,  
for the year 1869,

PRESENTS the most complete and exhaustive history of the operation "Excisions of the Head of the Femur for Gunshot Injury." The subject is treated in the form of a Report to the Surgeon-General of the U. S. Army, by Assistant Surgeon and Brevet Lieutenant-Colonel George A. Otis. By a fortunate and liberal re-organization of the Surgeon General's Office and the hospital System early in the second year of the late war, numerous reforms were provided for: an improved statistical method of keeping records was introduced and the now magnificent Army Medical Museum was commenced. Several publications have been already made which grew out of these far-sighted arrangements; among them are:

A "Report on the Materials for a Medical and Surgical History of the War;" "A Report on Amputations at the Hip joint;" and the grand *Catalogue raisonné* of the Army Medical Museum. The last named work is a magnificent illustrated quarto,—equal to Webster's "Unabridged" Dictionary. The present publication, "Circular No. 2," is also a work of immense labor. The materials furnished by the Surgeon General's Office were not always easily understood, many preserved preparations were accompanied by only imperfect histories. There were "anonymous bones" which only "excited curiosity to baffle inquiry." "There were scrappy reports of cases begun amid the hurry and stress of the battle-field, continued in the hastily-extemporized hospital, and ended by the disappearance of the patient in the 'dim inane' of transfer or furlough." By persistently following up many a slender thread and clue, industrious correspondence with ex-surgeons of many battle-fields, since distributed into various sections of the country, Dr.



Otis has compiled quite intelligible histories of sixty-three cases of "Excisions of the Head of the Femur for Gun-shot Injury," performed in both armies during the war: other reported cases are shown to be spurious or replications of other cases. And how many lives were saved by these sixty-three operations, more formidable to the patient as well as to the surgeon than the battle-fields on which were received the dreadful contusions which rendered such operations necessary? The number of lives saved was *only five*. We have some steel-pen critics who think this kind of success entirely unsatisfactory, as *they* would have done much better in half of the cases and been wise enough to avoid operating in the other half. Our sympathies thus far are with the surgeons who dared to face the responsibility of performing the most fearful operations by which even five otherwise hopeless cases could be saved, rather than abandon all the mutilated veterans to either certain death, perhaps by slow torture, from a wound which involved a part of the body not essential to life.

Some of the successful cases reported are sufficiently romantic. One of the subjects of this operation of "Excision of the Head of the Femur" was "Private Hugh Wright." After many inches had been skillfully excised from the head of his *os femoris* he so far recovered the powers of locomotion that he was able to elope from the hospital; and when the history of his case was needed to make his part of the record he could no where be found. The reporting Surgeon pursued him with the sagacity of a police detective. Hugh had escaped from the prison life of the hospital and devoted his remaining limbs to the carrying of hodfuls of brick up high ladders; but had afterwards found more congenial employments in mowing and wood chopping. Such a man as Hugh is worth saving, even after the expenditure of any reasonable quantity of blood, chloroform, and adhesive plasters. Baron Larrey would have been proud of such success as that.

3. *In Both Worlds*. By WM. HOLCOMBE, M.D., Author of "Our Children in Heaven." "The Sexes: Here and hereafter," &c., &c. Philadelphia: J. B. Lippencott & Co. 1870. Large 12mo, pp. 388.

THIS author and his publisher are both well known to us all; if each be able to surpass ordinary competitors it is too much to ask of either that he shall try to surpass himself. We therefore take up this latest and newest of the volumes received; and, without stopping to admire its beautiful exterior, we pass forward to ask, what the author and publisher propose to do now? A NOVEL, written by a physician who knows enough to write about anything, is a phenomenon not often witnessed. If when done it were *well* done it would surely deserve our attention. We have never said that a physician should never spend any part of his time in writing Novels. Our opinion, in brief, is, that if Novels ought to be written by *any* body they should, generally, if not always be *written by physicians*. Surely they, of all men, have the opportunity to study human nature in all its bewildering heights and all its profoundest depths. They are, therefore, justifiable in, at least, *trying* to write of humanity in all its aspects and trials. We must, however, insist that the man who would play a *new solo*

upon the deeply hidden chords of the human soul must touch them carefully, softly, skilfully.

The themes and ideas which seem to furnish the animus of this volume, have not hitherto been supposed to belong to Medical Journalism. We do not admit that *anything* can reach beyond the sphere of the true physician. But we must acknowledge that the undertaking of Dr. Holcombe in this book is a large one: if he can not deal with such a subject we know nobody who can. Of his former works we have spoken in many earlier volumes of this Journal. We have somewhere said of each volume as it appeared that any person who had brain enough to comprehend the new book, and who was free enough from prejudice to give it a fair hearing, might well afford to take time to read it. The present work opens or tries to open another vista which no Medical Journal has ever dared to face. It is sufficient for us here to say of its author, as the Western farmers once said of Harry Clay, "We know him like a book and love him as a brother."

4. *The Pathology of Bright's Disease.* By WM. B. LEWIS, M.D., Lecturer on Renal Pathology in the University of New-York, &c. New-York: Turner & Mignard, 109 Nassau-st. 12mo. pp. 30.

THE author of this work is known as an accomplished microscopist, and he has given us here a specimen of his skill in book-making. His object is to show the result of real observation without much theory, in determining pathological conditions of the kidneys. The observations given are good, and are illustrated by near a dozen wood-cuts.

#### 5. *Books, &c., Received.*

(All books noticed in this Journal, for sale by Boericke & Tafel, 145 Grand Street, New-York.)

MEDICAL INVESTIGATOR. October, Nov., Dec., 1869. Jan. 1870.

AMERICAN HOMŒOPATHIC OBSERVER. October, Nov., Dec. 1869. Jan. 1870.

AMERICAN JOURNAL OF HOMŒOPATHIC MATERIA MEDICA. Oct., Nov., Dec. 1869. Jan. 1870.

THE NEW AGE MONTHLY LECTURER. Edited and published by R. L. Farnsworth, 97 East Seventh-street, St. Paul, Minn. 1869. 8vo. pp. 16.

JOURNAL OF THE GYNECOLOGICAL SOCIETY OF BOSTON.—*Devoted to the Advancement of the Knowledge of the Diseases of Women.* Edited by Winslow Lewis, M.D., Horatio B. Storer, M.D., George Bixby, M.D. Vol. 1. No. 1. 8vo. pp. 66.

WESTERN HOMŒOPATHIC OBSERVER. October, Nov., Dec. 1869. Jan. 1870.

THE HAHNEMANNIAN MONTHLY. October, Nov., Dec. 1869. Jan. 1870.

MONTHLY RECORD OF THE FIVE-POINTS HOUSE OF INDUSTRY. No. 155 to 159 Worth-street, N.-Y.

UNITED STATES MEDICAL AND SURGICAL JOURNAL. Chicago. C. S. Halsey, 147 Clark-street. A few Numbers.

EL CRITERIO MEDICO. Organo Oficial de la Sociedad, Hahnemanniana

Matritense. Vol. X. No. 21. MADRID, Spain. M. RIVADENEYRA, Calle del Duque de Osuna, num. 3.

SECOND ANNUAL REPORT OF THE NEW-YORK ORTHOPÆDIC DISPENSARY, 1299 Broadway. Surgeons, Drs. Charles F. Taylor, W. E. Vermilye. Assistant Surgeons, Drs. Th. M. L. Chrystie, David C. Carr.

## *Miscellaneous Items.*

### *1. New-York State Homœopathic Medical Society.*

*The Nineteenth Annual Session will be held in the City Hall, in Albany, Tuesday, Wednesday and Thursday, February 8th, 9th, and 10th, 1870.*

A preliminary meeting will be held Monday evening, at the office of Dr. L. M. PRATT, corner of Columbia and North Pearl-streets.

The morning session of the first day (Tuesday), will commence at ten o'clock; on succeeding days at nine o'clock. Afternoon sessions will convene at three o'clock, and evening sessions at eight o'clock.

At the opening of the morning session of the first day, the President will deliver his inaugural address. During the morning session the Business and Nominating committees, and committee on Credentials will be appointed; Honorary and Permanent members will be elected, and the Treasurer's report will be presented.

The annual address will be delivered by the President in the evening, at the conclusion of which the members will partake of a collation provided by the Albany County Medical Society. Short addresses may be expected from members and invited guests.

The report of the committee on Nominations will be the first business in order Wednesday morning.

During the sessions of the Society, reports and papers will be presented and read by committees on *Materia Medica*, *Epidemics*, *Clinical Medicine*, *Statistics*, *Medical Education*, *Ophthalmic Surgery*, *Pulmonary Diseases*, *Insanity*, *Uterine Diseases*, and *Microscopy*; also, such other reports and papers as may be recommended by the Business committee.

Secretaries of county and local societies, and of all public medical institutions are urgently requested to furnish full reports of the proceedings of their respective societies or institutions for presentation; also furnish copies of all papers, clinical reports, addresses or monographs read at meetings of their respective associations, and place them in the hands of the Business committee, in order that such portions as shall prove of general interest may be read.

Members of all medical committees are solicited to prepare full reports on the subjects placed in their charge, and, if possible, send them to either of the Secretaries a few days prior to the meeting.

Final adjournment will take place on Wednesday evening or Thursday noon.

The following resolution was adopted at the semi-annual meeting of the Society, held in the city of New-York, September 15th, 1869 :

*Resolved*, That the County Medical Societies within each of the several Judicial Districts of the State, be requested to recommend the names of such physicians as they may deem worthy of election to permanent membership in the State Medical Society.

E. DARWIN JONES, *Corresponding Secretary*,  
140 State-street, Albany, N.-Y.

H. M. PAINE, *Recording Secretary*,  
104 State-street, Albany, N.-Y.

The seventh volume of Transactions will be ready for distribution about the 15th of January. The volume will contain nearly one hundred and thirty articles, and will number upwards of seven hundred pages.

The Watkin's House (American Hotel), 100 State-street, is now kept on the European plan. Single rooms, from seventy-five cents to two dollars per day.

## 2. *The American Institute.*—First of the Course of Scientific Lectures—Pres. White on "The Battle-Fields of Science."

AFTER portraying the many an exciting battle-field on which ignorance fanaticism and superstition struggled to prevent the progress of true science, President White of Cornell University said :

### ANATOMY AND MEDICINE.

But I pass to fields of more immediate importance to us—those of *Anatomy and Medicine*. It might be supposed, that the votaries of sciences like these would be suffered to escape attack. Unfortunately they have had to stand in the thickest of the battle. As far back as the latter part of the thirteenth century Arnold de Villa Nova was a noted physician and chemist. The missile usual in such cases was hurled at him. He was charged with sorcery and dealings with the devil. He was excommunicated and driven from Spain. Such seemed the fate of all men in that field who gained even a glimmer of new scientific truth. Men even like Cardan, and Paracelsus, and Porta, who pandered to popular superstition, were at once set upon if they ventured on any other than the path which the church thought sound, the insufficient path of Aristotelian investigation. We have seen that the weapons used against the Astronomers were mainly the epithets Infidel and Atheist. We have also seen that the principal missiles against chemists and physicists were the epithets sorcerer and leaguer with the devil, and we have picked up on various battle-fields another effective weapon—the epithet Mahomedan. On the heads of the anatomists and physicians were concentrated *all* these missiles. The charge of atheism ripened into a proverb : "*Ubi sunt tres medici ibi sunt duo athei.*" (Where you find three physicians, you find two atheists.) Magic seemed so common a charge that many of the physicians seemed to believe it themselves. Mahomedanism and Averroism became almost synonymous with Medicine, and Petrarch stigmatized Averroists as men who denied genius and barked at Christ. Not to weary you with the details of earlier struggles, I will select a great benefactor of mankind and champion of scientific truth at the period of the Revival of

Learning and the Reformation—Andreas Vesalius, the founder of the modern science of anatomy. The battle waged by this man is one of the glories of our race. The old methods were soon exhausted by his early fervor, and he sought to advance science by strictly scientific means, by patient investigation and by careful recording of results. From the outset Vesalius proved himself a master. In the search for real knowledge he braved the most terrible dangers. Before his time the dissection of the human subject was thought akin to sacrilege. Occasionally some anatomist like Mundinus had given some little display with such a subject, but for purposes of *investigation* it was placed among things forbidden. Through this sacred conventionalism Vesalius broke without fear. Braving ecclesiastical censure and popular fury, he studied his science by the only method which could give useful results. No peril daunted him. He haunted gibbets and charnel-houses to secure the material for his investigations. In his search he risked alike the cruelty of the inquisition and the virus of the plague. First of all men he began to place the great science of human anatomy on its solid modern foundations, on careful examination and observation of the human body. This was his first great sin, and it was soon aggravated by one considered even greater.

Perhaps the most unfortunate thing, that has ever been done for Christianity is the tying it to forms of science and systems of education which are doomed and gradually sinking. Just as in the time of Roger Bacon excellent but mistaken men devoted all their energies to binding Christianity to Aristotle. Just as in the time of Reuchlin and Erasmus they insisted on binding Christianity to Thomas Aquinas, so in the time of Vesalius such men gave all efforts to linking Christianity to Galen. The cry has been the same in all ages. It is the same which we hear in this age against scientific studies—the cry for what is called “*sound learning*.” Whether standing for Aristotle against Bacon, or Aquinas against Erasmus, or Galen against Vesalius, or making mechanical Greek verses at Eton, instead of studying the handiwork of the Almighty, or reading Euripides with translations instead of Lessing and Goethe in the original, the cry always is for “*sound learning*.” The idea always is with the opposers of scientific studies that *these* studies are unsafe.

#### VESALIUS.

At 28 years of age Vesalius gave to the world his great work on Human Anatomy. With it ended the old and began the new. Its researches by their thoroughness formed a triumph of Science, its illustrations by their fidelity formed a triumph of Art. To shield himself as far as possible in the battle which he foresaw must come, Vesalius prefaced the work by a dedication to Emperor Charles V. In this dedicatory preface he argues for his method and against the parrot repetitions of the old medical text-books. He also condemns the wretched anatomical preparations and specimens made by physicians who utterly refused to advance beyond the ancient master. The parrot-like repeaters of Galen gave battle at once. After the manner of their time their first missiles were epithets, and the almost infinite magazine of these having been exhausted they began to use sharper weapons—weapons

theologic. At first the theologic engine did not succeed. A conference of divines having been appealed to to decide whether dissection of the human body is sacrilege, gave a decision in his favor. The reason was simple. Emperor Charles V. had made Vesalius his physician, and could not spare him. But on the accession of Philip II. of Spain the whole scene changed. That most bitter of bigots must, of course detest the great innovator. A new weapon was now forged. Vesalius was charged with dissecting living men—and either from direct persecution as the great majority of authorities assert—or from indirect influences, as the few recent apologists for Phillip the II. allow, Vesalius became a wanderer. On a pilgrimage to the Holy Land to atone for his sin he is shipwrecked, and in the prime of his life and strength he is lost to this world. And yet not lost. In this century he again stands on earth. That noble painter Hanann has again given him to the world. By the magic of Hanann's pencil, we look once more into Vesalius's cell. Its windows and doors, bolted and barred by himself, betoken the storm of bigotry which raged without. The crucifix, toward which he casts his eye, symbolizes the spirit in which he labored. The corpse of the plague-stricken over which he bends ceases to be repulsive. His very soul seems to send forth rays from the canvas which strengthen us for the good fight in this age. He was hunted to death by men who conscientiously supposed that he was injuring religion. His poor blind foes destroyed one of religion's greatest apostles. What was his influence on religion? He substituted for repetition by rote of worn out theories of dead men, conscientious and reverent searching into the works of the Living God. He substituted for representations of the human structure, pitiful and unreal, truthful representations, revealing the Creator's power and goodness in every line.

3. *Hahnemann Hospital. No. 307 East 55th Street, N.-Y.*—  
Inauguration of a Homœopathic Institution—Speeches by  
Judge BARRETT and WILLIAM CULLEN BRYANT.

ON the evening, Dec. 14th, 1869, a large and influential meeting was held in the Union League Club Theatre, for the purpose of inaugurating a movement for the establishment of a Homœopathic Hospital.

The chair was taken by John F. Gray, Esq., M.D., the first physician who undertook the practice of homœopathy in this country; and upon the platform were Judge Barrett, of the Court of Common Pleas, William Cullen Bryant, Hon. R. B. Connolly, and others.

Dodworth's Band occupied the orchestra, and opened the proceedings with the performance of the "Coronation March," from Meyerbeer's "Prophete."

The Rev. Abbott E. Kittredge then delivered an appropriate prayer.

Miss Clara Louise Kellogg then sang a charming Italian song called "La Fiorina," in which she was much applauded, the clear and delicious tones of her voice giving great effect to the peculiar melody of the song. She was encored, and gave another air of great beauty.

Dr. Gray said: We meet, my friends, on this occasion, for the purpose

of making an effort to extend the advantages of homœopathic hospital practice to the sick poor. We have for some years past supplied the wants of the poor by means of the homœopathic dispensary; but in any case when it became necessary for them to go into a hospital, they had to give up the homœopathic treatment to which they had been accustomed, and which they desired, and take the allopathic treatment, as furnished in those hospitals. Now, they are entitled to their choice of treatment just as much as you, the rich, are entitled to it. The rights of the sick poor are as perfect as the rights of those who live in their own houses. The true provision that ought to have been made for them would be to give us a part of the already established institutions—to give the sick poor the right of choice as to which treatment they would have; but as that cannot be obtained, these gentlemen are now attempting to establish a hospital of their own, and you are here to help support it. Our work is a good one; all human sympathies are with it. Let us ask upon it the blessing of heaven.

Judge Barrett said: My purpose in addressing you on the present occasion is three-fold. First, I propose to ask your attention to a few facts in regard to the life of the noble man who founded the system of homœopathy. Secondly, to give you a few remarks upon the system as a layman speaking to laymen and laywomen. Thirdly, I wish to say a few words in regard to what we intend to do in reference to this institution. Samuel Hahnemann was born on the 10th of April, 1755, at a little town in Saxony; his father being a painter in the porcelain manufactory, and his mother a very excellent person who was careful with his early instruction. After passing through the grammar school of his native town, he was, at the age of fifteen, required to write a thesis, and chose for his subject "The Human Hand," thus showing his early predilection for physical science. He subsequently studied medicine in Leipsic, and after attaining a high rank in his profession, was led by the study of the effects of Cinchona to promulgate the axiom which lies at the foundation of homœopathy—*Similia similibus curantur*—"Like cures like." He subsequently published several large works embodying the principles of the homœopathic system; and died in his 88th year, in Paris, after seeing homœopathy extend to every country in Europe and the New World. The principal recommendations of the system are, first, that it has a definite law of cure, which the other systems have not. Another principle is that it is not important to find out what the name of the disease is; homœopathic physicians, though they diagnose they also prescribe medicines suitable to the symptoms exhibited. And another recommendation was the system of small doses in which even allopathic physicians are beginning to imitate them. In conclusion, Judge Barrett earnestly besought support for the institution. It was right that homœopaths should have at least one institution in this great city, wherein they can put their sick poor; and when they have such a hospital there will be a fair opportunity of testing the merits and success of the two schools.

The band then performed a selection from "Lucrezia Borgia."

Miss Clara Louisa Kellogg then sang "Coming through the rye" with great sweetness, and was much applauded. Being encored, she sang "Home, sweet home," which was also received with enthusiastic applause.

William Cullen Bryant said he had been a believer in homœopathy for twenty-eight years. He had examined its principles, and tested them by practice, and, having satisfied himself that they were correct, he had never swerved from them. He was glad to hear that Hahnemann was in the habit of prescribing both for body and soul. It reminded him of the proverb of the old Scotch physician, in order to keep perfect health both in body and soul.

#### 4. *The Hahnemann Hospital of the City and State of New-York.*

THE Hospital campaign in the Empire city of the Empire State is being energetically carried on. In a twinkling as it were, a hospital movement was inaugurated, and before even homœopathists knew that there was even a movement in that direction, there was already a hospital fitted up and ready for fifteen patients. Two fine wards, one for females and one for males, with bedding as good, if not better, than can be found in any other hospital. Neatly carpeted. Handsome chromos (the donation of that veteran homœopath Wm. Radde) on the walls. A bust of Hahnemann in the hospital parlor, in short, a thoroughly homelike, cheerful place. A number of patients have been taken in. One of these cases is one of great severity, and its recovery will be a subject of much pleasure to the medical director. It is that of a female child not yet two and a half years old, burnt very extensively on the entire forehead, left temporal region, the eyes somewhat, the cheeks, the left arm from the shoulder to the fingers. These parts were completely denuded of skin and superficial fascia, presenting a sickening suppurating raw surface. The right arm was slightly burned. The treatment of this case will be given more at length after the case has recovered. Homœopathists of the Empire state! For years you have cherished the desire for a hospital. Now you have it, will you support it? Will you rally in its aid?

Funds are urgently needed. Your good will is wanted. Come and see it, be your feelings what they may, all will be welcome and will receive the most courteous attention.

We want also lint, linen, bandages, &c., &c. Several of the cases treated have exhausted our entire stock. You know the value of the *old rags* of the household, spread then this information and help to make the harvest fruitful.

Communications may be addressed to F. SEEGER, M.D., Medical Director, Hahnemann Hospital, 307 East 55th-st., New-York City.

We had the pleasure of a call from Dr. Hoyt, the amiable and gentlemanly secretary of the Board of State Commissioners of Public Charities. The doctor expressed himself as most favorably impressed with the Institutions of New-York City. Particularly did he commend the Institutions under "Homœopathic supervision." The library of the North Eastern Hom. Dispensary of New-York is under obligations to Dr. Hoyt for his kind contributions of a copy of the Charity Commissioner's Report for 1868. The report is one of much ability, although somewhat incomplete.



Yet the facts as presented in *this* report are interesting, and, generally speaking, the report is very creditable to Dr. Hoyt's zeal in his office.

*Hail to the Chiefs. The Empire State in the lead.*—An anecdote of some interest is being related of two of New-York's prominent political leaders. The Hon. Peter B. Sweeney, City Chamberlain, and the Hon. R. B. Connolly, Comptroller, happened to meet together on a day not long since in the magnificent office of our able Chamberlain. During the time in which the gentlemen in question were together Mr. Connolly complained of feeling unwell, of having a cold, &c., &c. Mr. Sweeney quietly pulled a small box and a pocket homœopathic manual from his capacious pocket, and having interrogated the great but ailing chief of the Department of Finance as to his symptoms, "fixed" some medicine for his ailing brother financier. The latter took the medicine, and (Doctors, please take notice) as we have it from Mr. Connolly, IT CURED HIM.

F. S.

*Homœopathy in the New-York City Government.*—The city of New-York stands before the world, proud of its homœopathic record if for nothing else. The classical and accomplished Mayor, the Hon. A. Oakey Hall, is one of the most unterrified of the gallant army of homœopathic laity. The Hon. Peter B. Sweeney, City Chamberlain, and the Hon. R. B. Connolly, Comptroller, are alluded to elsewhere. Judge J. A. Fithian, Surrogate R. C. Hutchings, Recorder J. K. Hackett, Judges Monnell, Barnard, Barrett, and several others of the higher-court Justices are well known and worthy representatives of the invigorating influences of homœopathy.

Senator Tweed is a worthy—noteworthy—example of what homœopathy can do for a man. Senator Genet does not fail in giving our side credit. Judge F. W. Loew is seven eighths homœopath and will soon be eight eighths. County Clerk Chas. E. Loew is under the (allopathic in this case) vigorous efforts of a relative, a homœopathic physician, rapidly getting on the homœopathic side—the side where talented men should be. The County Clerk's enterprising brother, E. N. Loew, is now under treatment. Then we have the Deputy Comptroller, the Hon. R. A. Storrs, who belongs among the list of "most amiable men" and first class homœopaths. We might continue the list, but enough has been said. In the Boards of Aldermen there are quite a number of believers.

F. S.

The Hahnemann Hospital is open to visitors daily from two to four.

*Ladies' Aid Society of the Hahnemann Hospital.*—A few weeks since a number of lady friends of Dr. Seeger and Mrs. Dr. R. Reisig held a meeting, with the view of organizing a society of the character denoted in the title. There were but few at this first meeting, yet the labor already performed by these few is most commendable. The ladies present were Mrs. Vanderveer, Miss C. L. Peet, Miss Clara and Miss Julia Brown, Mrs. R. Reisig and several others. A temporary organization was effected by the election of Mrs. Vanderveer as temporary President and Miss C. Louise Peet, temporary Secretary. A quantity of dry-goods (linens, sheetings, &c.) were brought to the notice of the meeting by Dr. Seeger. The ladies apportioned the goods and have made some as fine sheets, towels, &c., out of the material as Homœopathy can boast of (?). Several meetings have been held since in the parlor of the hospital. Among the ladies who have

since interested themselves are, Mrs. A. Oakey Hall and daughter, Mrs. Wm. P. Earle, Miss Briggs, Mrs. R. B. Connolly, Mrs. Joel A. Fithian, Mrs. R. C. Hutchings, Mrs. F. Seeger, Mrs. C. C. Pinckney, Miss Emma Pinckney, Mrs. G. C. Barrett, Mrs. Wm. Radde, and a number of other ladies of high social standing.

The Chairman of the Society, Mrs. Vanderveer, hereby acknowledges the receipt of One Hundred Dollars from Mrs. R. B. Connolly as a donation to the Ladies Aid Society.

Finally the ladies call upon all the physicians in the City and State to induce their lady friends to become either active or corresponding members.

### 5. *The Officers of the Hahnemann Hospital of New-York, 307 East 55th Street.*

*President*: Hon. George C. Barrett, 24 West 38th Street; *First Vice-President*: D. D. T. Marshall, President Homœopathic Mutual Life Insurance Company, 231 Broadway; *Second Vice-President*: Wm. Radde, Esq., Publisher, 550 Pearl Street; *Third Vice-President*: Hiram Calkins, Editor, Office N.-Y. World; *Corresponding Secretary*: H. C. Brown, Manufacturer Burglar Proof Safes, 233 Broadway; *Treasurer*: John Davidson, Esq., President Manufacturer and Builders' Bank, 3d Ave., cor. 55th Street; *Medical Director*: F. Seeger, M.D., 150 East 54th Street; *Board of Directors*: Hiram Calkins; John F. Gray, M.D., Fifth Avenue Hotel; D. D. T. Marshall; B. F. Bowers, M.D., 50 W. 29th Street; Lewis Hallock, M.D., 106 Madison Avenue; Rev. A. E. Kittredge, Rector 11th Presbyterian Church; F. W. Hunt, M.D., 107 W. 36th Street; C. F. Blumenthal, M.D., 143 E. 29th Street; J. M. Bundy, Editor of Evening Mail; John Davidson; H. C. Brown; R. Reisig, M.D., 61 W. 36th Street; F. Seeger, M.D.; the Hon. Chs. E. Loew, County Clerk of New-York; Hon. G. C. Barrett; Wm. Radde; Hon. R. B. Connolly, Comptroller City of New-York; James R. Boyd, Esq., Boyd & Hincken, Merchants, 6 William Street; E. V. Loew, Pres't. N. E. H. D.; R. A. Storrs, Esq., Vice-Pres't N. E. H. D., 134 East 28th Street. *Executive Committee*: B. F. Bowers, M.D., Chairman; H. C. Brown; Wm. Radde; C. E. Blumenthal, M.D.; Rev. A. E. Kittredge; F. Seeger, M.D.; James R. Boyd. *Finance Committee*: Lewis Hallock, M.D.; Hon. R. B. Connolly; R. Reisig, M.D.

### 6. *San Francisco Homœopathic Dispensary.*

WE have devoted a considerable portion of each successive year since the discovery of gold in California to keeping notes of the rapid progress of that wonderful country, though the changes have succeeded each other so rapidly that we have never been able to keep up with them. From a Mexican province of unsuspected but of incalculable value we have seen the country which Coblillo gave to Charles the Fifth, and which Sir Francis Drake gave to Queen Elizabeth, transformed into a Territory, and then, into a State of the American Republic. Already the merchants of its chief cities are "princes" and its "traffickers are the honorables of the earth."

More recently the iron arteries of commerce and the electric nervous system of intelligence have united still more intimately the cities of the Pacific with those of the Atlantic; henceforth is assured to every city of the sunset land the prosperity of the brightest sun-rise. For all, we have in future but *one Country* and *one destiny*.

San Francisco, if not "the Golden City" of Aztec tradition, is certainly that of modern history. It has within its golden gates the representatives of every race of men, every institution of commercial, scientific, and intellectual development. It has its colleges, churches, and hospitals, and the votaries or servants of each by hundreds and by thousands. That such a city should support a *Homœopathic Dispensary* is a matter of course, and we accordingly find one there. That it is not large enough to meet the demands of charity and humanity in a great city is, thus far, not remarkable: it requires *some* time for a new enterprise to become known. But the San Francisco Homœopathic Dispensary has now been for several months in successful operation, and several hundred cases have already been satisfactorily treated. The Medical Superintendent, J. Sloat Beakley, M.D., is well known to us as intelligent, a true homœopathist, and devoted to his work. Though he has hitherto received but little assistance, except from a single philanthropic individual, we may confidently hope to be able soon to announce the permanent establishment and increasing usefulness of this first of Homœopathic Dispensaries on the Pacific coast.

7. *Extract from Contents of 7th Vol. of Transactions. A goodly list for our State, surely.* H. M. P.

### III. *Reports of Public Institutions.*

*Hospitals.*—Art. 22. Hospital in Connection with the Five Points House of Industry, New-York. 23. Hospital in Connection with the Protestant Half-Orphan Asylum, New-York. 24. Hospital in Connection with the Homœopathic Medical College, New-York. 25. Hahnemann Hospital, New-York. 26. New-York Ophthalmic Hospital. 28. Hospital in Connection with Ingleside Home, Buffalo, Erie County. 29. Margarettsville Retreat for the Insane, Margarettsville, Delaware County.

*Dispensaries.*—30. City Dispensary, Albany. 31. Buffalo Homœopathic Dispensary. 32. Poughkeepsie Homœopathic Dispensary. 33. Gates Avenue Homœopathic Dispensary, Brooklyn. 34. Brooklyn Homœopathic Dispensary. 35. Bond-street Homœopathic Dispensary, New-York. 36. Dispensary in Connection with the New-York Homœopathic Medical College. 37. Metropolitan Homœopathic Dispensary, New-York. 38. Morrisania Homœopathic Dispensary. 39. New-York Homœopathic Dispensary. 40. North Eastern Homœopathic Medical and Surgical Dispensary, New-York. 41. Dispensary in Connection with the Ophthalmic Hospital, New-York. 42. Tompkin's Square Dispensary, New-York. 43. Western Homœopathic Dispensary, New-York; Hahnemann Hospital; N.-Y. Woman's Infirmary,—Merged in Hahnemann Hospital.

*Medical Colleges.*—44. New-York Homœopathic Medical College. 45. New-York Ophthalmic Hospital.

## 8. A New Clinical Microscope.

DR. EPHRAIM CUTTER of Boston has constructed an instrument designed to meet the wants of every physician who wishes to be accurate in his diagnosis of the most difficult cases of disease. The following statements are amply substantiated by our own experience in using the *Clinical Microscope* :

It differs from the clinical microscope of Beale, in having a good adjustment by means of a screw-thread cut on the tube of the instrument, also in the form of the stage and holder. Its use is very simple. If a sediment of urine is to be examined, a drop is placed on the centre of a common glass slide. It is covered with a common covering glass. A piece of bibulous cloth or paper is then applied to the edge of the cover, and the superfluous fluid is absorbed, so that when the slide is turned upside down the cover will be held in place by the capillary attraction between the cover and the slide. The slide (cover next the microscope) is then slipped under the elastic spring at one side, and the object brought over the opening in the centre of the stage. The instrument is then put to the eye, like a spy-glass, and the stage turned towards the light, it may be of a window or of a lamp. When it is remembered that a beam of light only 1-30 inch in diameter is sufficient for a 1-5 inch objective, it is easy to see that the question of light need trouble no one in any civilized habitation. The following description by Dr. Rufus King Browne, a most eminent microscopist, was given at a late meeting of the Middlesex (Mass.) East District Medical Society : —

“This is strictly a portable microscope ; that is, it can be carried wherever he goes, in his practice, by the professional man, in his breast-pocket, without inconvenience or discomfort. The same name is applied to very poor instruments; this is a very *good* one. Portable microscopes are usually of very *low* power, and are applied to very limited range of use. In this there is high power, as well as lower ones; the former as little troublesome to use, exacting as little acquired expertness of the observer, as the latter.

“I think nobody as yet has realized or embodied the conception of a portable microscope at all equal to this. It embodies not only several advantages over others, but is very *complete*. It is exceeded by the best trunnion microscopes only in the *number* of the appliances of the latter, but sums up all their other excellencies. It is a simple tube, which encloses both objective and eye-piece. It resembles in appearance an ordinary single-barrelled spy-glass; but the objective is not, as of that or other microscopes, liable to be brought in contact with foreign substances. The glasses of the objective are therefore safe from this source of injury to them. The objective is entirely in the interior of the tube.

“The adjustment of it to focus for the object examined requires only a turn or two, with the left hand, of the lower portion of the tube, held toward the light by the right. This portion of the tube, extended into the shape of a flange, is the stage, upon which the slide and object is placed. It is closely held thereupon in view by an elastic spring. The bottom of the tube is closed, except a small circular opening which admits the light, through the object and objective, to the eye and eye-piece of the observer.

"Nothing accessory is required for the complete working of the instrument, with as high a power as a 1-12 Tolles. No reflector is needed, and the amount of light which reaches the eye of the observer is sufficient for critical examination of fine objects with this power. The objective need never be removed from the interior of the tube, nor even touched, except to give place to a second objective. In its place, it is protected from wear and dust, and entirely secluded from a particle of the latter, if the small aperture be plugged with a twisted, small piece of paper. This source of annoyance and trouble, incident to the use of all forms of microscope of the most expensive and elaborate construction, is far more effectually guarded against than by any case.

9. *The Causes of Cerebral Symptoms in the so-called "Cerebral Pneumonia" of Infants.* By PROF. STEINER. (Jahrb. f. Kinderheilkunde, 1869, 4.)

It is well-known, that idiopathic, croupous lobular pneumonia of infancy begins and frequently runs its whole course with severe cerebral symptoms, showing many a time more the picture of meningitis, than of pneumonia, so that only an exact physical examination may prevent such an error; and Rilliet and Barthez were so convinced of it, that they called such pneumonia "*a cerebral pneumonia*" and distinguished according to the character of the cerebral symptoms an *ecclamptic* and a *meningeal c. p.* Steiner accepts this nomenclature, as "its frequency, its deceiving appearance, the wrong diagnosis, made even by old physicians, justifies the name. To show how easily such a mistake is made, we may mention that in all cases without exception where we were called in consultation on account of the nervous symptoms complicating the pneumonia, the disease had been diagnosed as an affection of the brain." Let us examine now the reason of this state in infancy:

1. The *prevailing disposition of the infantile brain* in general forces it to take part sympathically in inflammatory affections of other organs, and this happens with greater intensity and the easier, the younger the child is. Next to this general disposition there is also a special one, called by old physicians a *nervous disposition*, innate to some children or whole families, and hereditary for generations.

2. The most important cause of the cerebral symptoms is the *enormously increased temperature, the great fever heat, causing hyperaemia of the brain.* Next to the acute exanthemata, especially scarlatina, there is no other infantile disease where the temperature of the skin and the frequency of the pulse reaches such a high degree as is the case in croupous pneumonia; and in a doubtful diagnosis these very unusual fever symptoms are a valuable symptom of pneumonia. Such an immoderate production of heat in the blood of the infantile excitable brain can do nothing else but produce the most severe symptoms of cerebral irritation, and the great restlessness, the stupefaction and especially the convulsions at the beginning of a croupous pneumonia of young children will decrease or pass off entirely, as soon as the temperature sinks down again from 40 to 39, 38, 37, (120-115.) During dentition, or where

the brain was already in a state of irritation (chron. hydrocephalus,) before the pulmonary affection appeared, the cerebral symptoms will show themselves quicker and with more intensity. Contrary to the experience of Rilliet and Barthez, that the convulsive form of cerebral pneumonia attacks only small delicate children, suffering from difficult dentition, the author states, that he has repeatedly observed it in children 8-10 years old, but always only with a very high fever.

3) Another reason for the appearance of cerebral symptoms in the beginning and during the course of a croupous pneumonia lies in the *passive hyperæmia of the meninges and of the brain*. It is well known, that disturbances in the circulation in the pulmonary sphere will cause them also in more distant organs. Thus we see sometimes a diffuse erythema, similar to scarlatina over large surfaces of the skin in the beginning of pneumonia, which is only a passive hyperæmia; we observe albumen in the urine caused by passive hyperæmia of the kidneys. Similarly a hyperæmia develops itself in the brain, which becomes greatly heightened by the fever.

4) A fourth ætiological moment is the *simultaneous puriform inflammation of the internal ear*. The late Professor Streckeisen led our attention to it already in 1863, and Steiner has since observed sixteen cases, where the pneumonia on the apex in infants produced this complication. They all happened to children of 5 to 10 years of age, who never suffered before from an affection of the ears; symptoms of scrofulosis neither preceded the case nor were they then present; on the contrary, the children were constitutionally sound, well built and well nourished. The otitis was ten times unilateral, and six times on both sides, and the right ear was more frequently affected than the left one. As an interesting collateral may also be mentioned, that the right apex is more frequently affected than the left one. That all the cerebral symptoms observed during the course of the disease may be mostly accounted for by the otitis interna, is clearly shown by the observation made in all 16 cases; that with the appearance of a discharge from the ears the brain symptoms disappeared as if by magic, a fact certainly not deserving the name of accident, and nobody doubts now-a-days, that a suppurative inflammation of the internal ear produces and keeps up severe disturbances of the brain. That the simultaneous feverish as well as the passive hyperæmia of the brain essentially favors such symptoms of the brain, is acknowledged by every body.

The brain symptoms do not correspond so much to the eclamptic form, but more to the meningeal or comato-delirious form of cerebral pneumonia. Vomiting, somnolence alternating with great restlessness; deliria, headache, dullness of the senses or perfect unconsciousness formed the chief symptoms and kept on with more or less severity, till the ears began to discharge, which usually happened about the fifth day. The otitis mostly passed off well, only sometimes it passed over in chronic inflammation, so that Steiner observed otorrhœa and hardness of hearing even two years after the attack of pneumonia; in one case caries of the temporal bone set in. Considering the relation between the otitis and the croupous pneumonia, it may be supposed, that both diseases are co-effects of one and the same cause, i. e. of a

cold, especially as in every case coming under his observation this aetiological moment could be proved.

5) *The deficient oxydation of the blood in a pneumonia with extended hepatization may produce a toxic effect on the cerebro-spinal system.* Under such circumstances we usually see the cerebral disturbances appear only with the remission of the pneumonia and disappear again as soon as the lung becomes restored to its normal state. Cyanosis of the mucous membranes and of the face are its usual concomitants.

6) In many cases appearing in children during the first three years of their life, the symptoms of irritation of the brain, especially the temporary convulsions, can only be considered as reflex actions, as we see it so frequently in infancy, where a slight irritation of the sensory nervous fibres produces by reflex action partial or general convulsions in another organ. When, therefore, the sensory fibres of the nervus vagus become irritated by a hyperæmia or exudation of the lungs, which necessarily must happen more or less, a conveyance of this irritation to the motor fibres will produce convulsions in the beginning of the pneumonia, which may repeat themselves during its course.

7) The cerebral symptoms, finally, may only be an *expression of a simultaneous, present meningitis*, for croupous pneumonia may complicate itself with meningitis, although this is a rare case. The fact, that most cases of cerebral pneumonia run to a successful issue in spite of their stormy initial symptoms, and that their course averages only 8—12 days, favors this supposition, but we wish it clearly understood, that we speak *only* of the idiopathic croupous pneumonia to the strict exclusion of all so-called dyscrasic pneumonias, as they are seen in the course of pyæmic processes or acute exanthemata, especially variola and scarlatina, where such complications, especially in pyæmic babies, is nothing unusual. In the few cases where meningitis accompanied a croupous pneumonia, it passed steadily over into suppuration and proved fatal, although the meningitis could not be always diagnosed during life; and under certain epidemic influences croupous pneumonia may set in primarily with a simultaneous simple or puriform meningitis, as Heller and Immermann have shown.

It is therefore the duty of every practitioner, when a child is attacked by brain symptoms and high fever (temperature 120° and over, F., and pulse 160—172), daily and carefully to examine the lungs, where we will find on the 2d, 3d or 4th day symptoms of pneumonia in one or the other apex of the lungs. Our prognosis may then be favorable, whereas a simple or puriform meningitis may end, and a tuberculous one does end fatally.

(A. H. Z.)

S. L.

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THE number of deaths in the city of New-York from all causes, including deaths in the public institutions, for 1869, was 25,136.

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CHINA.—The American Hospital at Hong-woo, established through the donation of a Philadelphia lady, continues in successful operation.

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No. LXXXII.

Original and Translated Papers.

ARTICLE LII.—*Gastralgia*. By Dr. B. HIRSCHL, (from his Prize Essay). Continuation from Vol. XVIII. page 289.

1. Remedies, not so frequently indicated, are: *Asa*, *Aurum*, *Berberis*, *Carb-an.*, *Castor*, *Caust.*, *Chelidonium*, *Coff.*, *Crocus*, *Daphne-ind.*, *Daphne-mez.*, *Euphorb.*, *Graph.*, *Gratiola*, *Guaj.*, *Hep.*, *Hyosc.*, *Ipecac.*, *Kali-bichr.*, *Lobel.*, *Merc.*, *Nitr.*, *Nuxmosch.*, *Op.*, *Petrol.*, *Plat.*, *Secal.*, *Silic.*, *Stront.*, *Tabac.*, *Urtica*, *Verat.*, *Zinc.*

Symptomatic remedies are *Ipecac.*, *Veratr.*, *Merc.*

*Ipecac.*, is only indicated, when the symptoms of nausea and vomiting prevail, or when a gastric catarrh accompanies the gastrodynia; as it produces only dull stitches in the pit of the stomach and great feeling of malaise in the stomach. Neither *Ipecac.* nor *Veratr.* correspond to the sensitive sphere of *gastralgia*.

*Veratrum-alb.*, is also only a palliative for the vomiting with or without diarrhœa, colicky pains, fainting, icy coldness of the extremities, great anguish and feeling of chilliness in the stomach, general debility. The pain in the stomach and bowels shows itself as severe pressure in the pit of the stomach, extending hence to the sternum, under the ribs and down to the pelvis, is consecutive or caused by the emesis: and *Veratrum* corresponds therefore more to the gastric diseases in the motor, than in the sensitive sphere.



*Mercurius* is a valuable remedy for vascular and organic gastrodynia of a high grade, where the mucous membranes are especially affected. It is *the* remedy in its acute form, from mere swelling up to inflammation and organic metamorphosis, but it will be found equally valuable for those acute feverish congestive or inflammatory attacks, as we find them during the course of deeply penetrating organic alterations, as induration, hypertrophy, scirrhus of stomach, liver, &c., especially when resting on a scrofulous or syphilitic base. All mercurials produce great pain to the touch, burning pressure as of a stone after eating, &c.

2. Among the remedies, where neither the provings nor clinical experience gives us a full indication, we may mention:

*Asa-fatida*: suits especially the neurosis of hysteric persons, but also the venous hæmorrhoidal form, the gastric catarrh of plethoric persons, of drunkards, in complication with hepatic and splenic states: Symptoms: fullness of the stomach, malaise, cutting and burning in the stomach and diaphragmatic region; heat rising up from the stomach to the chest; burning in the œsophagus and throat; pressure and sensation in the œsophagus, as if a foreign body ascended (globus hystericus?); pressure, passing over in drawing and tensive pains, spreading to the liver and spleen, in the region of the cardia, aggravated by the touch and by the descending diaphragm; spasmodic contraction of the stomach, alternating with ascending nausea, and inclination to vomit; paroxysmal cardialgia; taste flat, fatty, bitter, rancid, eructations, nausea, vomituration, water-brash, flatulency.

*Castoreum*: hysterical neurosis; the action of this remedy is only evanescent and its pathogenetic symptoms not enough characteristic; fullness in stomach and chest, as from saburra, with dyspnoea and constriction of the throat, malaise; after eating, tension, heaviness, pinching in the stomach with contraction under the sternum; cutting in the stomach and hypochondria, relieved by motion; in the morning: a crawling tingling sensation in the stomach, chilly feeling in the stomach, ulcerative pain in the pit of the stomach and sensation of contraction in sitting or walking, painful also to the touch; disgust and nausea, eructations, waterbrash, vomiting of mucus, thirst, frequent urination.

*Chelidonium-majus*: cardialgia with morbid hepatic states; atony of digestion; irregularities in the portal circulation. Symptoms: Alternate heat and coldness in the stomach; gnawing and digging pains in the stomach, *relieved by eating*; spasmodic contraction, stitches and burning with eructations; pressure in the pit of the stomach; stitches running through to the back; nausea, salivation: taste flat, loathsome, bitter; no appetite neither for eating or drinking; desire for milk, which he usually dislikes,—but followed by flatulency; vomiting; waterbrash; empty eructations after eating, tasting after juniperberries.

*Gratiola-officinalis*: Most of its symptoms belong to gastric catarrh, primary abdominal affections, hepatic obstruction, colic, flatulency: and it is indicated therefore in secondary gastrodynia, when we find oppression of the stomach with twisting, digging pains, swelling of the stomach, flatulency, obstinate constipation, bilious ailments, acidity; sensitiveness to pressure; bitter eructations, nausea, vomiting of bitter-sour yellowish water; stool at first hard, afterwards mushy with pressure and sensation of chilliness.

*Lobelia-inflata*: In pure neurosis with: pressure and sensation of weakness, oppression, nausea, pyrosis, vomituration; vomiting, eructations, hiccough, waterbrash; severe constriction in the cardiac region; pressure and fullness as of a weight; oppressive pressure as from a plug in the pit of the stomach, diametrically drawing through the body to the back, ceasing sometimes, then increasing in strength and extending right and left from the sternum to the back; copious flatulency.

*Nux-moschata*: *Atony of digestion*, gastric catarrh with flatulent swelling, voraciousness or loss of appetite, burning and pressure. We have in the stomach cramps and great debility in the stomach and cardia; heaviness of the stomach, weakened digestion; heat and sensation of heat; or coldness and want of digestion; indigestion, fullness, swelling and flatulency of the stomach. Twisting pains below the stomach as from colic; severe pain in the præcordia with vomiting; taste as after having been intoxicated, chalky, pappy, sour; loss of appetite, no thirst, aversion to tobacco, increased appetite, wants to eat after taking his meal; bulimia, thirst. After

eating: feels uncomfortable and tired; scratching eructations, as from rancid oil; pyrosis; heat in the stomach, rising upwards with oppression.

*Petroleum*: may be useful in the neurotic as well as in organic gastrodynia with the following symptoms: hiccough, eructations, nausea, vomiting, acidity; in the empty stomach a pressing pain, relieved by eating, or a raking pain as after catching cold. Stomach and abdomen painful, either bloated or contracted; cutting around the stomach with inclination to stool. Unbearable heaviness, bloatedness, *great feeling of emptiness*, like hunger; pit of the stomach sore to pressure; sensation as if something would tear loose.

*Strontiana-carbonica*: shows distinct action on the gastric nerves, especially when the pains are of a pressing, contracting, stitching or cutting character with amelioration after eating, but soon again returning; nothing has the right taste; great thirst, desire for beer; dry earthy taste with coated tongue; severe continuous hiccough, producing pains in the chest, empty eructations. Nausea with burning face; the stomach feels flat and nauseous, with malaise and irritability; severe chronic oppression in the stomach during the time of digestion.

*Tabacum*: clear neurosis with spasmodic pressure, especially in the cardiac region, constriction, nausea; cramps with colic and salivation, tearing pains after eating, as if the stomach would be turned upside down; stitches extending to the back, with heat, nausea, vertigo, headache; ameliorated during rest; pain and inflammation of the stomach and in parts of the bowels.

8. Remedies, better proved, but still in need of clinical verification are:

*Alumina*. *Atony of digestion*, chronic dyspepsia (gastric catarrh), commencing organic disorganizations, as indurations and ulcerations of the stomach with the following symptoms: great weakness in the pit of the stomach, severe pains in the stomach, as if it became distended by flatulency, cutting pains increased by external pressure; sensation of coldness in the stomach, pressure as of a stone extending to the throat, relieved by eructations; stitches in the stomach extending to the chest with dyspnoea and anguish; fullness as from flatulency;

oppressive constriction in the stomach through the chest to the shoulder; pyrosis, hiccough; empty, bitter, rancid eructations; thirst; accumulation of water and saliva in the mouth; acidity in the stomach; taste sour, sweet, astringent, flat, slimy, metallic, sourish salty; no taste; loss of appetite; hunger without appetite, sensation of hunger with an empty feeling in the stomach, but no appetite; disgust for meat; malaise after eating; want of peristaltic motion in the bowels, constipation, small and hard stool.

*Ammonium-carbonicum*: Its action may perhaps be too evanescent to produce a lasting cure; among its symptoms may be found: pains in the stomach, preventing sleep at night, severe pressing and compressing pains in the stomach and pit of the stomach; nausea and vomiting of all food, followed by a sour taste after every meal; fullness and painfulness to external pressure, cannot bear anything tight around the waist; pressure and constriction in stomach and chest; hunger without appetite, with nausea and flatulency; eructations; coldness in the chest and gastric region; saliva and slime in the mouth, burning in throat and œsophagus.

*Arnica-montana*: is only indicated in secondary gastrodynia, based on congestive, catarrhal, inflammatory or organic affections, in consequence of injuries of the pit of the stomach, abdominal plethora and arthritis. Anæmia caused by loss of fluids may also give an indication. We mention especially hæmatemesis when not caused by ulcerations, but by a chronic gastritis in consequence of injuries: Pure neurosis is not the sphere of Arnica. Among its symptoms we find: stitching, burning, drawing, painful beating, pinching, griping (with qualmishness, pyrosis,) on the cardia, on the posterior wall of the stomach, as if pressed forcibly against the vertebræ, which feel painful; pressure as if a stone were lying in the stomach with oppression of the chest, inflation, pinching, spasmodic griping in the stomach; pain in the region of the pit of the stomach, as if something wound itself in a ball; disagreeable movements in the stomach with frontal headache, spasmodic constriction of the stomach, relieved by eating; gastrodynia from inflation, relieved by eructations.

*Aurum* may find a place in neurosis from scirrhus disorgani-

zations; or where a syphilitic or scrofulous dyscrasia prevails. Except pressure in the stomach there are hardly any gastric symptoms.

*Berberis-vulgaris*: suits only material, especially vascular (venous) gastrodynia in connection with bilious states; plethora, hæmorrhoids, gout, gastric catarrh and rheumatism. Stitches, pressure, whirling sensation in the region of the stomach. Stitching, tearing, colicky pains in the upper part of the abdomen, increased by breathing, touch and motion. Slight chilliness in the region of the stomach. Bitter, sour taste, waterbrash, nausea, eructations.

*Carbo-animalis*: is indicated in the lighter as well as in the more severe disorganizations, especially indurations, hypertrophy, ulcerations, although the symptoms do not correspond to the ulcer of the stomach. Symptoms: pressure in the stomach, even when fasting, with heaviness and fullness, inclination to waterbrash and nausea; severe pressing pains, when lying down, increased by deep inspiration, relieved by pressure of the hand upon it. Contracting spasm of the stomach; clawing and griping in the stomach; burning; boring pain in the stomach, as if brought on by long fasting in the morning; sudden and short aching in the pit of the stomach, when taking a deep inspiration, relieved by walking; bruised sensation in the pit of the stomach, as after severe coughing; after eating: chilliness, fullness, pressure, oppression in the chest, anguish and restlessness, palpitations; eructations, inflation of the abdomen; the pains, which he suffered during the forenoon pass off with the dinner; during eating: perspiration and heat in the face; audible rumbling and gurgling in stomach and abdomen. Foul breath; taste bitter, foul, sour, slimy, sulphurous. No appetite; taste increasing during eating, for sourer, or tart things; disgust for hot drinks and fat; bulimy; great thirst with dryness and heat in the throat; eructations tasting of the food; suppressed eructations with pain, acrid eructations; inclination to waterbrash with discharge of sour or salty water from the mouth with nausea; cramps of the muscles; severe empty eructations with cold feet and singultus. Excessive flatulency.

*Causticum*. The effects of Causticum are here clearly shown :

Neuralgia, as well as organic states, especially dyspeptic ones; material alterations based on scrofulosis, indicate this remedy. Hahnemann found it useful for griping and pressure in the stomach, especially after eating bread, and spasmodic pains in the stomach. Among its symptoms we mention: pains in the stomach with regurgitation; eructations; violent pain in the stomach in the morning shortly after rising, increased by motion, with heat in the head; bruised sensation in the stomach, which is felt when pressing upon it; griping, pressure, contraction, gnawing; painful tightness in the pit of the stomach, in the cardia increased by external pressure, exertion of talking, lying on the back, when the abdomen becomes chilly; pleasant warmth through the stomach and abdomen; loss of appetite, thirst; aversion to sweet things; bitter, acrid or putrid taste; sensation of saburra, acidity, pyrosis, eructations, nausea, qualmishness, acid or bloody vomiting; weakness of the stomach.

*Coffea* is used as a stomachic after indigestion and its consequences, especially in the motor sphere of the gastric catarrh (vomiting); as an intercurrent remedy to lessen great hyperæsthesia, with general erethismus; sleeplessness. It is well known, that the continued and too frequent use of coffee produces gastrodynia, perhaps more through its chemical-material effect, the empyreuma, than through its dynamic action. It produces: tension across the stomach and the hypochondria, very painful pressure on the left side of the gastric region with desire for bread; disagreeable sensation below the stomach with inflation and dull pain; cannot bear the pressure of the clothing; extraordinary flatulency; diminished appetite; food tastes like almonds, nuts, bitter; aversion for food, drink, tobacco with qualmishness and salty taste. Bulimy, greedy hurried eating; violent thirst, without heat or dryness of month; short frequent eructations of air, singultus; nausea with weakness; continual inclination to vomit; vomiting.

*Crocus*: is only effectual in vascular gastrodynia, dependent on plethora abdominalis, hæmorrhoids or bilious states. Symptoms: burning in stomach; distention of stomach and abdomen; sensitiveness of the stomach as from cold; contraction, rumbling

and fermenting, drawing sensation in the pit of the stomach; single violent stitches, taste sweet, bitter, sweetish, acrid, nauseous; loss of appetite and fullness as after eating too much; after eating, pyrosis; after drinking, qualmishness, drawing colicky pains, qualmishness, disposition to vomit.

*Croton-tiglium*: The anguish, oppression, constriction, pressure, cutting and tearing in the intestines, burning like live coals, fullness of the stomach and oppressed breathing, sensitiveness to touch, copious vomiting, disposition to vomit with pain, &c., as well as the symptoms of pathological anatomy, and the whole character of the remedy prove clearly an inflammatory state.

*Cubebæ*: chronic inflammation of the stomach, chronic dyspepsia; heat, burning pressure, nausea, acidity, pyrosis, vomiting.

*Cuprum*: Nervous gastrodynia more than vascular or organic ones; the spinal symptoms, as convulsions, trembling of the heart, of the extremities, paleness of the face, desire to lie down decide our choice. The contracting pains as well as the vomiting correspond also to the motor sphere.

*Daphne-Mezereum* corresponds to nervous, but still more to organic cardialgia, especially to ulceration, chronic gastritis and malignant induration; as it produces pressure, burning, burning corroding sensation and soreness, with the sensation as if the food lies undigested in the stomach; rising of air with burning and sweat as from anguish with yawning; chilliness and horripilations, sweat, anguish; constriction of the throat; sensation of hunger with no appetite, great thirst, waterbrash; taste flat, acid, though food tastes natural; continual insatiable, hunger with the feeling of emptiness in the stomach; aversion to meat, anorexia; adypsia alternating with unquenchable thirst.

*Euphorbium-officinale*: Burning, contracting, griping, tearing pains in the stomach, rising up in the throat with vomituration, pain in the back; palpitations may sometimes indicate it in gastralgia.

*Graphites*. The sphere of action of Graphites corresponds to that of the carbons, Lycopodium, Sepia, Sulphur, acting, as they do, on the scrofulous, venous, (hæmorrhoidal) constitution, and being effectually employed for suppressed menses, gastric catarrhs, chronic inflammation of the stomach, &c. Graph.

suits therefore the hyperæmic and perhaps in the beginning of organic gastrodynia; indications are: griping in the stomach with nausea, spitting, passing off during eating; contractive pain in the stomach; weakness of the stomach; pressure relieved by lying down and the warmth of the bed, returning when rising with vomiting; stitches in stomach and abdomen, burning in stomach, acidity; various dyspeptic symptoms, constipation, pains in the hepatic region, hunger, gnawing and oppression of the chest at night, &c.

*Guajacum* has only a few gastric symptoms: constriction with difficulty of breathing and anguish; oppressive pressure and heat in the stomach may perhaps indicate it in gouty catarrhs of the stomach.

*Hepar-sulph.*, suits only secondary gastrodynia, based on material disturbances from scrofula or after abuse of mercury; it suits scrofulous torpid constitutions. Taking all in all we cannot consider Hepar an anti-cardialgicum.

*Hyosciamus-niger* may be used as an intercurrent or palliative remedy in high-graded hyperæsthesia, but it will never radically cure a gastrodynia. The neurosis and the hyperæsthesia in organic diseases of the stomach may be relieved by the henbane, when we have nausea, vomiting of mucus and bile or fruitless retching, severe singultus, vertigo; gnawing, pressing, burning, fullness in the stomach; pressure in the pit of the stomach with difficulty of breathing; sensitiveness and painfulness to the touch in the pit of the stomach; hiccough with spasms and rumbling in the abdomen; fainting; aggravation at night with sleeplessness, exaltation and congestions to the head.

*Kali-bichromicum* has been used with benefit in organic gastrodynia; eructations, nausea like sea-sickness; vomiting, (sour, slimy, food, water, bile, blood:) sensation of fullness, heaviness, malaise after a meal, chilliness, inflation; gnawing, burning, constricting pains in stomach and hypochondria, aggravation in the morning, during motion; amelioration by eating.

*Kali-carbonicum*, *Magnesia-carbonicum*, *Natrum-carbonicum* and *Muriaticum* are only indicated in cardialgia from gastric catarrh with great acidity in the stomach; in vascular gastrodynia or perhaps also in beginning disorganizations:



dyspeptic ailments, acidity, pyrosis, flatulence are produced by all. Kali-carb., suits especially chronic gastric catarrh, even gastritis, (in drunkards, venous constitutions) with fullness and pressure in stomach; sudden cutting pains, relieved by eructations; stitches radiating upwards to the axilla and down to the sacrum; contracting and twisting pains extending to the chest, constrictive pains in the stomach and toward the pharynx; paroxysmal pains, relieved by walking, as pressing, cutting pains, digging and boring in the stomach, as if everything would turn around; burning; drawing and cutting horizontally through the stomach, in the morning, with sensitiveness to pressure, eating, speaking; throbbing with pain to the touch; sensation, as if the stomach were full of water.

*Magnesia-carb.*, and *Mur.*, have acidity in all its forms with pressing contractive pains and acid eructations. The former gives us: pressure relieved by eructations; contractive pains after eating, disturbing the night's rest, soreness in the stomach and hypochondria, even at night. Ulcerative pain with great sensitiveness to pressure and sensation, as if the stomach would fall out; with chilliness and malaise, so that he is hardly able to walk, relieved by coffee; qualmishness and feeling of repletion; inflation and fullness in the stomach, relieved by eructations, audible gurgling.—*Magnesia-mur.*: severe pressure, extending to the chest, as from flatulency, relieved by eructations; tension in the region of the stomach with ulcerative pain, especially when touching the parts; stitching pains, left and horizontally cutting with pains in stomach, relieved by doubling up; pain as from bruises in the stomach, with tensive pains during an erect position.—*Natrum-carb.*, suits light and acute catarrhs of the stomach, as after indigestion or in chronic congestive states of the mucous membranes, as we find them in persons affected with hæmorrhoids, arthritis, hysteria; we find the region of the stomach painful to the touch: pressure after eating with retching; drawing, cutting contracting pains externally and internally; stitches with retraction of the stomach followed by burning; spasmodic contraction of the stomach and hypochondria, relieved by stretching and walking, aggravated by sitting and bending, with movements about the stomach as from a worm; fullness; sensation of fasting.

*Nitrum* is indicated in cardialgia, resting on a material basis, as chronic hyperæmia, gastric catarrhal inflammation of asthenic character, ulceration, induration, scirrhus; with one word, the chronic gastritis is the peculiar sphere of saltpetre with burning pains, stitches and pressure; heat, and at the decrease of paroxysm sensation of chilliness, as if ice laid on the pit of the stomach; pulsations; sensitiveness to the touch; loss of appetite, thirst, pyrosis, nausea, vomiting of water, mucus, blood; weakness with fainting.

*Opium* finds application in weakness of the stomach, disturbed digestion, atony of the nerves or want of peristaltic motion; there is not much hyperæsthesia; perhaps with colic of the small intestines as from a cold, we find with the eructations, singultus, nausea, retching, vomiting (green, bloody, sooty :) the following pains: indescribable malaise in the pit of the stomach; repletion and oppression; intolerable constrictive pain in the stomach, causing a deadly anguish; drawing pains in stomach and bowels; cutting first in stomach, then in small intestines; painful distention of the stomach and sensation of inflation; amelioration by motion.

*Platina*. This great nervine is of importance in gastrodynia, based on hysteria, uterine erethismus, menstrual anomalies, spinal irritation, hyperæsthesia of the whole nervous and ganglionic system with pressure in the pit of the stomach, when touching it or after eating; contractive pains around the pit of the stomach, muscular twitching, spasmodic contraction alternating with heaviness and labor-like sensation in uterus; oppression, paroxysmal shocks and pulsations in the pit of the stomach, globus hystericus.

*Secale-cornutum*. The preponderating black vomiting may show some relation to scirrhus and ulceration of the stomach. Its action on the gastric nerves is verified by the following symptoms, as: constant retching and pressure in the pit of the stomach with oppression as from a weight increased by eating; also pyrosis, constriction and cramps of the stomach, increased warmth, heat and burning, (gangrene in stomach after inflammation) bitter, spoiled disagreeable taste; unquenchable thirst; with aversion to food morbidly increased appetite, bulimy; violent sour or tasteless eructations, nausea, vomiting of sour

substances, or of tenacious mucus, black bile, blood, frequently without any effort.

*Silicea.* Chronic gastric catarrh.—foul breath ; taste slimy, sour, bitter, nauseous, bloody, foul, oily. Constant water and saliva in the mouth ; nausea, loss of appetite ; gnawing hunger, relieved by lying down, with trembling on all extremities, chilliness, great thirst ; after eating : weakness in stomach, the taste of the food remains for a long while ; chilliness, heat in the face, palpitations with anguish, feeling of intoxication, sleepy, dull ; bellyache, colic in epigastric region ; cutting, fullness, relieved by eructations ; empty sour ructus, as from *saburra* ; pyrosis after every meal, with accumulation of water and frequent hiccough ; nausea as after an emetic, after eating with pains in the stomach and eructations ; pressure in stomach ; vomiting after eating or drinking ; load in the stomach like lead, spasmodic pains after eating ; severe pain in the pit of the stomach, relieved by bending over ; pressure in the stomach after eating, when walking in the fresh air, with eructations and cutting in the bowels ; griping followed by soft stool ; griping and gnawing with cold chills running down the back ; griping, pinching and crampy sensation over the stomach and the hypochondria in frequent paroxysms.

*Stannum.* Pressure and crowded sensation in the pit of the stomach, sore as a boil to the touch, yet relieved by external pressure ; tensive, dull, hard pressure under the last cartilage of the ribs ; spasmodic griping in the stomach and around the umbilicus with anguish, fullness and bloatedness of the stomach ; foul breath ; tongue coated with yellow slime ; flow of saliva in and from the mouth ; sweet, flat, bitter-sour taste ; increased hunger and appetite or loss of appetite with sensation of emptiness ; great thirst ; foul, sour, bitter or empty eructations ; hiccough ; nausea, retching with chilliness ; sour bilious vomiting, or of blood and food.

*Zincum.* The neuralgic symptoms preponderate, as nearly in all metals : sour eructations, nausea, qualmishness, retching, pains in the pit of the stomach, aggravated by pressure and breathing ; burning pressure in the pit of the stomach ; tearing and stitching in and around the pit of the stomach ; drawing and contracting pains from both sides of the stomach, with

anguish and constriction, stomach feels oppressed; pulsations, sensations as if worms move about; griping pains deep in the abdomen, increased by a long inspiration: burning in the upper part of the stomach.

4. Among the "New Remedies" we find the following related to gastrodynia:

*Esculus-hippocastanum* acts upon the cerebro-spinal and ganglionic system, but the chief sphere of its action lies in the portal system, and it will be found useful in cardialgia due to defective action of the liver, intestinal derangements and hæmorrhoidal affections. There is burning distress in the stomach with inclination to vomit, dull burning pains in pyloric portion of the stomach, sometimes even unbearable, making him feel faint and weak; early in the morning feeling of emptiness, but after eating the stomach feels full; heart-burn, waterbrash, nausea, retching, violent vomiting; icterus frequently accompanies or follows the gastralgia.

*Carulophyllum* is only useful in reflex action of the stomach in affections of the female generative organs. The gastric irritability with spasmodic symptoms and vomiting of food shows itself by heat and fullness in the stomach, by frequent pains in the stomach and small intestines, relieved by eructations and emission of flatus.

*Cimicifuga* produces nausea and vomiting, pain and regurgitation of food after eating, faintness in the epigastrium and stomach, violent retching and vomiting, but they are due to cerebral irritation or to reflex uterine action.

*Dioscorea-villosa*. One of the few remedies, which are indicated in true gastrodynia; dull heavy pains in the pit of the stomach, worse after eating and relieved by copious eructations of air; severe cutting, tearing pains in the stomach and region of gall-bladder; burning distress in stomach with sharp prickling pains and faintness; flat pappy taste, dryness of the fauces with frequent inclination to swallow.

*Iris-versicolor*. Here the pains of the stomach are caused by a congestive state of the mucous membranes. It causes increased secretion of the salivary glands, pancreas, liver and epithelial cells of the alimentary canals, accompanied with vomiting and profuse watery diarrhœa. The gums and tongue

feel as though covered with a greasy substance; great burning distress in the epigastrium, at the same time the mucous membrane of the mouth burns like fire, nausea and empty eructations, vomiting of a watery and extremely sour fluid; vomiting accompanied with great prostration; frequent and violent efforts to vomit, resulting in but little more than an enormous discharge of air, moving off the stomach with great force.

*Leptandra-virginica* for secondary gastralgia from congestion of the portal system. Sinking sensation in the pit of the stomach; constant distress in the lower part of the epigastrium and upper portion of the umbilical regions with sharp cutting pains at intervals; constant burning, aching sensation, aggravated by drinking cold water; flat-pappy taste; nausea with deathly faintness upon rising.

*Lobelia-inflata*. Its main sphere of action is especially upon the pneumogastric nerves, and the depression upon the solar and other plexuses is such, that the patient imagines death about to ensue. They complain of burning and dryness of the fauces with tough mucus in it, causing frequent hawking and spitting; sensation as if the œsophagus contracted itself from below upwards; the epigastrium and a spot below the larynx are always the extreme and at the same time the most sensitive points; pressure in the œsophagus with nausea, slight tormina and escape of offensive wind; violent nausea and vomiting with great loss of strength; frequent gulping up of a bitter sour fluid; extreme nausea with profuse perspiration: sensation of excessive weakness at the pit of the stomach, extending upwards into the chest and downwards as far as the umbilicus; feeling of pressure in the stomach, extending to the back, as from a plug; sensation of weight in the epigastrium, worse on pressure; violent painful constriction in the region of the cardia; peculiar uneasiness, with a feeling of reversed peristaltic movement in the stomach, but without vomiting.

*Podophyllum-peltatum*, the analogue of Mercury and Iris, producing a congestive state of the glands and abdominal organs. Copious salivation, offensive putrid taste, regurgitation of food, disgust for food; food turns sour, with belching of hot flatus.

which is very sour; vomiting of bilious matter, mixed with blood, with severe spasms of the stomach; heartburn, water-brash, heat in the stomach, throbbing in the epigastrium; great thirst and the stomach contracting so hard and rapidly in the effort to vomit that the wrenching pains cause them to utter sharp screams; the patient is constantly rubbing and shaking with his hands the hypochondriac region; colic with retraction of the abdominal muscles, relieved by bending forwards. The nervous pains and spasms are only secondary to the irritation of the contiguous mucous membrane.

*Robinia-pseudoacacia* affects also the pneumogastric nerve and medulla oblongata, and produces the most acid state of the stomach, showing itself by excessive acidity, vomiting of intensely sour fluid, setting the teeth on edge, frequent eructation of sour fluid; great distension of the stomach and bowels with flatulency and severe colic; dull heavy squeezing pains in the stomach, especially after every meal.

*Sanguinaria* is more indicated in subacute or chronic inflammatory states of the stomach, than in pure neuralgia. Crawling on the tongue; loss of appetite with uncertain cravings, fatty slimy taste; pressing, burning pains in the stomach, jerking in the stomach, as if from something alive; unquenchable thirst, vomiting and prostration.

S. L.

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ARTICLE LIII.—*Thrombosis*.\* By HENRY N. AVERY, A.M., M.D., Professor of Physiology, New-York Homoeopathic Medical College.

Thrombosis and Embolism are so closely allied, that it is somewhat difficult to draw the line of demarcation sufficiently distinct, to make the one intelligible, without the other. The former may be taken as the foundation of the latter, and we may say that embolism is the result of thrombosis.

This form of disease occurs more frequently than what we might suppose, and if care is exercised, many cases will be found to be the result of this condition of the system. Thrombosis (Thrombus) signifies a clot of blood, and denotes "the

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partial or complete closure of a vessel, by a morbid product developed at the site of the obstruction :” this morbid product is produced by the coagulation of the blood, forming what is known as the *autochthonous clot* or thrombus, and consists of fibrin.

Embolism is the result of this *clot*, and signifies the detaching of a portion of this thrombus ; these detached portions may be carried throughout the circulation to become lodged at some point, thus producing an obstruction—embolism.

We find several sources that may be attributed to the formation of thrombi.

1. Constriction of the calibre of a vessel ; thus interrupting the current, as from ligature, the pressure of tumors and exudations, cicatrices, the dividing of a vessel, as in venesection, and separation of the placenta.

2. In disturbed nutrition, changing the molecular attraction between the blood and the surface of the vessel, particularly inflammation of the walls of the vessels, also from foreign bodies being brought in contact with the walls of the vessels.

Thrombi may be the result of arterial occlusion, produced by atheromatous and calcareous degeneration, this condition producing a clot, thus hastening vascular constriction and finally ulceration. This condition is exceptional for vessels are seldom occluded, but generally constricted.

In arteritis there is a tendency to a coagulation of the fibrin, and we may say that thrombi are generally produced by inflammation, the result of which is, to partially close the vessels, thus impeding circulation.

Thrombi may be fibrinous or may possess in connection with fibrin, connective tissue ; or the thrombus may be composed of a mere fibrinous cord, as we frequently find in the heart.

These clots or thrombi are produced in the system, when the blood contains absolutely or relatively an excess of fibrin (*hyperinosis*) or when there exists any obstacle to the natural circulation of the blood.

Different portions of the system are liable to the formation of thrombi, in fact no part of the system is exempt from fibrinous formations. During life they may be found in the heart, arteries, veins, cerebral sinuses and portal system.

When a portion of the thrombus becomes detached in the arteries, it is carried by the current and arrested by the capillaries; when it occurs in the veins it is carried to the lungs and portal system, the latter carrying it to the capillaries of the liver. If this detached portion of the clot (embolus) should be carried to the brain, its course would be first through the longitudinal sinuses, then to the torcular herophili, and lateral sinuses.

In a vein the thrombus may act primarily by producing a partial or complete obstruction to the flow of blood, and secondarily the clot may separate partially, and fragments be carried through the current, producing embolism. Then again the primary thrombus may separate, or remain and undergo the change of softening, which will soon pass on to the further change of suppuration; then we shall have "suppurative phlebitis."

There are several diseases that appear to produce a tendency to the formation of thrombi, among which may be mentioned bronchitis, phthisis, typhus fever, erysipelas, hæmorrhage, croup, diphtheria, scarlet fever, rheumatism, endocarditis, and dissipation; the puerperal state and pregnancy also are favorable to the formation of these clots. In croup death is frequently the result of thrombi, and some attribute the fatal effects of this disease more frequently to thrombi than asphyxia.

These fibrinous masses may form suddenly, but generally they are the product of long and insidious changes, and during these pathological transformations, small portions (emboli) may become detached.

We find these fibrinous exudations frequently attached to the walls of the heart, and particularly to the right side, the auricles, ventricles, valves, and the muscular and tendinous cords (columnæ carneæ and chordæ tendinæ) of the heart, are favorite seats of deposit. Then the bead-like, warty exudations that accompany endocarditis, may serve as a foundation for the deposition of fibrinous material, which ultimately may prove sufficiently large to be called a thrombus.

If these deposits take place in the left side of the heart, the particles (emboli) broken off, are carried to the brain, spleen, and kidneys, while those from the right side pass through the



pulmonary artery to the lungs. In my own practice I have seen four well-marked cases in children of strumous diathesis, that died of *phthisis scrofulosa*, who first received the change of degeneration from these detached portions of cardiac thrombi, being carried to the lungs and acting as so much foreign matter, and thus proving a source of irritation and suppuration.

The presence of thrombi in the system produces results and symptoms that are worthy of notice. When the obstruction is in the right side of the heart, the return of blood from the systemic veins is arrested, and if the obstruction is in the pulmonary artery the right side of the heart becomes greatly distended and temporary paralysis of that side follows; should the obstruction prove to be in either the pulmonary artery or right side of the heart the flow of blood to the lungs for aëration is arrested, thus depriving the brain and other organs of arterial blood, producing death by syncope.

If the obstruction is in the left side, death takes place from coma,—and not from syncope this obstruction of the left side produces a violent action of the heart, great congestion of the lungs with dyspnœa of a suffocative character, expectoration of a bloody or frothy mucus, a leaden hue of surface and coldness of extremities. If recovery takes place from such a condition, the obstruction will take a degenerative change, and probably valvular obstruction of that side. Should these formations take place on both sides of the heart at the same time, then the symptoms may resemble those arising from obstruction of the right side rather than the left.

When the cerebral arteries become occluded, the point of obstruction is liable to take on a suppurative change, and this extending to the surrounding parts may produce what is commonly known as *softening of the brain*.

If the post-mortem reveals a clot of blood in the heart, with a thin formation of fibrin over the surface, the inference would be that the deposition had taken place after death: but if the fibrinous deposition presents a mould of cavity of the heart of a tough, white, elastic character, it would be safe to say that the change had been produced by the elapse of much time, for it requires a long time to produce deposits of this character, although there may be exceptions when these masses form rapidly.

It frequently occurs that the thrombus thus formed in the heart, will soften in the centre and assume a puriform character this will continue until a shell remains, which may rupture, allowing the contents to escape, they being carried through the circulation will produce results similar to any foreign poisonous matter circulating in the blood.

In considering the treatment, little can be said of practical importance. The effect of this abnormal condition of the system is generally death, and therefore all we can do is to alleviate the temporary sufferings. Still it is well known that Carbonate of Ammonia, and Nitrate of Potash exert some influence in dissolving fibrinous formation, outside of the body, and therefore it has been suggested to give these substances in order to overcome the tendency to the coagulation of fibrin. It has also been suggested to give Quinine and Sulphurous Acid. In our school Lachesis has been recommended.

Notwithstanding these different substances have been recommended, it is doubtful whether medicines will prove of much service in many cases; although strict quietness should be enjoined, good diet recommended, and plenty of fresh air enjoyed. In fact any remedy that may have a tendency to reduce the inflammatory condition of the system might be resorted to with a hope of deriving some benefit.

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ARTICLE LIV.—*Encephaloid of the Hematoid Variety.* By  
A. M. BENNETT, M. D., of Rochester, N. Y.

THIS disease has proven so universally fatal in all past ages, that if a ray of hope presents itself of alleviating the sufferings of a subject of this malignant disease, promising to cure, occasionally enabling the physician to say to his patient that there is a fair possibility of relief, it will awaken in the minds of some cheering anticipations in cases in which the past records of facts alone would lead him to despair. I will not assume that a specific has been found which will surely eradicate this virulent disease; one course offers enough to warrant farther investigation

It is hardly to be expected that a sufficient number of cases of this uncommon disease will fall into the hands of any physi-

cian in private practice, to test any remedy to his perfect satisfaction: therefore if other physicians will be induced from the slight evidence that I shall give in favor of the remedies used, to try them and report the results, it will throw additional light upon the subject. I would not excite anticipations which are not to be realized, for of that I have had enough in reading many articles in the old school Journals where new cures had been discovered which on trial proved fallacious.

I was called in the Autumn of 1859 to see a child of Mr. H—, aged about eight weeks: it had a small bluish tumor upon its nose, size of a pea. Phosphorus and Arsenicum were given and Thuya-occ., diluted was applied to the tumor, but it continued to enlarge so rapidly that at the expiration of eight weeks it was the size of a common rifle ball, very purple, with an eschar on the top. When the scab was removed it bled most profusely. Lunar Caustic was applied which in a short time arrested the hæmorrhage and a new scab formed. The tumor now enlarged rapidly, and in three or four days the child tore off the eschar and another profuse hæmorrhage followed. I then applied Caustic Potassa to stop it, the Tinct. of Thuya-occ. undiluted was applied three times a day to the tumor, and I gave the Carbo-Animalis of the eighth attenuation four times a day. Under this treatment the tumor did not enlarge so fast, the eschar remained on longer and when the child rubbed it off the hæmorrhage was less. I continued to apply the Caustic Potassa as often as the scab came off which was at longer intervals, the hæmorrhage at each time lessening until it ceased; and the tumor was subdued at the expiration of six months, nothing but a cicatrix remaining. Once or twice a year there has been some slight appearance of a return of the disease which is readily removed by the use of the last named remedies.

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ARTICLE LV.—*President's Inaugural Address, delivered before the State Hom. Med. Society. Feb. 8th, 1869. By WM. WRIGHT, M. D. of Brooklyn, E. D.*

GENTLEMEN of the Homœopathic Medical Society of the State of New-York,

It is with no ordinary feelings of pleasure that we greet your presence here to-day. Ever regarding, as we justly may,

this Institution as not only the true exponent of, but the full measure of the stature and strength of Homœopathy in this State, it is but natural that we should rejoice at every renewed evidence of its continued prosperity and increasing strength.

But, Gentlemen, belonging as you do to a profession, the practice of which, while not less exhausting in its nature, is certainly far more exacting in its demands both upon body and mind than that of either of the other learned professions, we cannot forget that you have *not* left the especial fields of your individual labors,—even thus temporarily,—without subjecting yourselves, and the public whose servants you are, to much greater sacrifices and inconveniences than are usually entailed upon like absence in other men.

But while the public exactions would ever confine you to the limited circle of your respective places of business, your own mental and physical necessities, as well as the good of your profession with even greater imperiousness may demand that you shall, *occasionally* at least flee the toils and fatigues,—forget, if you can, the sore trials and vexations of an active practice,—and, in new scenes and through new associations seek that relaxation of body and that recuperation of mind which overworked organs are sure, sooner or later, imperatively to demand.

At whatever sacrifice therefore you may have individually purchased this boon, I cannot but feel that it is well that you have not only found it in your hearts, but that you have been enabled to come up here to this Grand Council of the State, to contribute liberally, as we trust and hope, of the “first fruits” of your past experience and observation to our common cause; and that you may, at the same time, draw freely from this inexhaustible fountain of “living waters” that, which shall not only add largely to your present stock of knowledge, but fit you far more eminently for success in the practice of your deeply responsible profession.

“As iron sharpeneth iron, so a man sharpeneth the countenance of his friend.” These annual gatherings of the representatives of our profession throughout the State, cannot well fail therefore of being productive of great good; and as we here mingle in fraternal intercourse, and in the free interchange

of sentiment, and thought, it were strange indeed if some new truth were not educed,—some new fact revealed,—some new thought uttered which should tend to the more perfect elucidation,—if not to the better settlement of some of the few remaining questions, both of theory and practice which still divide, and sometimes seriously perplex the members of our profession. But, as “all discord is” but “harmony not understood,” so, I suppose “all seeming evil must be universal good. We trust and hope therefore that, in all discussions which shall arise here or elsewhere upon mooted points in our profession, they shall be so conducted as will show to the world that *we seek the truth rather than a triumph*; and however strangely we may express ourselves, or however tenaciously we may adhere to our own peculiar and cherished views,—which is but our common right,—we are still honest enough to admit,—and generous enough to concede to those who differ from us, the same rights and privileges which we claim for ourselves; and to recognize in every man, *and woman too*, who shall avow his or her belief in the great cardinal Homœopathic maxim—“*Similia Similibus Curantur*,”—and whose practice shall be in accordance therewith,—*a true disciple of our immortal founder*.

We have met here to day, Gentlemen, to celebrate the XIXth Anniversary of this time-honored institution; and I am happy to be able to say that it is under circumstances both flattering to the past, and full of hope and promise for the future: for though no peculiar or striking event has occurred, since we last met, to mark an *era* in our history, or to electrify the people, as did the discovery of the circulation of the blood by Harvey,—the introduction of vaccination by Jenner,—or the promulgation of the new and startling doctrines of Hahnemann: Yet our progress has nevertheless been steadily and surely onward and upward; making new breaches continually upon the walled citadel of that system of medicine whose chief reliance, aside from its age, consists in the presumed unscalable height of its outer walls, and the imagined strength of its bulwarks;—defences, in fact, by which all true light is fast being excluded,—and all *real progress*, in the art and science of healing, most effectually prevented or shut out.

† It is estimated that there are now some 800 Homœopathic

practitioners of medicine in this State alone; and although our several Medical Colleges are annually sending out large classes of graduates, the demand for well-educated Homœopathic Physicians still greatly exceeds the supply over a large portion of our country, and hence we have little reason to fear that our market will soon be overstocked, or the profession overdone.

So far as I have been able to ascertain, our medical Journals are well supported; and their continually increasing patronage evinces a just appreciation of the great importance of these periodic records of the current medical literature of the day on the part of our profession, and a desire to aid in all laudable efforts to elevate and improve our system of practice. If I were to hazard a suggestion however in relation to these periodicals, it would be that a greater concentration of labor upon fewer Journals, would not only greatly add to their general efficiency, but vastly increase the profit of their publication to both editors and publishers.

While but few works of a truly scientific character upon *Materia Medica* or Therapeutics have been written during the last year or two, new and valuable provings and reprovings of many articles of medicine have been made and added to our already liberal list of remedies; still it is to be regretted that no adequate pen has yet attempted, or at least fully accomplished that great and imperiously demanded work of revising, correcting, purifying, and *rearranging* such works as we have,—thereby rendering them more easily comprehended, practically useful, and certainly reliable than they now are. He who shall prepare for us a rational *Materia Medica*, in which the real shall be separated from the imaginary, the purely pathogenetic from the clinical, and each class of symptoms arranged under separate heads so that every article of the *Materia Medica* may be readily studied in each of these relations without confounding the one with the other, and thereby dispensing with that multitude of signs and symbols which now so seriously mar our books,—embarrass the scholar,—and utterly confound the student and the general reader, will confer an inestimable blessing upon all who now live or shall come after us; and will justly be entitled to have his name enrolled high upon that scroll of fame which is to hand down

to posterity the immortal names of such as have proved themselves the benefactors of our race. The hitherto prolific brood of works on *Domestic Practice*, I am happy in being able to say, has not been very largely increased for the last twelve-month or more; for which, let us all "thank God and take courage."

Death has dealt gently with us, as a body, during the past year. So far as I have been able to ascertain, but a single co-laborer in our professional vineyard has been called to his final reward. Dr. H. S. Benedict of Corning, an active and highly esteemed member of the Steuben County Medical Society, died in Sept. last. He was elected a permanent Member of our State Society in 1863, and was a member in good and regular standing at the time of his death; I would respectfully recommend the appointment of a committee to prepare a biographical notice of Dr. Benedict for publication in the next volume of our transactions.

No extensive or peculiarly malignant form of epidemic disease has prevailed in any part of our State,—nor have our ordinary diseases anywhere assumed an unusually severe or fatal type. It is true that diphtheria, typhoid fevers, and small-pox have prevailed to some extent in certain localities, but under the mild and genial treatment of Homœopathy our success in baffling these sometimes formidable diseases is believed to have been quite satisfactory.\*

The Margarettsville Retreat for the Insane, I regret to be compelled to say, has proved a failure; and the Board of Managers have been obliged—from want of support—to abandon the enterprise. But I trust that this failure is not to be construed into an evidence of the want of interest in the welfare of this unfortunate class of our fellow-citizens; nor to any lack of faith in the superior adaptation of our system of practice in the treatment of the insane.

Unfortunately this institution was started as a private enterprise, and by a private individual; and although the enterprise may have been highly creditable both to the head and heart of its founders, it unfortunately lacked the essential elements

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\* Dr. Harris' "Relapsing Fever" of New-York is not deemed of sufficient importance to constitute an exception to this general remark.

of success. Its location did not exactly meet with the public approval;—but worse than that, its *financial basis* was so defective as necessarily to prove its ruin.

But while this failure may retard, let it not discourage nor prevent any well-organized and systematic effort to erect upon its ruins a nobler and a more comprehensive institution than the Margarettsville Retreat ever could have been.

The present moment is a most auspicious one. The Governor of the State, in his annual message, has called the attention of the Legislature to the wretched and most melancholy condition of the insane poor throughout our State; and he truly says of them that “none are so helpless, none, for the most part, so friendless” as they.

Recent official investigations have shown that the condition of this class of our fellow-citizens is wretched beyond the powers of imagination to conceive, or language adequately to express. In some of the counties of the State, the humanitarian sentiments of the 19th century have not yet even *dawned*; and the first faint beams of an enlightened civilization are yet to illumine, for the *first time*, the thick and hitherto impenetrable cloud of darkness and superstition that still broods over the people in relation to the proper treatment of the insane!

In some of these counties the “old and the young, the timid and the brazen, the sick, the feeble and the violent,” are herded together without distinction as to the character or degree of their madness,\* thus rendering the violent the more violent, the hopeless more hopeless and unmanageable; and putting the recent and perhaps curable cases quite beyond the power of restoration or improvement.

In some of these CHARNEL HOUSES OF THE LIVING DEAD the inmates are confined in narrow cells, often without clothing; sleeping on straw rendered damp and filthy with their own excrements; receiving air and light and warmth only through a small diamond-aperture in their prison doors: bereft of sympathy and social life, without one cheering influence to animate, or one bright hope of futurity to sustain them. Sad and

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\* See Dr. Willard's Report to the Allopathic State Society—1865.



melancholy as this picture may be, let it be remembered that New-York is not alone a criminal. Other States no less enlightened are believed to be equally guilty.

There are now probably not far from four thousand five hundred to five thousand \* of this unfortunate class of individuals in this State, who are so far demented as to be incapable of taking care of themselves, and who are therefore the proper subjects of public or private charity and restraint: to say nothing of that other, and not inconsiderable class of shattered minds whose only hope of restoration is in and through an intelligent and systematic treatment, in a well-regulated public institution for incipient insanity.

Experience has demonstrated that the success of medical treatment, in the restoration of the insane is always in proportion to the promptness of its application, and that if early and judiciously resorted to, from 80 to 90 per cent. may be saved.†

But our county alms-houses where many of these unfortunate beings are confined, do not even contemplate, much less have they ever made any provision for the proper medical treatment and recovery of the insane; while the entire provisions of the State are still, as they ever have been, quite too limited to accommodate even the one-half.

The Asylum at Utica, although a noble monument of State munificence, "will accommodate but about 600" and "has always been overcrowded." The new Willard Asylum for incurables, now in course of erection at Ovid, will accommodate but about 250; while the Hudson River Asylum at Poughkeepsie, and the one to be erected at Buffalo will provide only for a few more, ‡ leaving still a very large number of these most unfortunate of the unfortunate uncared—or at least *not properly provided for*.

In view therefore of the admitted necessity, on all hands, for larger provisions, and for new asylums where this unfortunate

\* See Report of the Board of State Comm. of Public Charities, made to the Legislature March 22d 1869, p. 24: "Number of insane in this State, except some few who may be found in private families, 4346."

† See 24th Annual Report of the N.-Y. State Lunatic Asylum for 1866, p. 22—25.

‡ See Gov. Hoffman's Message, Jan. 1870.

class can receive that care and attention which humanity, to say nothing of self-interest, so loudly demands and in view of the growing importance, and present strength, in numbers, and wealth, and influence of the friends of Homœopathy, it is but reasonable, and just, and right, that our claims to the founding of at least one asylum to be under the care and treatment of our school of medicine—and to which our own insane may be sent,\*—should be recognized by the State. And if there were the least shadow of honesty in our opponents, they would readily unite with us in this demand, if for no other reason, at least for this, that our folly and false pretences might thereby be publicly exposed.

I respectfully recommend therefore that a committee be appointed to take this whole subject under consideration; and that they be instructed to prepare a memorial to be circulated throughout the State for signatures, asking the Legislature, at its present session, to authorize the establishment and speedy erection of such an institution, where the medical treatment and the general regimen shall be *exclusively* in charge of the Homœopathic profession under the proper supervision of the State.

The subject of finance, always an important and not unfrequently a most difficult and perplexing one, will necessarily engage more or less of your attention during this session.

Unfortunately all checks and balances which the law sought to throw around our treasury were entirely disregarded *previous* to the year 1869—our expenditures up to that time being left almost entirely to the discretion of the Secretaries and the Treasurer.

During the session of 1869, our present indefatigable Treasurer called the attention of the Society to this loose and illegal mode of transacting business—and an attempt was then, for the first time made, to bring the action of the Society within the pale of the law, by making the *Society* instead of its *officers* the judges of the proper amount to be expended; and accordingly an appropriation was then made, which at the

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\* A former President of this State society, as I am informed, now lies incarcerated in one of our lunatic asylums, subjected to a treatment that could be nothing less than *repulsive*—had he his reason left him to protest.

time was deemed a very liberal one,\* for the several items called for in the estimates presented, amounting in the aggregate to a little over \$500. I regret however to be compelled to say that the Report of the Treasurer will show that this sum has been very considerably exceeded, and that the deficiency in the Treasury account will this year greatly exceed that of any former year; the wisdom and propriety of which it will be for you, gentlemen, to determine when you shall have had an opportunity to examine the items of expenditure.

But whatever may be your decisions upon this particular question, the necessity of settling down upon some solid basis of finance, by which our annual expenditures shall always be brought within our annual income—as derived from a reasonable annual assessment, can scarcely admit of a doubt; for we all know that while a full Treasury and a favorable balance-sheet are always taken as the surest evidence of prosperity and health, an empty Treasury and a large annual deficiency under high taxation will be taken as equal evidence of a fatal decline.

I would therefore, in view of the vital importance of this matter, recommend that a committee be appointed to whom this whole question of Finance shall be committed—to report to the Society at the earliest practical moment the result of their deliberations.

I am happy to be able to say that a very creditable number of papers, some of which are said to be of rare merit, are now in the hands of the Secretary for presentation; which, together with such other incidental matter as will naturally arise and come before us during our sittings, give promise not only of a highly interesting and busy,—but even more than usually instructive and profitable—session.

Congratulating you then, gentlemen, upon the favorable auspices under which we meet,—may I not express the confident hope and expectation that our present session will be one of great harmony and good will; one indeed upon which we may all look back, when we shall have returned to our

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\* See Treasurer's Report for 1869, where he estimates the "necessary annual expenses" of the Society at "about \$400."

respective fields of labor, with feelings and emotions of the most unalloyed pleasure.

The Society is now organized and ready for the transaction of business.

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ARTICLE LVI.—*The Blessings of Old Age.* By RALPH WALDO EMERSON.

UNDER the general assertion of the well-being of age, we can easily count particular benefits of that condition. It has weathered the perilous capes and shoals in the sea whereon we sail, and the chief evil of life is taken away in removing the grounds of fear. The insurance of a ship expires as she enters in the harbor at home. It were strange if a man should turn his sixtieth year without a feeling of immense relief from the number of dangers he has escaped. When the old wife says, "Take care of that tumor in your shoulder, perhaps it is cancerous," he replies, "I am yielding to a surer decomposition." The humorous thief who drank a pot of beer at the gallows blew off the froth because he had heard it was unhealthy; but it will not add a pang to the prisoner marched out to be shot, to assure him that the pain in his knee threatens mortification. When the pleuro-pneumonia of the cows raged, the butchers said that, though the acute degree was novel, there never was a time when this disease did not occur among cattle. All men carry seeds of all distempers through life latent, and we die without developing them; such is the affirmative force of the constitution; but if you are enfeebled by any cause, some of these sleeping seeds start and open. Meantime, at every stage we lose a foe. At fifty years, 'tis said, afflicted citizens lose their sick-headaches. I hope this *hegira* is not as movable a feast as that one I annually look for, when the horticulturists assure me that the rose-bugs in our gardens disappear on the 10th of July; they stay a fortnight later in mine. But be it as it may with the sick-headache—'tis certain that graver headaches and heart-aches are lulled once for all, as we come up with certain goals of time. The passions have answered their purpose: that slight but dread overweight, with which, in each instance, Nature secures

the execution of her aim, drops off. To keep man in the planet, she impresses the terror of death. To perfect the commissariat, she implants in each a certain rapacity to get the supply, and a little over-supply, of his wants. To insure the existence of the race, she reënforces the sexual instinct, at the risk of disorder, grief and pain. To secure strength, she plants cruel hunger and thirst, which so easily overdo their office, and invite disease. But these temporary stays and shifts for the protection of the young animal are shed as fast as they can be replaced by nobler resources. We live in youth amid this rabble of passions, quite too tender, quite too hungry and irritable. Later, the interiors of mind and heart open, and supply grander motives. We learn the fatal compensations that wait on every act. Then,—one after another,—this riotous, time-destroying crew disappear.

I count it another capital advantage of age, this, that a success more or less signifies nothing. Little by little, it has amassed such a fund of merit, that it can very well afford to go on its credit when it will. When I chanced to meet the poet Wordsworth, then 63 years old, he told me, "that he had just had a fall and lost a tooth, and, when his companions were much concerned for the mischance, he had replied, that he was glad it had not happened forty years before." Well, Nature takes care that we shall not lose our organs forty years too soon. A lawyer argued a cause yesterday in the Supreme Court, and I was struck with a certain air of levity and defiance which vastly became him. Thirty years ago it was a serious concern to him whether his pleading was good and effective. Now it is of importance to his client, but of none to himself. It has been long already fixed what he can do and cannot do, and his reputation does not gain or suffer from one or a dozen new performances. If he should, on a new occasion, rise quite beyond his mark, and achieve somewhat great and extraordinary, that, of course, would instantly tell; but he may go below his mark with impunity, and people will say: "O, he had headache;" or, "He lost his sleep for two nights." What a lust of appearance, what a load of anxieties that once degraded him, he is thus rid of! Every one is sensible of this cumulative advantage in living. All the good days behind

him are sponsors, who speak for him when he is silent, pay for him when he has no money, introduce him where he has no letters, and work for him when he sleeps.

The Philosopher's theory of domestic life is expressed in the following paragraphs:

Beyond its primary ends of the conjugal, parental, and amicable relations, the household should cherish the beautiful arts and the sentiment of veneration.

1. Whatever brings the dweller into a finer life, what educates his eye, or ear, or hand, whatever purifies and enlarges him, may well find place there. And yet let him not think that a property in beautiful objects is necessary to his apprehension of them, and seek to turn his house into a museum. Rather let the noble practice of the Greeks find place in our society, and let the creations of the plastic arts be collected with care in galleries by the piety and taste of the people, and yielded as freely as the sunlight to all. Meantime, be it remembered, we are artists ourselves, and competitors, each one, with Phidias and Raphael in the production of what is peaceful or grand. The fountain of beauty is the heart, and every generous thought illustrates the walls of your chamber. Why should we owe our power of attracting our friends to pictures and vases, to cameos and architecture? Why should we convert ourselves into showmen and appendages to our fine houses and our works of art?

If by love and nobleness we take up into ourselves the beauty we admire, we shall spend it again on all around us. The man, the woman, needs not the embellishment of canvas and marble, whose every act is a subject for the sculptor, and to whose eye the gods and nymphs never appear ancient; for they know by heart the whole instinct of majesty.

I do not undervalue the fine instruction which statues and pictures give. But I think the public museum in each town will one day relieve the private house of this charge of owning and exhibiting them. I go to Rome and see on the walls of the Vatican the Transfiguration, painted by Raphael, reckoned the first picture in the world; or in the Sistine Chapel I see the grand sibyls and prophets, painted in fresco by Michael Angelo, which have every day now for three hundred years

inflamed the imagination and exalted the piety of what vast multitudes of men of all nations! I wish to bring home to my children and my friends copies of these admirable forms, which I can find in the shops of the engravers; but I do not wish the vexation of owning them. I wish to find in my own town a library and museum which is the property of the town, where I can deposit this precious treasure, where I and my children can see it from time to time, and where it has its proper place among hundreds of such donations from other citizens who have brought thither whatever articles they have judged to be in their nature rather a public than a private property.

A collection of this kind, the property of each town, would dignify the town, and we should love and respect our neighbors more. Obviously, it would be easy for every town to discharge this truly municipal duty. Every one of us would gladly contribute his share; and the more gladly, the more considerable the institution had become.

2. Certainly, not aloof from this homage to beauty, but in strict connection therewith, the house will come to be esteemed a sanctuary. The language of a ruder age has given to common law the maxim that every man's house is his castle: the progress of truth will make every house a shrine. Will not man one day open his eyes and see how dear he is to the soul of Nature—how near it is to him? Will he not see, through all he miscalls accident, that Law prevails for ever and ever; that his private being is a part of it: that its home is in his own unsounded heart; that his economy, his labor, his good and bad fortune, his health and manners, are all a curious and exact demonstration in miniature of the Genius of Eternal Providence? When he perceives the Law, he ceases to despond. Whilst he sees it, every thought and act is raised, and becomes an act of religion. Does the consecration of Sunday confess the desecration of the entire week? Does the consecration of the church confess the profanation of the house? Let us read the incantation backward. Let the man stand on his feet. Let religion cease to be occasional; and the pulses of thought that go to the borders of the universe, let them proceed from the bosom of the Household.

These are the consolations—these are the ends to which the household is instituted and the roof-tree stands. If these are sought, and in any good degree attained, can the State, can commerce, can climate, can the labor of many for one, yield anything better, or half as good? Beside these aims, Society is weak and the State an intrusion. I think that the heroism which at this day would make on us the impression of Epaminondas and Phocion must be that of a domestic conqueror. He who shall bravely and gracefully subdue this Gorgon of Convention and Fashion, and show men how to lead a clean, handsome and heroic life amid the beggarly elements of our cities and villages; whoso shall teach me how to eat my meat and take my repose, and deal with men, without any shame following, will restore the life of man to splendor, and make his own name dear to all history.

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ARTICLE LVII.—*On the Effects of the Antiseptic System of Treatment upon the Salubrity of a Surgical Hospital.* By JOSEPH LISTER, F.R.S., Professor of Clinical Surgery in the University of Edinburgh.

THE antiseptic system of treatment has now been in operation sufficiently long to enable us to form a fair estimate of its influence upon the salubrity of a hospital.

Its effects upon the wards lately under my care in the Glasgow Royal Infirmary were in the highest degree beneficial, converting them from some of the most unhealthy in the kingdom into models of healthiness. The interests of the public demand that this striking change should be made generally known; and in order to do justice to the subject, it is necessary, in the first place, to allude shortly to the position and circumstances of the wards.

Each of the four surgeons of the infirmary had charge of three large wards, two male and one female, besides several small ones for special cases. Of these, the most important were the male accident ward and that for female patients, the former containing the chief operation cases as well as those of injury. The third main ward of each surgeon was devoted to chronic male cases, and was in the old infirmary building; but



the other two were in the "New Surgical Hospital," erected nine years ago. This consists of four stories above a basement, each floor containing two large wards communicating with a central staircase, besides several smaller apartments. The wards are spacious and lofty, and in the centre of each are two open fireplaces, in a column which runs straight up to the roof, conveying the chimneys of all the floors, and also collateral ventilating shafts, which are warmed by the chimneys that accompany them, and, communicating with various apertures in the ceilings, form excellent means of carrying off the vitiated atmosphere, while fresh air is amply supplied by numerous windows at both sides, the beds being placed in the intervals between them, at a considerable distance from each other. Except the serious defect that the water-closets in many cases open directly into the wards, the system of construction seemed all that could be desired.

But, to the great disappointment of all concerned, this noble structure proved extremely unhealthy. Pyæmia, erysipelas, and hospital gangrene soon showed themselves, affecting, on the average, most severely those parts of the building nearest to the ground,\* including my male accident ward, which was one of those on the ground-floor; while my female ward was on the floor immediately above. For several years I had the opportunity of making an observation of considerable, though melancholy, interest—viz., that in my accident ward, when all or nearly all the beds contained patients with open sores, the diseases which result from hospital atmosphere were sure to be present in an aggravated form; whereas, when a large proportion of the cases had no external wound, the evils in question were greatly mitigated or entirely absent. This appeared striking evidence that the emanations from foul discharges, as distinguished from the mere congregation of several human beings in the same apartment, constitute the great source of mischief in a surgical hospital. Hence I came to regard simple fractures, though almost destitute of professional interest to

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\* Statistics collected by desire of the managers established the fact that the ground-floor wards were, on the average, most liable to pyæmia, whoever might be the surgeon in charge; and that those on the floor immediately above came next in this respect.

myself and of little value for clinical instruction, as the greatest blessings; because, having no external wound, they diminished the proportion of contaminating cases. At this period I was engaged in a perpetual contest with the managing body, who, anxious to provide hospital accommodation for the increasing population of Glasgow, for which the infirmary was by no means adequate, were disposed to introduce additional beds beyond those contemplated in the original construction. It is, I believe, fairly attributable to the firmness of my resistance in this matter that, though my patients suffered from the evils alluded to in a way that was sickening and often heart-rending, so as to make me sometimes feel it a questionable privilege to be connected with the institution, yet none of my wards ever assumed the frightful condition which sometimes showed itself in other parts of the building, making it necessary to shut them up entirely for a time. A crisis of this kind occurred rather more than two years ago in the other male accident ward on the ground-floor, separated from mine merely by a passage 12 feet broad; where the mortality became so excessive as to lead, not only to closing the ward, but to an investigation into the cause of the evil, which was presumed to be some foul drain. An excavation made with this view disclosed a state of things which seemed to explain sufficiently the unhealthiness that had so long remained a mystery. A few inches below the surface of the ground, on a level with the floors of the two lowest male accident wards, with only the basement area, 4 feet wide, intervening, was found the uppermost tier of a multitude of coffins, which had been placed there at the time of the cholera epidemic of 1849, the corpses having undergone so little change in the interval that the clothes they had on at the time of their hurried burial were plainly distinguishable. The wonder now was, not that these wards upon the ground-floor had been unhealthy, but that they had not been absolutely pestilential. Yet at the very time when this shocking disclosure was being made, I was able to state, in an address which I delivered to the meeting of the British Medical Association in Dublin, that during the previous nine months, in which the antiseptic system had been fairly in operation in my wards, not a single case of pyæmia, erysipelas, or

hospital gangrene had occurred in them; and this, be it remembered, not only in the presence of conditions likely to be pernicious, but at a time when the unhealthiness of other parts of the same building was attracting the serious and anxious attention of the managers. Supposing it justifiable to institute an experiment on such a subject, it would be hardly possible to devise one more conclusive.

Having discovered this monstrous evil, the managers at once did all in their power to correct it. The extent of the corrupting mass was so great that it seemed out of the question to attempt its removal; but it was freely treated with carbolic acid and with quick lime, and an additional thickness of earth was laid over it; and, further, a high wall at right angles with the end of the building, and reaching up to the level of the first floor, so as necessarily to confine the bad air most prejudicially, was pulled down, and an open iron railing was substituted for it.

There can be no doubt that these measures must have proved salutary. But even if it were admitted that they cured completely the particular evil against which they were directed, it would still have to be confessed that the situation of the surgical hospital has been far from satisfactory. Besides having along one of its sides the place of sepulture above alluded to, one end of the building is conterminous with the old Cathedral church-yard, which is of large size and much used, and in which the system of "pit burial" of paupers has hitherto prevailed. I saw one of the pits some time since, having been requested to report upon it by one of the civic authorities, who is also a manager of the infirmary, and who, having accidentally discovered what was going on, at once took steps to prevent for the future the occurrence of anything so disgraceful. The pit, which was standing open for the reception of the next corpse, emitted a horrid stench on the removal of some loose boards from its mouth. Its walls were formed, on three sides, of coffins piled one upon another in four tiers, with the lateral interstices between them filled with human bones, the coffins reaching up to within a few inches of the surface of the ground. This was in a place immediately adjoining the patients' airing ground, and a few yards only from the windows of the surgical

wards. And the pit which I inspected seems to have been only one of many similar receptacles, for THE LANCET of Sept. 25th contains a statement, copied from one of the Glasgow newspapers, that "the Dean of Guild is said to have computed, that five thousand bodies were lying in pits, holding eighty each, in a state of decomposition, around the infirmary."\* Just beyond the churchyard rises an eminence covered by an extensive necropolis, which, however, from its greater distance, must have comparatively little deleterious influence. When I add that what is called the fever hospital, † also a long four-storied building, extends at right angles to the new surgical hospital, separated from it by only eight feet, and that the entire infirmary, containing 584 beds, stands upon an area of two acres, and that the institution is almost always full to overflowing, ‡ I have said enough to show that the wards at my disposal have been sufficiently trying for any system of surgical treatment. Yet, during the two years and a quarter that elapsed between the Dublin meeting and the time of my leaving Glasgow for Edinburgh, those wards continued in the main as healthy as they had been during the previous nine months. Adding these two periods together, we have three years of immunity from the ordinary evils of surgical hospitals, under circumstances which, but for the antiseptic system, were especially calculated to produce them.]

It may be well to mention in detail some facts regarding the comparative frequency, before and after the period referred to,

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\* I doubt if even my sense of the importance of the subject I am dealing with would have induced me to enter into these disagreeable details, were I not able at the same time to bear my testimony to the zealous manner in which the managers of the Infirmary and the Town Council are exerting themselves to correct the evils referred to. I understand that it is in contemplation to abolish entirely intra-mural interment in Glasgow.

† About half the wards of the fever hospital are used for surgical cases.

‡ The rapid increase of Glasgow has rendered the Infirmary, in spite of considerable additions of late years, quite inadequate to the wants of the population; but this evil will shortly be remedied by the construction of a general hospital in connexion with the new College.

§ The antiseptic system was commenced nearly five years ago, but was for the first two years employed almost exclusively in compound fractures and abscesses, which form but a small proportion of surgical cases, so that the system cannot be said to have been in operation for more than three years with reference to the subject of the present paper.

of the three diseases to which surgical wards have hitherto been peculiarly liable—namely, pyæmia, erysipelas, and hospital gangrene.

And first of pyæmia. This fearful disease used to occur principally in two classes of cases—namely, compound fractures and the major amputations. In compound fracture, it was so rife just before the introduction of the antiseptic system that I had one of the sulphites administered internally as a prophylactic, in accordance with Polli's views, to every patient admitted with this kind of injury; though I cannot say that we observed any distinct evidence of advantage from the practice. But since I began to treat compound fractures on the antiseptic system, while no internal treatment has been used, I have not had pyæmia in a single instance, although I have had in all thirty-two cases—six in the forearm, five in the arm, eighteen in the leg, and three in the thigh. These cases do not include those in which the injury was so great as to demand immediate amputation. But it must be remarked that many of the limbs saved were so severely injured that I should formerly have removed them without hesitation. I almost forget the kind of considerations which used to determine me to amputate under the old treatment; though I know that experience taught us that it was only in comparatively mild cases that it was justifiable to attempt to save the limb. Now, however, there is scarcely any amount or kind of injury of bones, joints, or soft parts which I regard as inconsistent with conservative treatment, except such destruction of tissue as makes gangrene of the limb inevitable as an immediate consequence.

But I may take this opportunity of observing that the attempt to save a limb which, under ordinary treatment, would be subjected to immediate amputation, ought not to be made lightly, or without a thorough acquaintance with some trustworthy method of carrying out the antiseptic system; by which I mean, not the mere use of an antiseptic, however potent, *but such management of the case as shall effectually prevent the occurrence of putrefaction in the part concerned.* Without this such endeavors are far worse than useless; for by the time that local disturbance and constitutional disorder have

made it apparent that the antiseptic means have failed, the patient is so much prostrated by irritation and blood-poisoning, that the operation, if performed, is probably too late; and thus a loose and trifling style of "giving the treatment a trial" swells the death-rate at once of compound fracture and of amputation.

On the other hand, the surgeon will not on this account be justified in contentedly pursuing the old practice of primary amputation; for the antiseptic means which it has been the main labor of the last five years of my life to improve are now so satisfactory \* that any one duly impressed with the importance of the subject, and devoting to it the study and practical attention which it demands, will, with little trouble to himself, securely attain the results which he desires.

I lately visited my wards in Glasgow after an absence of some weeks, and saw amongst other cases, a compound dislocation of the ankle in a man who had fallen about four feet from the platform at a railway station, and lighted on the outer side of the right foot, which had been forced violently inwards, producing a contused and lacerated wound, about four inches long, crossing the external malleolus, and communicating with the articulation. When I saw the patient, the wound had been converted into a superficial sore, cicatrizing rapidly; and there had been from first to last no deep-seated suppuration, nor any local or constitutional disturbance. I asked my then house-surgeon, Mr. James Coats, with whom the most critical part of the treatment had rested, whether he could reckon pretty securely upon such results. He replied, "With certainty." I asked the question for the sake of others who were standing by, having little doubt what the answer would be, for when I left him in charge I felt sure that the antiseptic management of the cases would be as satisfactorily conducted as if I were present.

At the same time, it is only right to add, that when he entered upon his office, though convinced of the truth of the theory of the antiseptic treatment, he by no means felt the

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\* I hope to bring before the profession the improved antiseptic means above alluded to by publishing from time to time in *THE LANCET* cases illustrative of their employment.

confidence in carrying it out which he has since acquired; and if an able man like Mr. Coats, imbued with the principles which I have striven to establish, required some practical initiation into the subject before he could be regarded as trustworthy, still more must such be the case with those who, educated in the old system, and long habituated to its practice, have to unlearn cherished ideas and instinctive habits.

*The Lancet.*

ARTICLE LVIII.—*Are the Proving of Dr. L. T. Houatt to be trusted or not?*

OUR friend E. M. Hale, M.D., throws justly some doubt on the "Nouvelles données," as indeed in all the remedies the peculiarities are so many, the pathological states so manifold and hitherto hardly observed by other provers, that we have to be more than careful, what we allow to enter as common property in our M. M.—Finding a physiological proving of *Rana Bufo* in the 60th Volume of the A. H. Z., made by Dr. Desterne of Paris with the 12th dilution, we thought it a good opportunity to compare notes. For Houatt's Corresponding Synopsis we use numbers as found in N. A. J., Vol. XVIII., p. 320.

Desterne gives us:

*Psychical Symptoms*: Downheartedness and extraordinary irritability, 3.—Irritability and ill humor, 4.—Easily angered, 15.—Not inclined to work, 17.—Desire to bite (Gavini), 15.—Apathy, a kind of stupidity, G.—Moaning and crying, G.—Stupor and impossibility to speak, G.

*Sleep*: Involuntary desire to sleep after meals, 398.—Mornings in bed, when awaking, general perspiration, 406.—Inclination to lie on the left side, he feels better thus, than when lying on the right side. 403 says aggravation of pain when lying on back, improved by lying on right side or abdomen.—Frequent waking.—Awaking at 3 A. M.—Lassitude during sleep with feeling of stiffness in all extremities, forcing one frequently to change position, 416.—Dreams all night, 410.—Coma for two days, G.—Stretching, G.

*Skin*: Dark-yellow color of the skin (*Ætius*), 393.—Eruption of small papulæ on the skin, 383.—Burning and swelling of

the right arm, which turns livid and black (Schelhammer), 482, 895, 397.—Carbuncles open quicker.—The heat of the burning ulcers decreases.

*Head:* Stupefaction, 34.—After the stupefaction his senses vanish, so that he has to support himself, 25.—Stupefaction, especially in the morning, after breakfast.—Hemicrania, right side, disappearing by epistaxis.—Headache, afternoon and evening, forcing one to lie down.—Headache, preventing sleep.—The headache attacks the nucha, as if pressed together, 30, 36.—Amelioration at night and when lying down.—Headache on the forehead and vertex, with sensitiveness of the parts to the touch, worst between 4–5 P. M.—Headache at 8 A. M., the pains attack the left temple and vertex, sensitive to pressure, 30, 38.—Headache with general malaise, nausea and cold feet, 42.—Vertigo (Paré, Sennert), 25.—Heaviness of the head, 27, 34, 44.—The hair falls out (Sennert), 55, 64, 65.

*Eyes:* Loss of sight (Paré), dimness of sight (Sennert, Paulinus), 71, 83.—The poison, squirted in the eye, produces itching, redness, swelling and dimness of sight; severe lancinating pains, 69, 78.—Cannot keep the lids open (Gavini).—Spasmodic pains in the eyes, 74, 75, 76.

*Nose:* Epistaxis, relieving the headache, 114, 116.—Coryza, with frequent sneezing, 119.—Scabs in the nose after coryza, 113.—Discharge of dry or soft, foul smelling mucus, for 12 days, 120.—Nostrils burning hot, 111, 112.—The nose is stuffed up, with heaviness of the head and eyelids, 110, 27, 39.

*Face:* Very red face momentarily with heat, 128.—Herpes labialis in consequence of the coryza, 144, 145.—Erysipelas, 134, 133.

*Teeth:* Pains, as if the gums were burned, boring pains in the teeth, 147, 159, 162, 163.—The teeth fall out (Sennert), 165.

*Mouth:* Copious foamy saliva, 148.—Stammering (Paré).—Black tongue (Paré), 156.—Foul smell from the mouth (Ætius, Sennert).

*Throat:* Dry throat in the morning; sensation as if something descends from the head in the throat; mucus runs from the nose in the throat, 169.

*Appetite:* Good appetite, 226.—Drawing in the stomach, as of hunger, without appetite, but with palpitation, followed



by headache.—In the morning a sweet soft taste with pappy coating of the tongue, aggravated in bed, 224, 227, 234.—Desire for cakes and dainties, 230, 232.—Sensation of fainting, as from emptiness in the stomach, in the morning and during the day, before meals, 226, 238, 252.—Aversion to food.

*Stomach*: After eating unconquerable sleepiness, 249.—Eructations and flatulency after meals, 246.—Severe gastrodynia one-quarter of an hour before breakfast, 256.—Nausea for several minutes, from half an hour to an hour after eating; vomiting of the food after drinking; acrid and bitter vomiting during the headache, 253, 254, 255.—Eructations tasting like foul eggs.—During meals general debility and sinking, 251, 252, 266.—Singultus, 241.—Foul smelling eructations (Paullinius, *Ætius*).—Continual nausea and vomiting (Paré, Sennert, Paullinius), 253, 254, 255.

*Abdomen*: Flatulency and borborygmi, 282, 284.—Colicky pains in daytime, 4–5 hours after meals, with paroxysmal borborygmi, 282.—Stitching pains in bowels, so that he feels like fainting, with great thirst, cold sweat on the scalp and diarrhœic stools, 279.—Foul smelling flatus.

*Stool*: Stool every two days; frequent tenesmus with scanty stool, 287, 288.—Yellow thin stools, 293.—Chilly sensation over the whole body after stool, worse in the evening.—Hæmorrhoids with discharge of bright red blood, 301, 302, 303.—*Ascarides* (Gavini), 299.

*Urine*: Clear urine and fluid stools.—Urine scanty, thick, yellow, with deposits, of strong ammoniacal smell during constipation, 315, 317, 318.—Frequent and copious urination of normal color (G.), 314.—Suppression of urine.

*Sexual Organs*: Impotence, 334, 335, 336.—Involuntary discharge of semen (*Ætius*), 338.—Inclination to touch the sexual organs (G.), 341.—Mild clear leucorrhœa.—Menses set in too early by a few days, 354.—Menses accompanied by headache, frequently changing its location, 356.

*Larynx*: Cough, caused by titillation in the throat after coryza.—Cough in daytime, before meals and in the room, at night no cough.—Short dry cough, ameliorated by frequent stool.—Stitches in larynx, causing cough, continuing day and night; motion aggravates his pains, 206.

*Chest:* Dyspnœa when ascending stairs, 199.—Oppression, chest and heart feel constricted, 196, 197, 202, 203.—Feeling of suffocation at 3 A. M., with restlessness all over the body, trembling of the hands, feet and head, everything seems to be on the move, even in the head, 206.—Palpitation after meals, with nausea, 216.—Burning in the upper part of the sternum, 198.—Impossible to get his breath (Paré), 203.

*Back:* Pains in kidneys to fainting, 311.—As if a burning rod pierces the kidneys, the least motion increases the pain.

*Extremities:* Hot hands for three weeks, 477, 482.—Severe cramps in the legs, awakening him from sleep, 495.—Weakness of the legs, he cannot stand upon them, 490, 496, 499.—Debility of the legs with cramps in the calves, aggravated by motion and ameliorated by rest.—Burning of the feet, 493, 509.—The feet always cold become burning hot.—The legs contract so much in a child, that they touch the glutæi. (J. L. Hahnemann.)

Dr. Carl Henke (A. H. Z., vol. 61, p. 8) reports, that Dr. Mossdorf gave *Rana-bufo* to a lady suffering from carcinoma-mammæ, and terrible lancinating pains set in in the diseased breast. Dr. Henke's mother complained of a small induration in the right mamma, where she felt at times severe lancinating pains. Two powders *Bufo*, 30, removed the pains and the induration. In two other cases, reported in the same journal, *Bufo* showed the same curative effects. (Houatt, 373, 374, 375.)

Dr. Zydwyck (A. H. Z., 61, p. 62) has cured six cases of epilepsy with the *Bufo*, especially such cases, where sleep followed the paroxysm. Houatt 41, 42, 404.

Henke proved it already 1832 and published the following symptoms among others: Peculiar biting bitter taste, 234.—Numb feeling in right leg, beginning a little above the knee, 461, 497, 498.—Tearing burrowing pain in left temple, when walking, 28, 36.—Great weakness of the thighs, when walking, 490.—Pressive pains on small places in chest, here and there, when walking, 197.—The upper extremities go to sleep, after a few days the lower ones also, 468, 469, 498.—Panaritium, 485.—Scratching sensation and dryness in fauces painful when swallowing.—Dislike to tobacco, 231.—Excruciating pressing

tearing pains in the periosteum of the long bones, 471, 472.—Gangrenous blister on the index finger, very painful.—Stitches in the chest, preventing breathing, 196, 202.—He suffered for nearly two months from phlyctænæ, corroding ulcers, herpetic eruption, and every little scratch suppurated, 380 to 391.

Now let us also compare Iodide-of-Potassium, as given by Houatt, with the characteristics, as given by Burt.

Burt: Congestion of the brain from suppression of habitual nasal discharge, 11.—Complete blindness from effusion of water on the brain, with dilated pupils, staring watery eyes, frequent crying out and vomiting, 11, 12, 18, 32, 33.—Edema of the eyelids, 35.—Chronic angina faucium, with ulceration of the fauces, 73, 74, 75.—Heat in the whole mouth and swelling.—Violent ptyalism, with irregular superficial ulceration of the mucous lining of the mouth; the surface looks white, as if covered by milk, 85, 70.—Degeneration of the mucous membrane of the stomach with vomiting, heartburn, emaciation and diarrhœa, 84, 85, 89, 116, 117.—Enuresis at night, profuse flow of urine, 135.—Mucous discharge from the urethra in both sexes, 134.—Gonorrhœa, 139, 141.—Red swollen nose with constant discharge of a watery, acid, colorless liquid, 53, 54.—Dry hacking cough, followed by copious green expectoration, 180, 188.

*Sarracenia-purpurea*, as given by Hale in his "New Remedies," again deserves a comparison, although the gentlemen of the Northwestern Provers' Association used only the tincture and dried root in large doses, whereas Houatt's provings were all made with the thirtieth and upwards.

Dull heavy feeling in the forehead for about two hours, causing great depression of spirits, 2.—Head hot and sore with a full feeling, 9.—Brain very dull and memory poor, 11.—Morning headache, 16.—Painful congestion of left eye, eyes feel sore and swollen, 30, 35.—Sticking pains deep in the right ear, 54.—Face feels flushed,—lips and mouth parched, dryness of throat, 219?—Flatulency with some pains in bowels, 112, 113.—Constipation, followed by diarrhœa, 115.—Dysenteric diarrhœa with tenesmus, followed by constipation, 116, 119.—Stools copious, dark, fetid, evacuated with great straining, 118?—Urging to urinate, the bladder so full, that the resistance of

the sphincter-vesicæ was overcome, 130, 135.—Urine acid, clear and pale, 142.—Slight palpitation of the heart in the morning, 246; heat in the right lumbar region, 65.—Deep-seated pain in back, 263, 264.—Tired feelings in arms and back, 272, 279.—Lameness of femur, 299.—Pains in the hip-joints, 283.—Knees very weak, 296.—Bone pains in tibia and fibula, with continued soreness, 298.

Dr. Houatt of Pau is a member in good standing of the Société Hahnemannienne fédérative, and he is known all over France as one of the most painstaking provers. His symptoms of Robinia, of Cubebs and of Iodide-of-Potash have been verified by many physicians in our own country, and all that we request from our friends is, to give these provings a thorough trial, but with the same dilutions (30 and upwards), with which Houatt made his provings; and we are certain, that by such self-sacrificing labors our *Materia Medica* will be enriched.

S. L.

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ARTICLE LIX.—*Spondylarthrocace.* By Dr. I. Kafka, (*Hom. Therapie*, Vol. II., p. 167.)

Chronic inflammation of the spinal cord (myelitis) in the course of *spondylarthrocace* deserves our attention. The inflammation of the vertebræ (spondylitis) in consequence of which the meninges of the spinal cord and the spinal cord itself participate in the inflammation, is always combined with distention and softening of one or two, and in very rare cases of several vertebræ. Without any sensation of pain and without a symptom of any other disease, children apparently in the best state of health, or scrofulous, rachitic or tuberculous children are attacked by a twist of the spinal column, originating in the softening of the body or bodies of vertebræ, whereby the body of the softened vertebra is unable any longer to bear the whole weight of the trunk, and thus according to the laws of gravity becomes shoved outwardly in such a manner, that its spinal process turns upwards; forming a projection, whereby the spinal column appears crooked under an obtuse angle, directed outwardly. The next consequence of this twisting and softening is a pressure on the spinal cord,

showing itself the more clearly, after exudation has set in on and between the oblique processes and between the tendinous tissues of the spinal column, compressing the spinal cord from all sides.

When the seat of the morbidly affected vertebræ is on the lumbar part of the spinal column, the children very soon feel a gradually increasing debility of the lower extremities; they cannot walk any length of time or frequently, even standing on their feet becomes difficult, they soon feel tired out, prefer to sit or to lie down; their gait becomes dragging, labored and they do not get along quickly. At last imperfect paralysis and loss of sensibility sets in in the lower extremities.

When the seat of the spondylitis is on the dorsal part of the spinal column, all the above-named symptoms appear only in a greater lapse of time; but we will also find pressure in the epigastrium, dyspepsia, flatulence, retardation of stool and difficulty of micturition, according as the abdominal organs stand in anatomical and physiological connection with the inflamed parts of the spinal cord; finally paraplegia sets in with simultaneous paralysis of the sphincter ani and vesicæ.

When the cervical part of the spinal column is inflamed, we find the torsion either between the first and second vertebræ of the neck or between the last cervical and first dorsal; in the first case we find the head, deprived of its point of support, taking an oblique position to the right or left; in the latter case the head sinks low down between the shoulders and can only be kept erect with great labor. In both cases the torsion may be accompanied with great difficulty of respiration, coldness, debility or paralytic affections of the upper extremities. The dyspnœa is sometimes of a very high grade with cyanosis, extensive bronchial catarrh and severe night-cough. When the joint of the atlas is inflamed, we have dysphagia, dyspnœa, hoarseness, constant stiffness of the neck, although it is impossible to prove by ocular demonstration a morbid affection of the trachea, larynx or lungs.

During the chronic course of a spondylarthrace the pains in the twisted spinal column are frequently of very little amount or pass unobserved. When they appear more prominently, they are aggravated by pressure on the spinal column,

but not by motion, a symptom of diagnostic importance, as the contrary takes place in meningitis spinalis, where the tonic spasms arise by motion of the spinal column through an incitation of the motor nerves. Debility and sensation of weakness set in by and by in the lower extremities; and at once paralysis appears, except where cramps or contractions of the muscles preceded it. The paralysis and the anæsthesia are mostly imperfect.

Cold abscesses frequently form during the course of spondylarthrocæ, appearing either on the seat of the inflammation, or following the course of lymphatic vessels, they appear in distant places; on the ribs, in the inguinal region, on the buttocks, wherever the pus deposited itself. They have no tendency to break through and increase only slowly in extent. As soon as the exudation becomes absorbed or after the abscess has discharged its contents, the medulla is relieved from the pressure caused by the exudation, and motion and sensation returns in the paralyzed parts. Sometimes the exudation melts down without being discharged, becomes absorbed by degrees, and only partial amelioration of the paralytic and anæsthetic symptoms set in. In other cases again the inflammation keeps on increasing, the exudation spreads to larger portions of the spinal column, the fever symptoms, the anæmia and the emaciation increase; catarrhus vesicæ, decubitus and progressive muscular atrophy set in, and the patients perish either from general paralysis or from steadily-increasing marasmus.

Should it luckily happen, that we are to have to treat a spondylitic in its very beginning, then we may stop its further progress to myelitis and meningitis. Even when the inflammation of the vertebræ has already lasted some time and even deposited a considerable exudation, but *no abscess is yet present*; when the children are already so weak, that they are hardly able to walk any more, and pass most of their time in a horizontal position; or when they are dyspeptic, bloated and very morose or dyspnoëic, cyanotic and suffering from extensive bronchial catarrh, still *Phosphor* 3, 2 to 3 doses daily, may produce a decided amelioration. After a few days the children get livelier, the weakness of the lower extremities ceases after five or six days, they cease to remain lying, begin to sit up or

to crawl around the floor; appetite returns, the abdomen sinks in, the cough decreases considerably, the cyanosis passes off, the dyspnoea decreases; and after a few weeks the children begin to run about, try to become erect and by degrees every morbid symptom passes off. Only the spinal column remains twisted, but close observation shows it less sensitive to pressure; the swelling of the vertebræ and their surroundings decreases, and the symptoms of compression of the spinal cord pass off entirely: but in the most successful cases the crookedness of the spinal column remains, because in consequence of the softening of the bones the compressed vertebral bodies cannot any more acquire their normal state. Should the amendment proceed slowly, and if we are forced to apply Phosphorus for a longer time, it would be advisable to suspend the Phosphorus, after having used it for two weeks, and to wait; or to give *Natr-mur. 6* as an intermediate remedy, two doses a day, and then to return again to Phosphorus, till all the remaining symptoms are removed. We have claimed the attention of physicians for these two remedies, when treating retro-pharyngeal abscesses with distention and softening of the bones, especially the cervical vertebræ, and have seen the same good effects in distention of the knee-, ankle- and elbow-joint. Both remedies correspond to the scrofulous, rachitic and tubercular constitutional anomaly, only they must be applied for a long while, in weekly alternation.

As soon as abscesses begin to form, the sphere of action for Phosphorus and *Natr-mur.* is gone, for we have to act now on an exudation, which becoming softened, changes into pus or ichor. So long as the abscesses are small and not tense, we rely on *Silicea*, 2 doses daily; and as such patients are pale, weak and emaciated, they need a roborating animal diet and refreshing drinks. At the proper season we send them in the mountains, or in a country abounding in forests and meadows and watch the result. In favorable cases the abscesses become smaller and softer; perfect absorption may take place with a general amelioration of the paralysis, anæsthesia and spasmodic attacks. Sometimes it may take weeks and months to realize such a result, and then we are in the habit of alternating Sulphur 6, 1 or 2 doses daily, with the *Silicea*, giving the latter

for two weeks, then stop all medication for a few days, turn to Sulphur and repeat the whole, till the patient is cured.

In other cases resorption likewise sets in, without the necessity to empty the abscess, but the amendment is not perfect; a paralyzing debility remains in the extremities, sensibility has only partially returned, spasmodic contractions of the muscles still affect the patient, showing, that the pressure on the spinal cord only imperfectly ceased and that structural alterations have taken place. In such cases *inductive electricity* is in its place, by which the amelioration, which stopped at a certain point, will increase again.

When the abscesses are large and tense with no tendency to perforate outwardly, and when the patients are anæmic, weak, cachectic, the abscesses have to be opened by the knife, taking care not to empty them too fast and to prevent the entrance of air in the cavity of the abscess, as it may produce coagulations on the internal wall of the cavity, forming there a membrane similar to a mucous membrane and preventing thus the healing of the abscess. As long as the pus in its discharge is yellow and without smell, we continue Silicea on account of its action on the carious erosion of the vertebræ, produced by the pus, aid it by a strengthening diet, and a cure may take place.

When instead of pus *bonum et laudabile*, the abscess discharges fœtid ichor, we try at first to change the quality of the secretion by Sulphur, and return to Silicea again, as soon as this is done, or alternate both remedies in the manner already prescribed.

There are still many surgeons, who object to the artificial opening of cold abscesses, as they fear hectic fever. It is only a few years ago, that we had to use all our powers of persuasion on our friend Prof. Pitha, to open a large cold abscess in the inguinal region, which, being connected with spondylitis, had already produced a high degree of anæmia, emaciation and debility. The quantity of pus, discharged after leaving it, was between four and five pounds, and the quality thin, fluid and without any bad odor. The consequent application of Silicea (for 8 days with a pause of three days), two doses daily regulated the power of nutrition, so that the child (a boy six years



old) increased from day to day in weight, strength and natural appearance, and health was finally reestablished. The torsion of the spinal column remained unaltered, but the walk, motion and sensation became nearly perfectly normal.

We now treat another boy, six years old, who got two years ago an inflammation of the 2d and 3d dorsal vertebræ with simultaneous torsion of the spinal column, and in consequence of his disease became in the highest degree dyspnoëic and cyanotic. Catarrhal rales were heard over both lungs, the breathing was short and flat and a foamy serous sputum was expectorated with great effort; an examination of the thorax divulged a rachitic malformation of it, inasmuch as the anterior costal spaces below the nipples were compressed, the sternum pushed out and the chest itself flat and slender. The lung was thus in consequence of the malformation compressed backwards and upwards, for on the apices of the scapulæ bronchical breathing could be heard, although the percussion on the corresponding places was not smothered nor were there any consonant rales present. The parents of the child enjoyed the very best of health and the boy himself was well up to the time of the attack. His family physicians had given him up, fearing an incurable œdema pulmonum.

We began our treatment with Phosphor 3 in solution, a dose every hour, recommended most absolute rest, prohibited every irritation and ordered four times daily a weak beef-tea, thickened with barley or farina. After three days the dyspnoëa had decreased, expectoration easier, rales diminished and the cyanosis was far less noticeable. The bronchial breathing decreased, in the same proportion as the bronchi became more free, digestion became more vigorous and after three weeks our patient could leave his bed, he could walk better, but the twist in his spine and the distension of the vertebræ remained. As the painfulness of the vertebræ decreased, the motions of the trunk could be performed in all directions. The symptoms of the spondylitis had been removed, but there remained still the rachitic constitutional anomaly, for which we gave him *Silicea* with the most marked benefit. But the parents were not satisfied, and fearing their child might remain crippled, applied kneadings, rubbings and oleagi-

nous inunctions on the protruding vertebræ, which inflamed a second time and produced in consequence of it a paralysis of the lower extremities; sensibility was again lost and continued spasmodic stretchings of the muscles and twitches now and then set in. Stool and urine passed involuntarily. Dyspepsia, evening and night fever, sleeplessness and great morosity was present. Against this severe degree of spondylo-myelitis we again recommended Phosphorus and absolute rest. After four weeks steady use the worst symptoms were again conquered, but the paralysis with its sequels remained in spite of Merc., Plumb., Nux. and Strychnine, and the cold douche; inductive electricity reduced the anæsthesia and the spasmodic stretchings. During that time softening of the exudation set in and an abscess formed, Silicea 6 reduced the abscess, and resorption seemed to be going on. With the softening of the exudation sensation returned more and more in the lower extremities. When after some time the abscess became more tense and larger, we kept on with Silicea and a roborating diet and sent our little patient in the country, where voluntary motion gradually returned. After the abscess opened, discharging good landable pus, motion became more free. A diarrhœa setting in at the time, reducing his strength with increasing emaciation, was stopped by Phosphor and strengthening food. Now the boy is able to walk again and begins to look hale and hearty. Thus we can show, that even high grades of myelitis pass off under suitable treatment.

*Absolute rest* is unconditionally necessary for the cure of spondylitis. Most suitable is a position on the stomach with extended extremities and the head raised; for we have too often seen cases, where, if absolute rest was neglected, the spondylitis renewed itself over and over and increased in dimensions.

Spondylitis may end fatally in hereditary tuberculous disposition or when the exudation takes on a tubercular character. The inflammations renew themselves frequently, evening and night fevers set in with profuse sweats, emaciation, paleness of the skin and exhausting diarrhœas. The abscesses discharge an ichorous foul-smelling fluid, decubitus sets in and the patients die in consequence of the tuberculous caries of the vertebræ.

But if we succeed to act on the tuberculous disposition at the very beginning of the inflammation, our remedies, as Phos., Calc.-c., Natr.-mur., Silic., Sulph., in connection with a roborating diet and country air may yet change the constitutional relations, and render a cure possible. We have also seen sometimes good effects from Codliver oil. Sea-bathing and chalybeate springs have also done good services.

ARTICLE LX.—*On the True Principle of Treatment in Joint Diseases.* By CHARLES F. TAYLOR, M. D. of New-York.

IN the management of all diseases of the joints, it is only necessary to possess true views of their pathology in order to have the key to their treatment. The true articular disease is always inflammatory, and in most, if not in all cases has a traumatic origin. Out of 50 cases of disease of the spine 26 were traced directly to an injury. As in the majority of these cases the disease had existed for years, and as the disease must exist for a considerable time before a deformity appears, thus disconnecting the deformity by a long interval from its cause, it is only strange that so many were traceable to their traumatic origin.

It is the same with disease of the hip joint. Out of 26 cases 12 were traced directly to an injury. Another interesting fact tells strongly on the same side. In 27 out of 44 cases it was the right hip which was affected; and when it is not the right hip we generally have a special reason for it in an accidental injury to the left. Children as well as adults are in the habit of putting the right foot forward in any leap, slip or struggle, so that the heavy blow or concussion almost invariably falls on the right leg, and through that on the right hip.

These joint diseases being then mostly, or perhaps wholly, caused by injuries—though, of course, more easily produced in strumous constitutions—and moreover, purely inflammatory in their *first* stages, there remains to be applied the one all-important indication covering all inflammations everywhere, viz.—*rest*. Give any inflamed organ, wherever situated, absolute *rest*, and it will recover, unless the vice of constitution be too great. But it is astonishing what an amount of recupera-

tive power there may be even in a depraved constitution, if we give the organ in a state of acute inflammation absolute rest.

I remember hearing an eminent surgeon at a medical convention—they were discussing cystitis—say, “If ever I am attacked with inflammation of the bladder I hope some one will have sense enough to puncture it, so that my poor bladder may have rest.” Anything is safer than the constant effort of an inflamed organ. The modern or what is called by a late writer in Paris the “American method” of securing *rest* to an injured and inflamed articulation by mechanical means, responds directly to the indications of those cases. Caries and suppuration are the effects of unarrested inflammations. These inflammations should not be allowed to proceed so far. Out of one hundred and eighty-three private cases *only two* passed into the suppurative stage. To allow a case of disease of the spine or hip joint to pass on beyond the period of simple inflammation when the disease can be arrested as easily as inflammation can be arrested in any other part, is a plain neglect of duty to the patient. To be sure, it is not always easy to contrive the mechanical means, nor to properly apply them so as fully to realize the rest to the inflamed joint we seek; but so much at least should be attempted; and if possessed with earnestness, and with a full realization of the true pathology of such cases, and the benefit to be secured to the patient by it, no one ought to fail of making an effort in the right direction. And as to mechanical appliances, better trust to his own clear conception of the case, and the means to accomplish the result, than to depend on ignorant mechanics, who will be apt to confuse and thwart the first endeavors of the surgeon. An ingenious surgeon can whittle with his pocket-knife from a fence rail, if he clearly comprehends what he wants, a better hip-joint splint or spinal instrument than nine-tenths of those for sale in the shops.

But, whatever the appliance employed, that is best which actually gives the completest rest to the inflamed organ, and keeps that rest steadily and undisturbed for the longest time. But as the best appliances are the results of the clearest conception of the true nature of the disease, these appliances become very important considerations.

ARTICLE LXI.—*Original Report of the Children's Hospital, Five Points House of Industry.* B. F. Joslin, M.D., H. C. Houghton, M.D., Attending Physicians; St. Clair Smith, M.D., Resident Physician.—Report from March 1st, 1869, to March 1st, 1870.

WE close the old year with greatly increased accommodations. For several years past the northern room of the sixth floor has been "Our Hospital," 25 or 30 patients have been our constant number, far too many for the space at our command; but it was difficult to refuse admission where the necessity of the patients was great. The physicians have had great anxiety from the crowded state of the room, but have had cause for thankfulness that their success in treating severe disease has been exceedingly good. We have in former reports alluded to the great necessity for classification of patients especially for the isolation of contagious diseases. These matters can now be much more satisfactorily attended to.

In our present quarters comprising the whole sixth story of the original building of the Five Points House of Industry there is considerably more than three times the space formerly occupied, including three fine wards, a room for eating, for children who are able to be out of bed—a small room for kitchen with gas-stove and another small room for clothes and other purposes. The new rooms contain 30 new iron bedsteads with new mattresses. The old room now used for fever patients at present contains but 8 beds. This number can be increased somewhat with safety. During school hours our convalescent patients can have the use of the play-room in the new building immediately adjoining our hospital, a room containing 4200 square feet.

It is a cause for congratulation that no case of varioloid has occurred in the house during the present serious epidemic. Vaccination of the inmates as well as of the "outsiders" has been attended to, and to this we attribute in great degree our immunity. Very few communities are exposed in so great a degree as ours. The "out-siders" coming daily to school form a constant communication with the most unfavorable part of the outer world.

We call particular attention to these facts as evidences of the power of vaccination, at a time when some, either ignorant or unscrupulous persons, have through the press questioned its efficacy and safety. Our experience has been satisfactory in both respects, among the several thousand vaccinated within the past nine years, and it may be remembered our subjects are not always very good constitutions, not one instance has occurred of any disorder in any degree attributable to the vaccination.

During the past year 634 persons were vaccinated.

It may be remarked that it is nearly six years since a case of varioloid occurred in the institution, a period including two epidemics of variola.

A very severe and peculiar form of measles prevailed in the institution at one time during the year, resembling malignant scarlatina in the occurrence of diphtherial exudation in throat extending to larynx and trachea together with other symptoms indicating a poisoning of the blood.

27 cases of measles occurred, 4 of which proved fatal.

Of typhus and typhoid fever we have treated 27 cases, several of which were from the miserable cellars of the locality; all of them recovered.

Nine cases of pneumonia of some severity have been treated, all successfully. One child having symptoms of pulmonary disease with a peculiarly offensive breath, was shown by *post-mortem* examination to be the subject of gangrene of the lungs, almost complete of one lung and partial of the other.

Three rather severe cases of relapsing fever were admitted to our hospital from outside and at present bid fair to recover. Our fever ward is so isolated from the rest of the building and so thoroughly ventilated that we feel safe in admitting cases of contagious fever. 10 of the adult inmates were sent to Bellevue Hospital, as we have no accommodations for adults in sickness.

A case of necrosis of tibia is progressing favorably, a case of fracture of same bone also doing well.

We desire to express our thanks to Drs. Allen, Bowers, and Liebold, for assistance in surgical cases.

Dr. Allen operated for necrosis of tibia and excised an eye,

the latter operation on a boy from outside who long before had lost the sight of one eye. The diseased eye was causing serious sympathetic irritation of the remaining well one.

Our thanks are due to Mr. Russell, the President, and to the Board of Trustees generally, for their efforts to promote the comfort of the patients.

976 patients have been treated and nearly 4000 prescriptions given during the year.

Seven deaths have taken place from the following causes:

From Marasmus, 1.

“ Phthisis-pul., 1.

“ Measles, complicated with Diphtheria, 4.

“ Gangrene of lung, 1.

A tabular statement is appended, giving a complete list of all cases treated.

Dr. Joslin made 72 visits and Dr. Houghton 40 visits to the institution during the year.

Dr. St. Clair Smith, residing in the house, gave constant and faithful attention to the patients, and in addition to his other duties has paid particular attention to the children's teeth, having in all extracted 110 teeth.

#### TABULAR STATEMENT.

NAME OF DISEASE.	Number of Cases cured.	Sent to Hospital.	Treated at House.	Died.
Typhus Fever,.....	17	..	17	..
Typhoid Fever,.....	10	3	7	..
Intermittent Fever,.....	4	..	4	..
Relapsing Fever,.....	5	2	3	..
Simple continued Fever,.....	38	..	38	..
Catarrhal Fever,.....	4	..	4	..
Erysipelas,.....	4	..	4	.
Varicella,.....	1	..	1	..
Measles,.....	27	..	27	4
Roseola,.....	1	..	1	..
Eruptions,.....	116	..	116	..
Furunculus,.....	9	..	9	..
Abscesses,.....	3	..	3	..
Ulcers,.....	6	..	6	..
Fractures,.....	1	..	1	..
Injuries,.....	26	..	26	..

NAME OF DISEASE.	Number of Cases cured.	Sent to Hospital.	Treated at House.	Died.
Burns and scalds, . . . . .	5	..	5	..
Marasmus, . . . . .	2	..	2	1
Dropsy (Post Scarlatinal), . . . . .	1	..	1	..
Scrofulosis, . . . . .	7	..	7	..
Enlarged Glands, . . . . .	3	..	3	..
Rachitis, . . . . .	1	..	1	..
Morbus-coxarius, . . . . .	2	..	2	..
Periostitis, . . . . .	4	..	4	..
Necrosis, . . . . .	1	..	1	..
Paronychia, . . . . .	17	..	17	..
Alcoholism, . . . . .	26	..	26	..
Rheumatism, . . . . .	20	..	20	..
Prostration, . . . . .	2	..	2	..
Cephalalgia, . . . . .	25	..	25	..
Vertigo, . . . . .	4	..	4	..
Hæmorrhage from nose, . . . . .	1	..	1	..
Neuralgia, . . . . .	2	..	2	..
Ophthalmia, . . . . .	161	..	161	..
Hordeolum, . . . . .	5	..	5	..
Catarrh (acute), . . . . .	84	..	84	..
"    (chronic), . . . . .	4	..	4	..
Otalgia, . . . . .	3	..	3	..
Otorrhœa, . . . . .	6	..	6	..
Odontalgia, . . . . .	78	..	78	..
Parotitis, . . . . .	9	..	9	..
Cancrum-oris, . . . . .	1	..	1	..
Sore Throat, . . . . .	27	..	27	..
Tonsillitis, . . . . .	4	..	4	..
Ulcerated Throat, . . . . .	1	..	1	..
Diphtheria, . . . . .	5	..	5	..
Asthma, . . . . .	2	1	1	..
Laryngitis (acute), . . . . .	1	..	1	..
"    (chronic), . . . . .	4	..	4	..
Croup, . . . . .	3	..	3	..
Bronchitis, . . . . .	14	..	14	..
Broncho-pneumonia, . . . . .	2	..	2	..
Pneumonia, . . . . .	9	..	9	..
Pleurodynia, . . . . .	5	..	5	..
Pleurisy, . . . . .	3	1	2	..
Phthisis-pulmoralis, . . . . .	4	..	4	1



NAME OF DISEASE.	Number of Cases cured.	Sent to Hospital.	Treated at House.	Died.
Gangrene of Lung, . . . . .	1	..	1	1
Cardialgia, . . . . .	1	..	1	..
Gastric Derangement, . . . . .	42	..	42	..
Gastralgia, . . . . .	1	..	1	..
Diarrhœa, . . . . .	53	..	53	..
Dysentery, . . . . .	8	1	7	..
Cholera morbus, . . . . .	3	..	3	..
Cholera infantum, . . . . .	1	..	1	..
Hæmorrhage from Bowels, . . . . .	1	..	1	..
Colic, . . . . .	10	..	10	..
Hepatitis, . . . . .	1	1	..	..
Helminthiasis, . . . . .	3	..	3	..
Constipation, . . . . .	7	..	7	..
Acute Hydrocephalus, . . . . .	1	..	1	..
Mastitis, . . . . .	1	..	1	..
Dysmenorrhœa, . . . . .	4	..	4	..
Amenorrhœa, . . . . .	10	..	10	..
Metrorrhagia, . . . . .	1	1	..	..
Metritis, . . . . .	1	..	1	..
Hernia, . . . . .	1	..	1	..
Chilblains, . . . . .	1	..	1	..
Strangury, . . . . .	1	..	1	..
Hæmorrhoids, . . . . .	2	..	2	..
Sciatica, . . . . .	1	..	1	..
	986	10	976	7

*Recapitulation.* 1869—70.

Total Number of Cases, . . . . .	986
Sent to Hospital, . . . . .	10
Treated at the House, . . . . .	976
Died at the House, . . . . .	7
Prescriptions, . . . . .	3860
Visits by Dr. Joslin, . . . . .	72
Visits by Dr. Houghton, . . . . .	40
Vaccinated, . . . . .	634

ARTICLE LXII.—*Catarrh of the Bladder.* By A. H. HULL,  
M.D., Chicago, Ill.

IN April, 1869, was called upon by Samuel Crane, a temperate man of sixty years, who complained of the following symptoms: Frequent and irresistible desire to pass the urine, with constant pain at the neck of the bladder, burning and smarting at the end of penis—dark, ropy and scanty urine, urinous breath, dark-brown tongue, headache and loss of appetite. This state of things had been present for several weeks—he having been treated allopathically without benefit.—I gave Cantharides, ʒd, every hour with immediate and entire relief; he continued, as he called himself cured, for about three weeks, when he again visited me with the same symptoms, and the prescription previously given was repeated and re-repeated with but partial relief.

I now prescribed Uva-ursi, half an ounce of the leaves to a quart of warm water, made into an infusion; of this he took half a teacupful every four hours. After a few doses he rapidly improved, and in three or four days was quite recovered.

I saw no more of this man until December of the same year, when he visited me one cold raw day, complaining of his same old trouble with aggravations; he was unable to void any urine without the aid of a catheter, and the desire to urinate was so frequent, that he was unable to obtain any rest either night or day, was worse at night; and the symptoms which he had previously suffered from were now accompanied with obstinate constipation with a desire to pass urine and fæces at the same time, but a total inability to pass either; this distressing state of things continued for some time without relief. In order to move his bowels he took, upon his own responsibility, some Citrate-of-Magnesia, which had the desired effect for a day or so, but soon the virtue was lost. I gave Cantharides, Uva-ursi, Phosphorus, Hyoscyamus, Rhus-tox., Bella., Chimaphilla, Buchu, and a host of remedies, enough certainly to have cured almost anything—with but little, if any benefit. At this point, I gave Opium, 6th, with relief, especially of the constipation and wakefulness. The urine was so offensive that its odor would permeate the whole house, it was a dark, bloody,

stringy-looking mass; the desire to urinate occurred as often as once in fifteen minutes, and at this time the pain was so great that great drops of perspiration would ooze out of the sufferer, and his cries for help were painful to listen to.

It seemed to me at this time that the bladder must be very much reduced in size, and the inner surface was corrugated and shrunken; that the prostate gland was greatly enlarged and inflamed, as it was almost impossible now to pass a catheter, and when passed, I could not obtain more than half a tea-cupful of urine; what did come seemed to come all at once.

By accident I found that Mr. C— had been using the *Uva-ursi* all summer as I had first given it, and from this I drew the conclusion that he now labored under the pathogenetic influence of the drug.

I took fifteen grains of the Muriate of Hydrastin and dissolved it by adding thirty drops of dilute Muriatic-acid and six ounces of boiling water, percolated through filtering paper. Of this I took two drachms to a pint of warm water and injected into the bladder, allowing it to remain about one hour, and then drew it off. I repeated this operation twice per day, with decided improvement, as far as the desire to micturate was concerned, and also as to the quality of urine. This plan was followed up for two days with almost complete recovery; but he had another relapse from taking a sudden cold. This time the Hydrastin failed to aid him. I now gave *Pareira-brav.*, thirty drops tincture in half a glass of water; two tea-spoonfuls every hour. This medicine operated astonishingly; within a few hours from the time of taking the first dose, his symptoms had nearly all disappeared; the urine cleared up at once, and has remained so for several weeks. The old gentleman is now quite able to attend to his affairs. I will add, that in this case the patient had previously suffered from bronchial catarrh, but has had none of it since the first attack in the bladder. I called this a case of catarrh of the bladder, because the urine did not contain the phosphates which clear up by the application of heat, nor did albumen deposit by the application of heat and nitric acid:—there were no epithelial casts from the tubuli, nor was there any indication to my mind of renal disturbance.

My object in presenting this case at all, is, to bring prominently before the profession the use of Pareira-brav., in similar cases. I am confident it is unsurpassed when indicated.

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ARTICLE LXIII.—*Malignant Scarlatina.* By S. LILIEN-  
THAL, M.D.

IN the January number of the "Investigator," page 186, we read: "Chicago: Some cases of scarlatina, very severe, proving rapidly fatal, in spite of Ailanthus-gland. and every other indicated remedy. Some cases of diphtheria, indications and results prove Bell. the remedy."

"In spite of Ailanthus." We object to this slur on a remedy, which certainly deserves a high rank in some cases of malignant scarlatina, but to consider it a specific for all hard cases, shows more empirism, than homœopathy. Cases proving rapidly fatal are indeed not cases where we could expect benefit from Ailanthus. Let us consider, what renders such cases rapidly fatal? The prurition of scarlatina may set in with convulsions, simulating all symptoms of meningitis, the poison strikes its deadly shafts on the whole nervous system, and the little patient succumbs, before any eruption was able to appear on the skin, because the reactive power of nature is totally destroyed. The question has never been settled, if uræmic poisoning may not have something to do with such rapidly fatal cases; for we see no reason, why this blood-poison may not attack the kidneys primarily as well as secondarily, and although an accepted opinion by many, we consider it an error, that albuminuria and hydrops follow light cases of scarlatina. The severity of such cases consists rather therein, that the eruption appeared only lightly on the skin, but undermined the more thoroughly the functions of internal organs. Kafka and other writers mention also a scarlatina-typhoid, destroying its patients often in one or two days, before any exanthema has made its appearance on the skin. A pulse of 140—160, excessive lassitude and somnolence, cold extremities with a burning hot trunk, collapsed features are symptoms of very little promise, and the French call such cases "foudroyante," because the patients are struck down as if by lightning, and they are rapidly fatal, as all reaction is impossible.

Many physicians complain, that this year Belladonna fails to evince its curative powers over scarlatina, and why? because we now hardly ever see a case of scarlatina-lævigata, as it was in Hahnemann's time; the angina is not so often of that true phlegmonous type with stitching pains and spasmodic contraction, as it was at the time, when the smooth glossy variety was the rule, and we find furthermore so many constitutional complications, which indicate other remedies for their removal.

We have so far this year placed our reliance on Rhus-tox., Ailanthus, Arum-triphyllum and Hepar-sulph., and our confidence in them was justified by the results obtained.

*Ailanthus* and *Rhus-tox.* suit typhoid-scarlatina. In the prodromal stage we have already general malaise and apathy: the deep affection of the nervous system shows itself by vomiting, followed by severe fever, a rapid *small* pulse, severe headache, interrupted by delirium of a frightful kind, with fear and anxiety, or muttering delirium with sleeplessness and restlessness, dizziness especially when rising up, pupils moderately dilated, or photophobia. The eruption is slow to make its appearance, and never takes on the genuine scarlet color, *it remains livid* and even the forehead and face take on a rather purplish color, and in severe cases we may even find *petechiæ*. Such an adynamic state Ailanthus will remove if steadily given during the whole course of the disease till convalescence is fully established; for we cannot expect to make brilliant cures in self-limited diseases, or to see immediate benefit; and to change daily once or twice our remedies, is far worse treatment than to let the disease take unaided care of itself. In Ailanthus we have more a livid military eruption. In Rhus-tox. the eruption takes more the vesicular type, the lenticular spots mostly show small vesicles in the centre; the patient would like to move about, but he sinks down in utter prostration; we have deep sopor with parched, red or brown tongue, diarrhœa with excessive loss of strength, a small fili-form pulse.

This malignant poison, localizing itself on the mucous membrane of the fauces and nares, finds its remedy in *Arum-triphyllum*. Whereas a simple catarrhal inflammation of these organs in a mild form of scarlatina would yield to Belladonna,

we have to think on other remedies, when ulceration takes place, and as long as it remains superficial, the Mercurials might do, but in malignant scarlatinous sore throat we rely on *Apis* or *Arum*. *Apis* has œdema for its keynote, and the whole nervous system is under the paralyzing influence of the poison; whereas in *Arum* we have a corroding acrid secretion, the lips and corners of the mouth become cracked and sore, the nose feels stuffed up in spite of the discharge, the parotids and submaxillary glands are swollen, disfiguring the features of the child; the eruption may be out all over the body, but frequently more in patches, than uniform. How *Belladonna* can prove the remedy for cases of diphtheria, is more than we can understand, as gangrene is not found in the pathogenesis of the deadly nightshade.

Kafka (vol. II., p. 373) remarks, "that we often observe during the time of efflorescence a considerable diminution in the secretion of urine, the urine appears tinged with blood, and albumen, fibrin-cylinders and blood-globules are found in the urine; although neither pain in the renal region is complained of, nor is there more than ordinary fever. Such a state is frequently the forerunner of dropsy, and *Hepar-sulphuris* has even in malignant epidemics prevented the appearance of hydropic manifestations; but if even hydrops with albuminuria is already present, we possess no other remedy, which will remove such a state more quickly and more safely." In several cases we have followed strictly this advice, and the albuminuria disappeared soon to our satisfaction, although in one case *Arsen.*, *Apis*, *Helleborus* and *Therebinthina* had been given without any positive result. Fibrinous croupy exudation is the state, which the Sulphide of Calcium will remove, frequently to be followed by *Arsenicum* for the removal of the anæmia and hydræmia.

*Niach's nach, aber mach's recht nach* (do as I do, but do it in a proper manner), is already Hahnemann's advice. We have no remedies for diseases, but only for diseased states, and to individualize them strictly, is the duty of every conscientious physician.

ARTICLE LXIV.—*An Extraordinary Allopathic Discovery!*

THE world moves, man moves, and last of all allopathic physicians move. Listen to the wonderful tale told by a shining light of the *regular* party. While these teachers of defunct dosing are straining their uncertain inquiries, and when they stumble over an old homœopathic truth, and parade it before their followers as original,—would it not be a little more honorable and courteous to give credit where credit is due?

The following demonstrates the weakness and fallacy of the Old school about as satisfactory as any thing we have seen. Two points are confessed: First: *The small dose*, Second: *Similia similibus curantur*. These are points worthy of consideration for allopathic physicians. And if allopathic physicians will persist in making such *discoveries*, we trust proper credit will be given.

“Taken from the *London Lancet*, March, 1870.

On the Action of Ipecacuanha.—By C. C. FULLER, F. R. C. S.”

“I have been induced to make the following communication in answer to Dr. Anstie’s invitation to those who have studied the action of small doses of Ipecacuanha in vomiting and other diseases, to make public their experience. I was led by the recommendation of a medical friend to test the value of small doses of Ipecacuanha; and I did so, but with the greatest scepticism, and with the fullest expectation of finding these small doses useless. It was only after repeated successes that I was compelled to believe in the efficacy of this treatment in the following classes of cases:

“1. *Vomiting of Pregnancy*.—Having given extended trials of the following remedies in this disease—viz., Hydrocyanic-acid, Nitrate-of-Potash, Oxalate-of-Cerium, Opium, Nitro-muriatic-acid, Bismuth, Alkalies, and Quinine; and though each of these remedies was frequently useful, I am convinced that they are all far inferior to Ipecacuanha.

“Its effects are frequently conspicuous in the most severe cases; and it is able not only to control that vomiting which occurs on rising in the morning, but also the more severe forms in which the nausea, retching, and vomiting are almost incessant. The following are brief accounts of two of the cases which occurred under my notice.

Mrs. W—, aged thirty-two, mother of four children, had always suffered during the whole period of her previous pregnancies from severe retching and vomiting, repeated many times a day. On the present occasion she was in the fifth week of her pregnancy, and her sufferings from retching and vomiting were as severe as in former times. She was ordered to take a drop of Ipecacuanha-wine in a tea-spoonful of water every hour, and on the second day of this treatment all retching and vomiting had ceased.

The medicine was then discontinued, and was only taken in drop doses on the occurrence of nausea, which it immediately removed. One dose of the medicine was usually taken during the remainder of her pregnancy on each day.

“Mrs. D— was in most respects similar to the previous patient. She had three children, and during the whole period of each pregnancy she was tormented with sickness and retching, repeated many times a day. After using several remedies without success, the drop-dose of Ipecacuanha-wine was ordered, and the most marked relief followed after the lapse of eight hours. It was given as in the former case, every hour, and discontinued and resorted to in precisely the same manner, and with the same satisfactory results.

“I could easily refer to other cases equally successful, but these will serve as examples of the efficacy of this treatment. A more extended experience has proven that a dose administered every four hours is sufficient to secure the desired result.

“2. *Sickness and Diarrhœa of Children.*—In this troublesome and frequent affection of children, a drop of Ipecacuanha-wine, administered every hour, or less frequently, according to the severity of the disease, is most successful. Under its influence the sickness almost immediately subsides and the diarrhœa abates, although the latter may continue one or two days longer, and in after-cases, although very much controlled, may require another remedy to remove it. Its use is indicated when the motions are *frequent* and *slimy*, and also when they are of a *grass-green color*; and it is also highly efficacious in this form of dysentery when unaccompanied by vomiting, but the presence of sickness may be accepted as a special indication of its usefulness, and rarely will it be found to fail where sickness



and slimy diarrhoea are present. The notes of numerous cases have been preserved, but it is unnecessary to give a detailed account of them, as they all presented the symptoms above mentioned.

"The same treatment will sometimes prevail over other forms of vomiting, as the following case proves:

Mrs. H——, aged sixty-seven, had suffered from occasional vomiting for about four years. The attacks would last for from about ten days to a fortnight. She was never a month without one of these attacks. The vomiting frequently followed from fifteen minutes to half an hour after taking food, but sometimes an hour elapsed before its occurrence. These attacks were treated by several medical men, and relief obtained, but they recurred as stated above.

No cause of the complaint could be discovered. Recourse was had to drop-doses of Ipecacuanha-wine every four hours, but no apparent relief from the vomiting resulted until four days had elapsed, although the patient asserted she felt better.

At the expiration of that period the sickness ceased, and from that time (more than a year since) she has had no return of the sickness, although she is obliged to have recourse to the medicine on the occurrence of feelings which experience has taught her are the precursors of her attacks.

"In conclusion it is right to mention that cases of other forms of vomiting have occurred in my practice, which have entirely resisted this treatment. Contrary to the experience of some, I have obtained at present no success from Ipecacuanha in the vomiting of drunkards, and it is useless to expect that Ipecacuanha should be a panacea for all forms of vomiting.

ARTICLE LXV.—*Report of Surgical Operations performed in Connection with the Clinic of the Hahnemann Medical College during the Session of 1869—70.* By MALCOLM MACFARLAN, M.D., Prof. of Clinical Surgery.

RESECTION of the ramus and part of the body of lower jaw, 1; amputation of the thigh, middle, 3d, 1; amputation of the forearm, flap-operation, 2; amputation of the arm near the shoulder, 1; amputation of the fingers, 2; operation for the

radical cure of inguinal hernia, 1; operation for the relief of inguinal hernia, 1; operation for the relief of femoral hernia, 1; removal of fatty tumor from the side, weight 3 lbs., 1; operation for stricture of the urethra by internal division, 1; Phymosis, 2; fistula in perineo, operation for, 1; fistula in ano, operation for, 1; hypospadias, operation for, 1; division of stricture of the rectum, 1; fracture of the clavicle, 1; fracture of the humerus, 1; fracture of the radius, 1; fracture of the condyles of the humerus, 1; fracture of the tibia, 1; removal of necrosed bone from the tibia, 1; dislocation of the shoulder, 1; dislocation of the wrist, 1; tenotomy, 1; ganglion of the wrist, 1; paronychia, 1; removal of cancerous breast, 1; removal of tumors of the scalp, 3; removal of foreign bodies from the eye, 2; tumors of the eye-lids, removal of, 2; operation for ptosis, 2; blepharoplasty, operation for, 1; entropion, operation for, 1; ectropion, operation for, 2; operation for obstruction of the lachrymal passages, 5; pterygium, operations for, 2; staphyloma, operations for, 2; strabismus, operations for, 6; extirpation of the eyeball, 1; removal of tumors on the orbit, 1; von Græfe's operation for hard cataract, 5; secondary needle-operation on capsule, 1; formation of artificial pupil, 3; removal of septum of nose for tumor, 1; simple hare-lip operation, 1; complicated hare-lip operation, 1; division of the frænum of the tongue, 1; excision of diseased uvula, 1; otoplasty, 1; extirpation of large fibrous tumor of neck, 1; operation for cleft palate, 1.

Number of operations, &c., 77.

In addition, many cases of a minor character were treated medicinally and otherwise.

ARTICLE LXVI.—*Addison's Disease, a Therapeutic Study.* By  
*Dr. J. Payr in Wurzburg.* (A. H. Z.)

*Anatomical Character.* The anatomical state, constantly found in the cadavers of persons, dying from *Morbus Addisonii*, is a chronic inflammatory process of both glandulæ suprarenales and the discoloration of the skin and of the mucous membrane of the mouth by a pigment deposited in the cells of the rete Malpighii. Less constant is a large deposit of fat, especially

in the abdominal walls and the infiltration and swelling of the solitary follicles and Peyerian Plates as well as of the mesenteric glands.

The pathological metamorphosis of the suprarenal glands may be divided in three stages, which cannot be always strictly divided, but the long duration of the disease renders it necessary to a good understanding.

In the first stage the suprarenal glands appear as anæmic, grayish fatty organizations, enlarged to about twice their size by a copious deposit of an albumine-fibrous exudation, and microscopic examination reveals only remnants of tubes with fatty degenerated cells, lying in an amorphous, dull looking exudation mixed up with cellular elements in more or less fatty degeneration. The average duration of this stage is six months.

The second stage is that of softening, characterized by the breaking up of the exudation and of the infiltrated tissue. The gray lardaceous masses become darker, yellow by their changing in detritus and fat-globules, then dry and friable by the resorption of the fluid, an occurrence similar to what we frequently observe in tubercles of the lungs and in scrofulous degenerated lymphatic glands. This stage may last 12 months, as long in fact as softening takes place during the continuation of the exudation.

The third stage is that, where the softened masses dry up, the suprarenal glands keep shrinking away, a process, which may last between two and three years.

The anatomical result as well as the clinical picture shows us great similarity to the tubercular process in the lungs; the disease may make long pauses, during which the tissues, still capable of vitality, may become transformed in connecting tissue, and the softened masses resorbed, leaving chalky deposits behind, which may run during a period of nine years.

But diseases of the suprarenal glands may also run an acute course with typhoid or pyæmic manifestations, and produce a fatal result between 3—5 months. Both glands are mostly attacked by the inflammatory process, exceptionally it remains unilateral; agglutination to neighboring organs and residues of circumscript peritoneal processes have also been observed.

The second constant and therefore characteristic symptom of Morbus Addisonii is the discoloration of the external skin and of the mucous membrane of the mouth, produced by a deposition of a yellowish-brown or brownish-black pigment in the rete malpighi, similar to the pigment in the skin of the negro. The pigment-globules are found in the deepest layers of the rete malpighi, in two rows and in denser quantities round the papillæ; whereas the cutis itself remains perfectly free from the abnormal pigmentation. Alterations not constant, but still frequently observed, are ecchymoses in the stomach, swelling of the solitary follicles and Peyerian glands, infiltration and swelling of the mesenteric glands, causing most probably vomiting and diarrhœa: interesting, because apparently contradictory to the idea of asthenia in the large quantity of fat found on the abdominal walls, although every part of the body may be emaciated. Unreliable are the morbid alterations found in the sympathetic and ganglion semilunare, as well as the quality of the blood and the pigmentation of internal organs. Although in some cases undoubted traces of inflammation and atrophy of the sympathetic and abdominal ganglia were found, still most observations failed to show it; and the blood showed either increase of blood-globules, or no qualitative change, or decided tendency to coagulation and formations of strings of red blood-corpuscles.

The pigmentation of the mucous membrane of the genitals, of the stomach, of the peritoneum, of the liver and spleen, of the bronchial glands, of the pancreas and the solitary intestinal glands is either accidental or depends on other influences.

*Etiology.* The disease is found in both sexes and at all ages, though most numerous between the ages of 15 and 45, and the male sex is more frequently affected than the female sex. So far Addison's disease has only been observed in the Caucasian race, never on colored persons. A special disposition or hereditary could never be proved, and all cases so far observed have been sporadic.

*Course of the Disease.* We may divide it, like tuberculosis pulmonum, with which it has great similarity in relation to time and the peculiarity of certain periods of rest, into three different stages, according to their three characteristic symptoms.

The first stage passes frequently unobserved, there may be in chronic cases some vague sensations of a general malaise, followed gradually by the characteristic discoloration of the skin, which at this period the patient may not yet observe, but which can be noticed already by persons, who have not seen the patient for some time. On the contrary again in cases setting in more acute and suddenly, the patient, enjoying till now apparently perfect health, will complain of general malaise, anorexia, nausea, vomituration, vomiting and diarrhoea, increasing in some cases to such a degree, that we may suspect to have before us a case of poisoning from Arsenic, Copper, or Tartar-emetic. This acute gastro-intestinal catarrh, setting in sometimes in connection with bronchial catarrh, jaundice and severe headache, generally lasts 4—14 days, to be followed by a decrease of all symptoms, only to be succeeded by the gradual discoloration of the skin and the characteristic anæmia, the patient feeling moderately well and considering the existing debility as a necessary sequel of the acute process, which he passed through and from which he hopes soon to recover. Still he will feel uneasy on account of the constantly increasing discoloration of the skin which, as in rare cases, appears only in solitary spots spread out over the whole body, or only on the face and neck, similar to spots observed on persons, exposed greatly to the fresh air during sunny weather and considered icteric by physicians as well as by laymen. The mucous membrane of the mouth, lips, cheeks and fauces now begin to show black-brown or blackish pigmentary spots, giving us evidence, that the disease had lasted already at least six months and which may be considered as a pathogenetic symptom of morbus Addisonii. Black points of the size of a head of a pin to a lentil will now soon be found on the external skin, either spread out over the whole body, or only on the face, neck and hands, and making themselves distinguishable by their intense color from the dark back-ground. In rare cases even the hair turned of a darker shade. During this whole course the conjunctiva remains unaltered or even becomes of a pearly-white; and the same is the case with the lunula-unguis and the nails, giving us an important differential diagnostic symptom of this discoloration from the physiological color of the races.

This discoloration, running from grayish-brown to black, from grayish-yellow to bronze, shows itself especially on such parts of the skin, which, as the face, neck and hands, are much exposed to the action of air and light, or as the genitals or the areolæ of the breasts, which naturally possess a darker pigment, finally also on such parts of the body exposed to mechanical irritations, from pressure of the clothing or from friction, as in the axillæ, groins, interior and posterior surface of the thighs, patellar region or on cicatrices and blistered places.

The face, the back of the hands, the fingers and the genitals have in most cases shown the strongest discoloration; and it is characteristic to the disease, that this discoloration steadily increases and that dryness, brittleness and desquamation are entirely wanting.

With the increasing intenseness of the discoloration and with the growing asthenia, vertigo, surring in the ears, dimness of sight, fainting, coldness of the extremities, frequent sickness of the stomach with nausea and vomiting set in, accompanied by pains in the loins and in the back, and by a sensation of heaviness in the epigastrium and especially in the right hypochondrium. The pains are frequently increased by pressure, and may be caused by the presence of circumscribed peritonitis, by the act of vomiting, or by muscular weakness, overworked already by the mere labor of carrying the weight of the body.

In the third stage, the fully developed disease, all symptoms increase to a large extent. Nutrition being insufficient, anæmia and muscular debility with coldness of the extremities reach a very high degree; and the manifestations in the nervous system, the decrease of intelligence and memory, the apathy and depression of mind go with it *pari passu*. The same may be said of the vertigo, the surring in the ears, the dimness of sight, the fainting and nausea at every trial to rise. We find such a state frequently accompanied by severe headache, neuralgia, sleeplessness, delirium and psychical disturbances; anæsthesia, paralysis and epileptiform convulsions set in as symptoms of a high-graded cerebral anæmia and announce the approaching fatal issue.

Remarkable with such a complex of symptoms is the unimportant alteration of the circulatory organs; the frequency of

respiration is only seldom increased, the tick of the heart weak, so that it can hardly be felt; the sounds of the heart are clear; the heart not enlarged and venous murmurs cannot be found. The pulse is small, weak, easily compressible, 80 to the minute, accelerating only towards the last end.

The irregular appetite, the aversion to animal food, the desire for spices and alcoholic beverages, which are also best digested, change in the third stage to anorexia, sickness of the stomach, nausea, and so frequent vomiting, that suspicion may arise of cancer or ulcer of the stomach. Such vomiting sets in at any time of the day, before and during meals, is watery, bilious, sometimes even bloody, when increasing in frequency announces the approaching end. Stool is mostly retarded, alternating with diarrhœa, and towards the end vomiting and diarrhœa take place. Thirst is seldom increased, the urine mostly normal and free from sugar and albumen. Menstruation also goes its regular course, and in a case, observed by Harrison, conception even took place.

*Cause, Issue, and Prognosis.* The course of *Morbus Addisonii*, like tuberculosis, varies; because the constitutional symptoms may be dormant for months, during which the patient feels relatively well with the exception of the discoloration and a certain degree of asthenia.

According to Averbek's careful collection of 59 clear cases, 17 died after 2—6 months, counted from the first appearance of symptoms, 24 after 7—12 months, 14 after 1—3 years, and 4 after 4—7 years, giving us therefore a mortality of nearly 70 per cent. during the first year of the disease. Averaging the cases from the beginning of the discoloration, we find 18 months the time, during which the disease runs its course to a fatal issue; but 15 months sufficed, where the constitutional symptoms gave their indication. Very acute cases run their course in 7 months, and constitutional manifestations are therefore of greater moment for the determination of the duration of the disease, than the discoloration. Death commonly sets in with full consciousness with symptoms of local exhaustion, often with frequent vomiting, after or during epileptiform convulsions or with coma. Sometimes sudden collapsus sets in after preceding bland delirium and with the symptoms of typhus. The prognosis is absolutely unfavorable.

*Complications.* The most frequent complication of Morbus Addisonii is with malaria, with other chronic-inflammatory processes and with pulmonary phthisis; complication with caries of the vertebræ and ribs is frequently found in combination with cheesy foci in the lungs. In one-fourth of the cases observed the disease was complicated with phthisis-pulmonalis. Still it would be wrong, to consider Addison's disease a form of tuberculous diathesis, like diabetes, because most diabetic patients die from tuberculous phthisis. In Addison's disease we miss also the disposition to cheesy processes.

*Differential Diagnosis.* The fully developed Morbus Addisonii offers no diagnostic difficulties, as the discoloration is a characteristic symptom. But during the time of its development it may be mistaken for other pigmentary diseases, especially with pseudo-bronze disease, with melas-icterus, or with melanæmia.

To obviate such mistakes we give according to Averbek the characteristic differences.

MORBUS ADDISONII.	PSEUDO-BRONZE DISEASE.
<i>Skin:</i> Tight, on account of the large quantity of fat.	Lax, if not stretched by œdemata.
<i>Face and Hands:</i> Extremely dark.	Of a lighter shade.
<i>Trunk:</i> Of a lighter shade.	Of the deepest color, especially the relaxed abdominal walls.
<i>Mucous Membrane of the Mouth:</i> Spotted.	Pale.
<i>Spots on the Skin:</i> Dark spots on a dark ground.	Wanting or light spots on a dark ground.
<i>Conjunctiva:</i> Pearly-white.	Mostly of a dirty grayish-white.
<i>Nails:</i> Clear.	Full of parasites, especially on the toes.
<i>Epidermis:</i> Smooth, not desquamating.	Fissured; desquamating.

When we also take in account the anamæsis and the clinical picture, and keep in mind, that the pseudo-bronze disease is mostly only found after the 45th year, whereas the Morbus Addisonii attacks mostly middle people, a mistake in the diagnosis is nearly impossible.

Melanæmia gives us not only peculiar cerebral symptoms, albuminuria, hæmaturia, intestinal hæmorrhages and cachectic hydrops, caused by malarious infection, which are not found in Addison's disease, but also the following diagnostic differences:



## MORBUS ADDISONII.

*Skin*: Tight and smooth.  
*Mucous Membrane of the Mouth*:  
 Spotted, the mucous membrane,  
 made anæmic by pressure, ap-  
 pears pale.  
*Spots on the Skin*: Darker spots.  
*Epidermis*: Soft to the touch.  
*Cutis*: After the separation of the  
 epidermis mostly of a dazzling  
 white.

## MELANÆMIA.

Withered and full of wrinkles.  
 Sometimes spotted; the mucous mem-  
 brane, made anæmic by pressure,  
 appears of a blueish-gray tint.  
 Lighter spots.  
 Hard and dry.  
 After the removal of the epidermis dis-  
 colored and becoming darker by  
 pressure.

The distinction of Addison's disease from icterus is easy, except when one disease complicates the other, as the icteric color of the conjunctiva, the gray fæces and the bilious coloring matter in the urine secure our diagnosis. But in chronic icterus more difficulties obstruct our view; as we find here intense pigmentation of the skin with fæces of normal color, the pigment of the conjunctiva has been absorbed and the urine shows more of a normal state, especially when from the long duration of the disease a certain laxity and weakness of the organism become clearly discernible; still a strict anamnesis, a close examination of the liver and its whole course with intestinal hæmorrhages and hydrops ought to save us from errors.

## MORBUS ADDISONII.

*Discoloration*: General.  
*Face and Hands*: Darker.  
*Trunk*: Lighter.  
*Mucous Membrane of the Mouth*:  
 Spotted, pale on pressure.  
*Spots on the Skin*: Darker spots.  
*Conjunctiva*: Of a pearly white.  
*Nails*: Of a white color.  
*Epidermis*: Smooth, not desquamating.  
*Skin*: Tense, not itching.

## MELAS ICTERUS.

Entire regions of the surface of the body  
 are frequently normal.  
 { Differences less discernible.  
 Sometimes spotted, yellowish-gray on  
 pressure.  
 Places and spots of a lighter shade.  
 Of a dirty grayish-yellow.  
 Mostly of a light-brown.  
 Mostly smooth, sometimes desquamating.  
 Relaxed, if not rendered tense by œdema,  
 frequently itching.

High grades of anæmia and chlorosis in conjunction with great muscular debility, vomiting and fainting, would render a diagnosis difficult, if we had not the following differences.

MORBUS ADDISONII.	ANÆMIA.	CHLOROSIS.
<i>Blood</i> : ———	Oligocythæmia.	Leucocythæmia.
<i>Heart</i> : Normal, no palpitations.	Systolic murmurs.	Systolic murmurs, palpitations, venous surring.
<i>Pulse</i> : Small and weak, moderately frequent.	Small and tense.	Frequent.
<i>Respiration</i> : Nearly normal.	Considerably out of order.	Considerably out of order.
<i>Ecchymoses</i> : Wanting.	—————	—————
<i>Œdema</i> : Wanting.	Hydropic manifestations.	Œdema.

Ecchymosis, which so far has never been observed, distinguishes these disturbances from scorbutus. "But if we should quote," says Averbek, "a state comparable to Addison's disease, wherein the loss of energy of all functions could reach such a similar degree, and where the blood and the circulatory organs could not explain it, we would name the marasmus-senilis; old age alone removes every diagnostic doubt, the senile atrophy of all organs explains the clinical picture."

We will find also the diagnosis more difficult, when we find with simple bronzed skin general debility, anorexia and malaise; and the examination shows neither important changes in the circulatory organs, nor any preceding syphilitic or malaria infection, and when the health remained undisturbed till about a year ago: because the chemical examination of the blood and of the excreta remains without any result.

The appearance of considerable emaciation in the last months allows us to suspect carcinoma, even if it remains impossible to prove it by undoubted evidence; whereas a prevalence of symptoms on the part of the digestive apparatus reminds us of carcinoma of the stomach.

Cancerous affections of the pancreas distinguish themselves by rapid emaciation in consequence of disturbed assimilation, whereas cancer of the kidneys can be diagnosed by careful examination of the urine.

In carcinoma-cerebri; the headache decides; whereas in complication with phthisis the examination of the organs of the chest and the temperature of the body removes all doubt, whereby the pains in the epigastrium and in the hypochondria serve as important points of observation.

Wherever severe vomiting, the sensitiveness of the abdomen,

the diarrhœa and convulsions raise suspicion of poisoning, the necessary examination will clear up the case.

Averbeck acknowledges, that manifold suprarenal degenerations do take place without being followed by anomalies of pigmentation; and even total destruction of these glands may take place, without producing Addisonian anæmia, and death in such cases is produced by other causes. The cessation of their function produces therefore neither bronzed skin nor specific anæmia: Addison's disease is therefore a constitutional affection, which, though constantly localizing itself as a chronic inflammation of the suprarenal glands, consists essentially in a specific anæmia, running a fatal course, characterized by abnormal formation of pigment in the cells of the rete Malpighii and in the epithelia of the buccal mucous membrane: but still the suprarenal glands are always primarily diseased and largely in advance of the appearance of all other symptoms. Although we do not know yet the conditions, which produce this specific inflammation, still we have good reason to suppose, that it is an analogue of the destructive cheesy inflammatory process in the lungs, as described by Virchow; and that this specific affection of the suprarenal glands, through which probably after some time the function of the sympathicus and of the large abdominal ganglia becomes altered, is only a peculiar disturbance in the nutrition of the whole organism, showing itself by anæmia, asthenia, and by perverse formation of pigment.

Considering furthermore, that the first stage of the disease runs its course silently, the *indicatio morbi* loses in value, as it is difficult and frequently impossible, to dissolve again morbid products; and we must therefore remain satisfied with a mere symptomatic treatment, taking the specific anæmia as the chief point of attack.

We would recommend therefore in all cases of *Morbus Addisonii*, which set in with a certain acuteness, pains in the small of the back and in the groins, sensitiveness of the epigastrium and hypochondria, vomiting, coldness of the extremities and great weakness as the sequel of circumscribed or diffuse inflammation in the suprarenal region, to begin our treatment with *Belladonna*, as corresponding to inflammatory affections of

glandular organs: and after the removal of the phlogistic state *Calcareo-carb.* may be indicated on account of its varied relations to the skin, its correspondence to muscular debility, the steady weariness and extraordinary lassitude. We find also among its symptoms the sallow yellow color of the skin, headache, vertigo, dimness of sight, fainting, sleeplessness, coldness of the extremities, apathy and depression of mind, aversion to work, anorexia and bulimy, nausea, vomiting, gastrodynia, sensitiveness to pressure in the epigastrium and abdomen, constipation, pressing pains in the kidneys and loins, muscular twitchings, clonic spasms and epileptic paroxysms; which with its known beneficial effect in chronic glandular diseases stamp it as a good remedy in the disease in question.

Should nutrition be already at a very low ebb, we might prefer *Natrum-muriaticum*. Among its symptoms we find: Tension and heat in the renal region, yellow pale color of the face, brown spots on the back of the hands, excessive lassitude and relaxation of mind and body with trembling of the lower extremities, dimness of sight, nausea, vomituration, vomiting, pressing and screwing pains in the stomach, loss of appetite with aversion to animal food, constipation, pains in the hypochondria and abdomen, aversion to motion and labor, frequent yawning and stretching with sleepiness, still he cannot sleep; coldness of the extremities, prevailing oppressed feeling with intermediate irritability and crossness; vertigo when rising up or when trying to walk with tendency to faint, feelings as after an epileptic fit. Knowing also the beneficial effects of inhalation and baths, containing Chloride-of-Iodium, in the different localization of the albuminous crasis and the fact, that such diseases are nearly unknown among the laborers in salt-works, we can endorse its beneficial actions in this disease.

*Ol.-jecoris-aselli* may be thought of on account of its roborating and strengthening qualities.

*Iodine* offers among its actions on the healthy organism many symptoms, which we find again in the symptoms of bronzed disease: Darker color of the skin, with a sensation of heat, the skin turns to a reddish-brown or dark-brown, like parchment, scales off and shows a fatty perspiration under the loosened scales; the skin turns dark-brown, even black, is cast

off and a new skin forms under it: Thickening of the epidermis with a brownish coloring of it, the formerly yellowish color turns suddenly brown and looks like smoked; excessive debility and malaise; muscular debility and trembling; moroseness and ill humor; mental torpor; dullness of the head and headache, vertigo, nausea, vomituration, severe continuous vomiting; severe painful gastrodynia, constipation, frequently returning spasms of the stomach, drawing and pressing pains in the renal region; twitchings, convulsions, epileptic fits, palsies; the formerly yellow face turns brown, red hair turns to a chestnut-brown.

*China* and *Ferrum* do not correspond so much to the totality of the symptoms, as to the anæmia and asthenia. We find in *China* yellow cachectic color of the skin, debility and relaxation of mind and body, aversion to labor, irritability with excessive debility of the nervous system, coldness and trembling of the extremities, dimness of sight and surring of the ears, fainting, restless sleep, nausea, anorexia, vomiting, gastric and abdominal pains with constipation and diarrhœa, dull stitching pains in the renal region, but instead of albuminuria, the symptoms of hydræmia. Still, wherever we have a complication with malaria, we might think of *China* as an antanæmicum in *Morbus Addisonii*. The same complex with slight modifications might indicate *Chin.-sulph.* or *Chin.-arsenicum*.

*Ferrum-met.* gives us also a high grade of debility and muscular paralysis, tremors, sleeplessness, headache, vertigo, yellow pale face, constant nausea, vomiting, pressing and clawing pains in the stomach, constipation, but we would prefer the *Iodide-of-Iron*, although we have not yet a physiological proving of it.

Although *Phosphorus* does not give us infallible signs of inflammation of suprarenal glands, still it will be of importance in the period of evolution or where we have excedentia in venere. Among its symptoms are: Sickly yellow color of the face with sunken in features and sunken eyes surrounded by deep borders, brown dark spots on different parts of the body, weariness and sudden loss of strength with fainting, icy coldness of the extremities with trembling, frequent yawning and

stretching, headache, vertigo, sleeplessness, downheartedness and irritability, illusions of sight and hearing, loss of appetite alternating with bulimy; burning, cutting and pressing pains in stomach with nausea and severe vomiting, pains in hypochondria and abdomen with constipation or diarrhœa, sensation of weakness and paralysis in the small of the back, excessive debility in the extremities, twitching and spasms.

*Cupr.-met.*, *Lycopodium* and *Carbo-veg.* ought not to be forgotten.

In the *arseniuretted Hydrogen* ( $H_2$ , Ars.) the pigmentation is only the consequence of a brisk paralysis of the vasomotor nervous system and of the stasis, transudation and decomposition of the hæmatoidin in consequence of it. Still it produces malaise and a high degree of debility, loss of sleep, vertigo with pressing stupefying headache, indescribable weakness and nausea, so that he is not able to walk, singultus, vomituration and vomiting with cutting pains in stomach and small intestines, constipation, pains in the renal region steadily increasing and spreading to the scapulæ, melanuria, coldness of the extremities, paralysis in the sensory and motor spheres, dark-brown coloring of the skin.

Although *Argentum-nitricum* gives us many symptoms, which we find also in the complex of Morbus Addisonii, still in the Nitrate-of-Silver the discoloration reaches only the epithelial layer, the albuginea and the canula of the nails preserve their original color, and the gastric symptoms are more emanations of a corrosive inflammatory process, whereas in Addison's disease the rete Mälpighii is the carrier of the pigment and the Addisonian bronzed skin is the pathological pendant to the physiological skin of the negro, and in most cases not a vestige of pathological anatomical alteration can be found in the stomach; we find neither a chronic inflammatory affection of the suprarenal glands, and instead of anæmia, the Nitrate-of-Silver is more apt to produce a state of hydræmia.

We have given here a mere sketch, a study as it were, but not a monograph, may our readers accept it as such; 383 cases have so far been observed, but many more are needed, to shed light on this obscure disease, so that we might be able to diagnose it at a stage, when a cure may be still possible.—S. L.

ARTICLE LXVII.—*Examination in Obstetrics of the Candidates for the Degree of Doctor of Medicine, at the St. Louis College of Homœopathic Physicians and Surgeons*, by T. G. COMSTOCK, M.D., Prof. February 22d, 1870.

1. What is menstruation?
2. What connection has ovulation with menstruation?
3. Define the straits of the pelvis.
4. Which is the greater diameter of the superior strait?
5. Which is the greater diameter of the inferior strait?
6. Define the axis of the superior strait and its direction.
7. Define the axis of the inferior strait and its direction.
8. Give the boundary between the upper and lower pelvis.
9. Give me, also, the different synonyms for the upper and lower pelvis.
10. Describe the plane of the superior strait.
11. Describe the plane of the inferior strait.
12. Describe the inclined planes of the pelvis.
13. What influence do the inclined planes of the pelvis have upon the mechanism of labor?
14. Define the floor of the pelvis.
15. Describe Carus' curve.
16. Give the SENSIBLE signs of pregnancy.
17. What do you mean by a natural labor?
18. How would you determine that a woman was actually in labor?
19. How many stages has labor?
20. Define them.
21. Give me the physical signs whereby you could accurately determine in a case of labor, a multipara from a primipara.
22. What do obstetricians mean by the term PRESENTATION of the child, and wherein does it differ from POSITION?
23. How are natural labors classified as to presentations?
24. What do obstetricians mean by the term Vertex?
25. How many cranial positions are there, according to Nægele and Bedford?
26. Is it preferable in labor that the occiput should present towards the anterior or posterior semicircle of the pelvis?

27. Why towards the anterior?
28. Which of the four cranial positions is the most frequent?
29. Which is the second in frequency?
30. Describe the mechanism of labor in the first cranial position.
31. How would you manage a face presentation?
32. Describe the entire management of an arm and shoulder presentation.
33. Give all the conditions requiring podalic version, or turning.
34. What is the difference between ACCIDENTAL and UN-AVOIDABLE hæmorrhage?
35. How would you treat accidental hæmorrhage?
36. How would you manage a case of unavoidable hæmorrhage, or placenta prævia?
37. What do you understand by puerperal convulsions?
38. Describe the forceps and the indications for their use.
39. How would you diagnose a case of prolapsus of the navel cord in the first stage of labor?
40. How would you treat such a case?
41. What is the most favorable period during labor for making the operation of version?
42. Why should the bag of waters be preserved from rupture as long as possible in shoulder presentations?
43. How would you effect this?
44. What is the colpeurynter or tampon?
45. Define to me all the indications for its use in obstetric practice.
46. What is the difference between IMPACTED head, and ARREST of the head.
47. Describe the treatment of each.
48. What are the indications for craniotomy?
49. What are the indications for the Cæsarian section?
50. What do you understand by abortion?
51. What is the difference between abortion, miscarriage and premature labor?
52. What are the symptoms of a threatened abortion, and the indications for treatment?



53. What is the normal position of the uterus?
54. What supports the uterus in its position?
55. What influence do the round ligaments exert upon the position of the uterus?
56. What is meant by anteversion of the uterus?
57. What is meant by retroversion of the uterus?
58. What is the difference between anteversion and ante-flexion?
59. What is the difference between retroversion and retro-flexion?
60. Under what other conditions in labor, besides prolapsus of the umbilical cord, would POSTURAL treatment be applicable?
61. Could you make it applicable in shoulder presentation, before the membranes were ruptured?
62. How would you recognize rigidity of the os uteri?
63. How would you treat it?

Candidates were all required to diagnosticate, upon the manikin, certain presentations of the foetus; to give the indications for treatment, and also to apply the forceps.

*The following were the PRIZE QUESTIONS for the Silver Medal. Candidates were all assembled in one room, furnished with pens and paper, and required to answer the questions in writing, categorically.*

1. Describe the membranes enveloping the foetus in utero.
2. What is the use of the liquor amnii during gestation?
3. What is its office during labor?
4. May the bag of waters under any circumstances retard a labor? if so, state the circumstances and describe the management of such a case.
5. In a case of labor with either a head or breech presentation, what accidents might arise from an undue quantity of liquor amnii, and a premature rupture of the membranes?

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ARTICLE LXVIII.—*The Chronic-catarrhal Inflammation of the Mucous Membranes of the Mouth and Fauces.* By Dr. J. HIRSCH. Prague.

*Anatomical Symptoms:* The mucous membrane appears puffy, reminding one more or less of hypertrophy; is injected, red-

dened, or pale, when the disease lasts a great while. Its surface is either smooth, or in consequence of hypertrophied papillæ and swollen sebaceous glands, remarkably uneven, like warty; frequently covered with a copious mucous secretion of a glassy, transparent and tough nature, so that when we examine the fauces at the moment of expiration, we see the expelled air forming bubbles; or it is yellow, thick, not pellucid, accumulating in places, especially between the enlarged papillæ and glands. Loosened epithelial scales are generally mixed with the mucous secretion, which, also, in some places, are found lying closely, one above another or side by side, glued together and forming islets or placques. The uvula is frequently enlarged, elongated, so that its point touches sometimes the upper surface of the root of the tongue, or sometimes so relaxed that it is found obliquely attached to one or the other tonsil by its tough mucous coating.

Examining once a patient suffering from this chronic inflammation of the fauces, I observed a unique *lusus naturæ* on such an elongated and intensely red uvula, which, divided downwards to its point, showed two diverging crooked end-pieces. In this case the musculus azygos, which appears normally not divided, but which really consists of two equal halves, tapering closer and closer from its origin at the spina palatina down to its tip, remained divided, giving the peculiar appearance of two uvulas to the contracting separated parts, each diverging outwards towards the tonsil. When this irritation continued for a great while, I observed sometimes on the velum palati, especially in the triangular space between both crura of the arch above the tonsils, round, yellow, kernel-like eminences, sometimes of the size of a pea split in half, which are degenerated glands of the mucous membrane, containing a cheesy, fetid mass, or a somewhat firmer chalky concretion. The tonsils, when affected, become hypertrophied and indurated, especially in lymphatic and scrofulous persons, whereby the surface of the tonsils appears either smooth and shining, or rough and uneven.

*Symptoms:* It is either a primary disease or it may be a reflex of abdominal affections of a chronic gastric catarrh. Slimy taste, especially apparent in the morning or at night

when awaking, with some loss of appetite, till the mouth is well cleansed and some food taken, is a symptom peculiar to primary chronic stomatitis and distinguishing it from secondary stomatitis, where the appetite remains lost, though we may cleanse the buccal cavity over and over. Normal sensation of hunger is found neither in primary or secondary stomatitis; but of the first we may say, "*l'appetit vient en mangeant*:" for, after taking the first mouthful food begins to be relished, the contrary of which happens in secondary stomatitis, where we feel, even when trying to eat, a perfect aversion to all food. A foul breath we find in primary and secondary stomatitis, perceivable even to the patient himself. By reflex action on the salivary glands we find salivation in primary as well as in secondary stomatitis.

The chronic catarrh of the fauces attacks every age; but it is remarkable, that each age shows its own characteristic symptoms. Thus we find in youth, and nearly exclusively in lymphatic and scrofulous children, the tonsils attacked by this chronic catarrh and its tedious sequels. During manhood it is especially the uvula which suffers from long-continuing irritative states with its obstinate sequels. With advancing years and during senility, it is especially the posterior wall of the fauces, where the chronic catarrh holds stubbornly its own. Each of these representatives reflects its own pathological state by peculiar subjective symptoms, from which the experienced physician is able to foretell the picture which ocular demonstration will unveil before him. The youthful age, with its tonsillar affections, complains of difficulty of swallowing, stitches and pressing pains on the sides of the fauces, stitches running from time to time through the internal ears, from inside outwardly; sometimes they suffer from otorrhœa and difficulty of hearing, and they are always troubled with frequent hawking of phlegm.

The uvula, chronically diseased in consequence of certain locally acting deleterious influences, produces in man a constant desire to remove by swallowing the foreign body irritating the fauces and frequently altering the voice of the patient; and as the uvula becomes in the course of time greatly elongated, they complain of a continual irritation in the throat,

with a tormenting teasing cough, which stubbornly remains, till the pathological state of the fauces is removed. In advanced age and senility we find the posterior wall of the fauces in chronic irritation, the blood vessels commonly prominent, the mucous membrane in consequence of the stunted glands in a more or less atrophic state and dry, and only exceptionally covered by a thin layer of mucus. Frequent irritation to cough and a burning sensation in the throat are the constant accompaniments of such a state, with a constant desire to moisten these parts. Sometimes, when the faucial catarrh attacks persons who are not yet so far advanced in years, we find a simultaneous hypertrophy of the follicles.

*Causal Moments:* Inspiration of air contaminated by smoke and dust, the abuse of alcoholic drinks, immoderate smoking, or the occupation of teachers, ministers, actors and professional singers. We found one of the most frequent causes of its obstinacy the preceding allopathic abortive treatment, with its manifold gargles and pencilling, when the catarrh was yet in its primary acute state. The poor uvula by such maltreatment loses its slender figure and becomes corpulent and elongated; the cauterizations of inflamed tonsils frequently close up the secretory canals of the tonsils, and their chronic enlargement must be the consequence. We all know, also, that a scrofulous, arthritic, syphilitic, or any other dyscrasia may remain latent in some persons, till an acute catarrh of the fauces attacks such persons, which, in consequence of such a dyscrasia, becomes chronic and takes on the type of such a dyscrasia.

*Prognosis:* The cure of a chronic catarrh of the fauces offers great difficulties, as we cannot always quickly remove the prevailing dyscrasia, or the persons affected may not be able to give the much-needed rest and attention to their affected organs; and bad habits and neglect are often so deeply rooted as to be hard to overcome; and last but not least, the cicatrizations and unevenness of the mucous membrane, produced by constant cauterizations, may have produced a condition which remains the silent witness of scientific maltreatment; and thus, in many cases, we will find the prognosis more than doubtful. The age of the patient and the duration of the disease have also to be taken into consideration.

*Therapy* : Every patient suffering from chronic nasal catarrh usually lays particular stress on one or another subjective symptom, belonging either to the anomalies of secretion or sensation. This in conjunction with the pathological alterations found by ocular examination gives us the cue to the corresponding specific remedy. The secretion of the morbidly affected mucous membranes may be altered qualitatively or quantitatively, and our remedies must be here chosen from the group of alkalies and earthy salts. *Natrum and Kali* ; or, also, *Calcareo, Magnesia, Baryta*, give mostly the basis, forming salts in combination with the different acids whose specific influence on the mucous membranes of the fauces in its abnormal states has been proved beyond doubt; and the old as well as the new allopathic school have applied them frequently with benefit, although unconscious of the principles by which they acted so beautifully. At present, where the atomizing application of remedies is so fashionable, eminent physicians ascribe decided curative action to mineral waters, rich in *Natr.-carb.* (Ems:) when applied in such a manner (Vogler.) Waldenburg and Kœhler have also had satisfactory results in these diseases with a weak solution of Chloride of Iodium, applied through the atomizer. At any rate, we homœopathicians ought to feel pleased that atoms begin to be considered by all classes of physicians. When in the atomizing of liquids one drop of a very weak medicinal solution is divided into thousands of invisible and imponderable atoms in order to act a remedial part, then it needs only one step to become convinced of the beneficial action of dilutions; for it would be ridiculous to base its action on a mechanical irritation; an excuse easily overthrown by the fact that I use, in cases where *Natrum-carbonicum* is indicated, either a small wine glass full of the mineral water of Ems (Kraehnehen), or some middle-sized pellets, moistened with the sixth dilution of the *Natrum-carb.*, and find the same effect from either application.

The cases peculiarly adapted to the application of *Natrum-carb.* are: where, with a moderate hyperæmia of the mucous membrane and the consequent anomalies of secretion, we find an exquisite tendency to rheumatic affections in the motor

apparatus of the fauces, with a continual sensation of rawness and scratching in the fauces, with a mostly diminished secretion of the mucous membrane, and a vain effort to hawk up phlegm, which accumulates during the night, to be expectorated with great effort in the morning. The simultaneously present rheumatic character in the muscular fibres we perceive in the pains during deglutition or yawning, felt in spite of the insignificant symptoms of irritation on the mucous membrane.

The simultaneous presence of the catarrhal and rheumatic character in chronic catarrh of the fauces gives also the most important indications for the use of *Natrum-muriaticum*; but as so many rheumatic affections make themselves known in one or several muscles without any great suffering, only by a passing inability to work, or, at the utmost, produce only a sensation of tension by more contractive activity, so we find, in cases suitable to the application of *Natr.-mur.*, the mobility of the muscles of deglutition encroached upon, the activity of the *musculus azygos* of the uvula appears checked, the uvula elongated; therefore, the continual sensation of a plug in the throat, and also the other muscles which aid deglutition, show a diminished action, food may go the wrong way or remain impacted in the throat. It is also the increased secretion of mucus which leads us to the choice of *Natr.-mur.*

A similar impression of a catarrhal and rheumatic character we find also in *Kali-carbonicum*, as the result of our physiological proving; and to the differential symptoms we have to look for the characteristic indications peculiar to each remedy.

I must not forget to remark, that catarrhs of the fauces in middle aged persons, if not caused by local deleterious influence, are frequently associated with the symptoms of abdominal plethora, and we can therefore easily understand the beneficial influence of the alkaline and earthy salts.

Children, though suffering only from the lighter degrees of scrofulosis, are often subject to these chronic catarrhs. "Mother, I have a sore throat," is with such individuals a frequent complaint, and mothers frequently request their physicians to remove the bad habit of their children, who try continually to clear their throat and to hawk up phlegm, especially during the morning hours; this is the usual method by which the

chronic catarrh of the fauces makes itself known among children, for we find only very few objective symptoms, as here and there some slight redness, the mucous membrane somewhat puffy and shining and some increase in the secretion of mucus; sometimes we find, at a later stage, the sub-maxillary glands somewhat swollen and one or the other tonsil or both enlarged. I prefer in such cases to alternate *Calcareæ* with the *Natrum-mur.*, giving first one remedy and then the other. *Baryt-carb.*, *Sulphur* and *Hepar-sulph.* find also their indications, not only by the local disease, but far more by the general state of health; thus helminthiasis might need one of these latter remedies for their eradication, whereas, in increased secretion of mucus not only in the fauces, but of all mucous membranes, may lead us to think of *Natrum-mur.* The striking nervous erethismus of some children will be quieted by *Calcareæ* or *Hepar*, according as all the other symptoms correspond to the case.

So far Hirsch. We may be allowed to add a few remarks from Kafka's *Therapy*, I., 419. This author advises us to give in chronic catarrh of the fauces, with dryness in the throat and a constant want to swallow saliva, in order to moisten the dry parts, *Sulphur* 6, two doses daily, and in long standing cases *Sulphur* 30, (a dose for six days and then a pause for three days). If hoarseness is added to the dryness, *Phosph.* or *Magnesia-mur.* may be preferable. Complication with catarrh of the Eustachian tube may be removed by *Petroleum* 3-6, two doses daily. *Alum.* 6, internally, and as a gargle may be administered, when we find large quantities of tough phlegm in the fauces and the patient complains of the sensation of feeling a foreign body in the throat, which needs removing; or, should this not suffice, the sixth dilution of Nitrate of Silver, internally, and as a gargle (gr. i. to ʒi. aq. dest.) may be tried with hope of success.

For catarrhus follicularis *Plumb.-acet.*, *Iodine*, *Alum.*, and *Arg.-nit.* are worthy of trial, especially when the mucus is tough and firm, and must be rendered mobile; if, instead of follicular, we have vesicular catarrh, *Clematis* 6 ought to be given. Hypertrophy of the tonsils indicates *Baryt.-carb.* 6 or *Sepia* 6, methodically applied, and if based on a scrofulous

dyscrasia, *Calc.-iod.* 6, or *Silic.* 6. Chronic catarrh of the fauces, complicated with scrofulosis, needs, when the throat feels dry, *Calc.* 6, *Sulph.* 6, *Phosph.* 6, or when there are large mucous accumulations, *Kali-c.* 6, *Natr.-mur.* 6, or Puls. 6. Persons obliged to use their voice constantly and assiduously, must take a vacation during the summer months and pass their time in the country, where they can get good milk, whey and alkaline mineral waters. Smokers and drunkards are hardly ever cured from their catarrhs till they have the moral courage to resign entirely their weed and their liquor. Salt or spiced food must be strictly forbidden as they increase the irritation.

Hughes, in his "Therapeutics," p. 226, takes issue with Dr. Clifton, who recommended *Baryt.-carb.* for the hypertrophied tonsils, and recommends *Phosphate of Lime* and *Iodide of Mercury*; but we think unjustly, for the Baryta and the Calc.-phos. 3, will be preferable, when the disease is engrafted on a scrofulous or tuberculous dyscrasia; whereas, the Iodide of Mercury will find its place in cases complicated with hereditary or acquired syphilis, although Cook recommends it also in the so-called "Clergyman's sore throat," which is only another name for chronic follicular pharyngitis; or *Kali-bichromicum*, when the secretion of the posterior nares and fauces is very ropy and stringy, fetid discharges of syphilitic origin. Kane adds, that *Phosphor* is indicated when the throat is very dry, fairly glistening, and *Plumbum* when the disease spreads itself from left to right.

S. L.

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ARTICLE LXIX.—*Is there such a thing as Metastasis of Disease?* By DR. H. GOULLON, of Weimar, in the "Neue Zeitschrift für Homöopathische Klinik." Translated by F. SEEGER, M.D., of New-York.

*Les faits, voilà, je le déclare, non pas les seuls, mais les principaux éléments qui déterminent nos convictions. Voilà les maîtres devant lesquels je m'incline.*

ROUBAIX.

At the Utrecht University clinique, so relates the Professor of Physiology, Schröder van der Kolk, a man presented himself for treatment. This man had had an open leg and had felt



himself perfectly well with it. Subsequently the ulcer healed, but he became insane, which however disappeared when the sores on the leg re-opened. Later he again had the openings healed, but as they healed the insanity returned. On re-establishing the fontanelle on the leg, this (the insanity) again disappeared.

A man, (so relates the medically celebrated Professor Dr. C. W. Stark,) after suppression of herpes, with which he was affected, had hydrocele developed which disappeared after the hydrocele had been operated on, but as this disappeared, the herpes returned.

The well-known ophthalmologist Dr. C. H. Schauenburg, in speaking of the therapeutics of cataract, says: "Refer the patient simply to an operation, and for carrying it out, make the most advantageous preparations. To this, of course, belongs the \* \* \*, the bringing back of the catamenial and hæmorrhoidal flux, of suppressed skin-diseases and ulcers of the lower extremities, &c. &c.

Military surgeons have on many occasions observed that on the suppression of the transpiration soldiers often become epileptic. On the other hand, the most trusty authorities inform us that epilepsy has ceased on the reproduction of suppressed fluxes or skin-diseases.

All these facts, which every practising physician can easily multiply, do not exist to our colleague Kafka and his party; or more rightly expressed, he holds the commonly renewed interpretation of these cases as erroneous.

The consequences of such an interpretation of these conditions, are of the greatest importance in therapeutics. He who acknowledges *no* connection between a suppressed secretion and the disease resulting therefrom, will also fail to perceive the necessity for the restoration of this suppressed secretion by appropriate choice of his remedies. Yet more, he will harbor no thought or anxiety after mechanically obstructing excessive secretions, be their character what they may. An after-consequence, a re-appearance of the same disease in another place, according to his understanding and view, cannot occur. Consequently he sees no reason why discharging sores should not be rapidly healed over; treats habitual bleedings with styptics,

and chronic mucous discharges with the strongest astringents, &c. &c. Patients with measles and scarlatina may early leave their bed, a careful regimen is superfluous—because the eruption cannot strike in. And the dreaded after-diseases! Also these, as metastatic phenomena deserve no notice. And, does not nature in exanthematous diseases, point clearly the efforts she makes to throw these out, which would otherwise cause the most violent disturbance internally. And this law of nature repeats itself, if we observe carefully, in all disease. Why does a deaf patient hear again when the aural discharge is re-established; why does he who is afflicted with the small-pox feel more and more relieved as the pustules develop themselves; or why are the scarlatina cases with retarded or slow appearance of the eruption the most dangerous; why is so many a goitre cure or “smear” (*Schmierkur*) cure of enlarged cervical glands followed by pulmonary tuberculosis?

Let us look at the ominous word metastasis more closely. Its etymological composition would signify a something appearing after another something, a spectre, apparition, which comes and goes in uncertainty, and occasionally the observing physician can foretell its designs. His experience informs him as to its intentions.

If we discard all and every phantastic description and use the language of logic, then we understand by metastasis: *the free or forced change of locality of one and the same disease.*\* The appearance of a disease after suppression of a physiological function, *that*, the definition may not be confused, we would have regarded as a pseudo-metastasis. So relates Esquirol of a man, who perspired strongly on his head, after having washed it with cold water became deranged. This may seem as an example of *pseudo-metastasis*.

Whether the genuine metastasis causes (even fatal) aggravation or is to be regarded as a beneficial crisis, remains immaterial to our question. If a diabetic in the course of his disease also become affected by cataract or tuberculosis, such is not to be regarded as metastasis. But as a pure expression of the metastasis, we may take the appearance of an inflamma-

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\* The often simultaneous change in its manifestation according to our view is due only to the change in location.

tion of the brain, following upon previously existing violent pains (for instance, in acute articular rheumatism). The same if after a parotitis, there follows an inflammation of the testicle (orchitis). Is also such a metastasis to be denied?

That we may arrive at a clear understanding of metastasis, we must bear in mind, that in disease the organism "is loosened in its joints;" is more impressible to morbid influences. The various parts do not possess the healthy power of resistance; the resisting ability of the various organs is according to the character and course of the disease subjected to change, could these not, under the influence of changed or changing external influences, and more so of internal influences, and disease find a more congenial soil in this or that organ.

From what, has been said above and from the examples given, it will be seen that the study of metastasis and crisis are intimately related. Metastasis after all is nothing more than a good or bad crisis. He who denies metastasis, also denies the existence of crisis. As there is not only a physiological antagonism between serous, mucous and epidermoid membranes, but through the nervous system and circulatory system a perceptible coherence between all organs and organisms, the possibility and often necessity (in accordance to a natural law) of metastasis becomes clear. But we would again desire to proclaim, that under metastasis we understand no *hocus pocus*, but solely processes that follow the laws of reflex action and organic reaction, even though they do not always discover themselves to our perceptions.

The learned and already above cited STARK defines metastasis under the collective definition: ending of a morbid process or disease through change of form. He, in the explanation of metastasis, started from the basis, that whole normal organisms can change from one to a different organism. (Instances are cited, where animals in their youth have naturally different forms, &c.)

Also in the morbid processes is a similar and total changing possible, as has long been observed by the pathologist and known under the name of metaschematism, particularly as metastasis. \* \* \* Is the parotitis or otorrhœa, so often appearing in the course of a scarlatinal epidemic to be called a metas-

tasis? We believe not; as little as we count the pathognomic angina scarlatinosa such.

Dr. Reuter believes he has observed that under the influence of the *Acarus* poison gastrores appear. If nothing is done to annihilate the dyscrasis, then follow catarrhs upon these hæmorrhoidal conditions, on these foot-sweats, on this hoarseness, on these head and toothaches, ophthalmic and aural affections, prurigo of the glutæi, furunculosis, cervical glandular enlargements, rhenmatisms, and only (12th) enlargement of the axillary glands. "A busy practical physician," says von Grauvogel, who may also be cited as an authority, "and even though his practice be limited to a decennium, will recur to many cases in numerous families, which forbid him to ruthlessly cast aside these observations, as strange and odd as they may appear to the followers of the Rademacher or the physiological school on first glance."

Enough, we desire only to show that Dr. Reuter's observations are correct, but that, even here metastasis is not in question, but only a progressive development of one and the same disease. As many numbers as have been counted, as many stations and resting-places does the disease make.

The practically most important example of a metastasis remains to the physician in the process of phenomena, which follow on a sudden suppression of a pathological sweat-secretion of the feet.\* [*To be continued.*]

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## General Record of Medical Science.

### 1. Diseases produced by Parasites penetrating the Skin.

*The Delhi Boil* is a common and unmanageable disease prevailing among the military stations of India. It has been attributed to the nitrates, but it has now been explained on a different theory. Dr. Fleming, a staff surgeon of the British army, has shown that the disease is of a local, not

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\* Yet on the same day that I penned these lines, I was seated in the railroad cars opposite a gentleman who in the course of the conversation informed me, that a stubborn hardness of hearing, which now afflicted him, could with the greatest certainty be traced back to a suppression of a former feet-sweating. Yet more. That with the passing re-establishment of the perspiration of the feet, an improvement and restoration of the hearing exceeding in duration even the restored perspiration followed.

constitutional character, and that it is caused by an animal parasite or its ova. He shows, in the *India Medical Gazette*, that the disease can, in an early stage, be destroyed by a strong caustic solution. The tumor is described as "a morbid growth affecting the skin and subcutaneous tissue, and without signs of inflammation until the ulcerative stage." During the growth of the tumor, and up to the period when ulceration begins, it appears relatively transparent and shiny, and one or more yellowish spots may be detected in it, deeply seated, by the aid of a lens. If one of these spots be cut and opened with a dissecting needle, a small, round, yellowish body, with a glistening capsule, just capable of been discerned by the naked eye, will make its appearance, and can be easily removed. Drawings of these bodies are shown with the aid of the camera, magnified. They are seemingly composed of an apparently fibrous envelop, arranged in consecutive laminae, enclosing fluid contents, and probably something else. They are believed to be parasitic ova of some kind. That this is their true nature is rendered quite certain by the further investigations of Surgeon-Major Smith, also of the British army. With such views of the pathology of the mis-called Delhi Boil, the treatment tried and found successful, consists in nothing more than amply bathing the affected part with any strong alkaline solution. This, if strong enough to *kill* the parasite, must cure the disease caused by it.

Another parasite, which produces great annoyance in tropical countries, is the *Chiqua*, *Chigoe*, *Chigger*, *Pulex Penetras*, or *Tick*. This small insect is a conspicuous pest in warm countries, and is extensively prevalent in America and the West Indies. We have seen Negroes in the Bahamas limping on lame feet, strangely deformed by protuberances which were only the nests of the pulex. The animal finds his way under the skin of the native's bare feet, burrows under the epidermis, and soon gets up a distressing irritation. Dr. J. B. S. Jackson, of Boston, speaks of the *Chiqua* as he found it in the hospital of Barbadoes. "The number of ulcers was as large, I think, in proportion, as would be seen in any hospital. Having asked Dr. Clarke if he had often found the *Chiqua* in the feet of the negroes, he said, 'Certainly; enough of them;' and asked if I would like to see some of them. I told him I certainly should, and he gave directions accordingly. Presently we received notice that a subject had been found; and, on going into one of the wards, we saw a negro lad digging into the heel of an old paralytic patient with a coarse dull knife, and extracting the cysts. They were situated near the margin of the heel, and in the cuticle, but very near to the cutis, so that no blood was drawn in the operation. The surface over them being very much roughened. Several cysts being thus removed; and, though generally broken, one or two were entire."—*Boston Med. and Surg. Jour.*

## 2. *Homœopathy in Southampton, (England).*

MR. JOHN H. ALDRIDGE, of that city, has been misrepresented by somebody as having said at a meeting of the Southampton Dispensary, that homœopathic treatment "was superior to that of ordinary medicine." He

writes to the *Lancet*, saying, that he did not say anything *exactly* like that. He says, "I only endeavored to point out that it was making vast strides among members of standing in our own profession and also with the public; that there was a gradual, but notable advance of both systems towards each other, and to foster this would promote medical science."

The Editor of the *Lancet* kindly acquits the accused Director of intentional error, but he does not wish the public to understand that homœopathy is really good. It says, "If, as is true, there is a greater disposition than formerly among the better class of minds in the regular profession to abstain from vehement abuse of homœopathy, that is because the great advances which our scientific knowledge has made have opened the eyes of the orthodox to the fact that they, too, have been formerly guilty of many absurd therapeutical errors, based on misleading *à priori* notions; and the consciousness of this makes them more charitable to the blunders of others."

We suppose it not possible to bring the Editor of the *Lancet* to the reasonable method of testing by actual experiment the value of a method of practice which he has never tried. There is an old proverb which says: "*Experience* keeps a *dear* school, but [some people] will not learn in any other." We fear then, that in this branch of education, the *Lancet* must be ranked among the *dull scholars*.

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### 3. *Amputation during Anæsthesia, with Chloral.*

DR. NORA, of Brionde, France, publishes in the *Gazette des Hôpitaux*, the case of a man aged 64 years, who was suffering acutely from osteosarcoma of the leg. The patient being anxious to have the limb taken off, he took on trial about 60 grains of Chloral, dissolved in two ounces of simple syrup, at 8 A. M. Up to 9 o'clock he frequently made efforts at vomiting, and had defective vision; after this he became violently excited, continuing in this state for two hours. After this he fell asleep, and was soon so insensible that he could be moved about without waking. This sleep lasted for an hour and a half, and the patient, when coming to his senses, said he felt very well, and asked for food. Pain had of late deprived him of sleep, and he was overjoyed to have had some rest.

Two days after this, the man took 75 grains of Chloral at 8 in the morning. He was uncomfortable for two hours, when he fell into a deep slumber, and underwent amputation of the leg without moving or uttering a sound. After being placed on a bed the patient sank into an alarming coma for one hour; after which, on waking, he was seized with violent delirium and severe vomiting. These fearful symptoms lasted about seven hours, after which time the man passed into a state of complete prostration, and recovered his senses, but did not recollect anything of what had passed, and could hardly speak or move. He took some beef-ten, had a sleepless but quiet night, and during the next day all the effects of the Chloral had passed off. The insensibility had certainly been complete, but the delirium, prostration, and coma were carried to a degree unjustifiable as well as alarming.

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## Reviews and Bibliographical Notices.

### 1. *Life Duties.* By E. E. MARCY, A.M. M.D. New-York : D. & J. Sadler & Co. 12mo. pp. 306.

INSTEAD of the ordinary formal notice of this work we will give the following from the New-York *Tribune* :

“Dr. Marcy, well known as a physician and writer on medicine and chemistry, has turned his pen into a new channel. The volume before us, a handsome duodecimo of 300 pages, is a popular treatise on moral science, written in an easy, flowing style, designed to serve as a handbook, a *code mecum* for every-day life and every-day people. Such books are usually written by divines, and this treatise is the more valuable for considering moral truths from an unusual standpoint. The author's large medical experience and sound common sense, coupled with close powers of observation, have enabled him to make practical suggestions of “Life Duties” that are of great value. Naturally, he believes in the maxim *mens sana in sano corpore*, and his chapter on duties toward the physical man possesses unusual interest. He divides life duties into two distinct classes, viz : those pertaining to the material world, and those connected with the spiritual world. In the first class are comprised the necessities and requirements of the physical organism, the rearing and support of the family, the maintenance of the government, and our political, social, and industrial obligations. The second class includes the duties we owe to God, and our obligations with reference to the spiritual welfare of ourselves and our fellow-creatures. Both branches of the subject are skillfully handled. Physical and mental occupation are considered as conditions of health ; the advantages of manual labor over brain-work as conducive to health ; the worthiness of industrial pursuits as essential to national prosperity ; the great agriculturists of the early centuries ; the influence of mental emotions on health ; the tendency of lives of indolence and luxury to deteriorate the race ; the overworking of the masses ; sanitary requirements ; general rules respecting physical education in childhood, youth and maturity ; the causes and results of a false system of physical training—are all discussed by a writer whose whole life has been devoted to curing ailments and diseases caused by the matters of which he treats. If this physical chapter alone were read and heeded, the author's occupation as a physician would be gone. He closes it with an anecdote that has great point :

“The editor of one of England's ablest medical reviews complained that the luxurious and indolent aristocracy of his country would not follow his advice, that they should ‘fast two days in a week, take plenty of outdoor exercise, and be jolly ;’ but they patiently submitted to the alternative of taking ‘five grains of blue pill, and one or two of aloes, twice a week for three months.’ As years passed by they became very tired of the pills ; and the physician, who had made a very fair trial of them himself, found a distressing train of symptoms accumulating over his own mind and body, for which he said the name ‘blue devils was not half horrible enough.’

The same distinguished man, who was Physician Extraordinary to the King of Great Britain, afterward made some journeys on foot among the mountains of Switzerland, which vastly improved his own health, and would have greatly benefited his London patients had they been sufficiently heroic to have followed his example."

The chapter which treats of duties toward the spiritual man combats the views of mental philosophers, and, generally, treats the subject in a manner that shows a scholar and thinker. The suggestions about temperance in eating and drinking enjoined by Dr. Marcy have great force. From much observation as a medical man, he points out the pernicious results of such indulgences, and the catalogue is appalling. In this matter, his testimony as an expert is valuable.

## 2. *Twenty-fifth Annual Report of the New-York Prison Association.*

THIS Report, recently submitted to the State Legislature by the Corresponding Secretary, Rev. E. C. Wines, has been published. It sets forth, first, the objects of the Society. These are:

1. Humane attention to persons arrested, protecting them from legal sharpers, and securing for each individual an impartial trial.
2. Encouragement and aid of discharged convicts.
3. Careful study of prison discipline, observation of the cause of crime, and inquiry as to the proper means of its prevention.

This last is considered the most important of its objects. The statistics of the work of the Society during the quarter century just ended show the following figures under the first object named above: 93,560 friendless persons visited in the detention prisons of New-York and Brooklyn, all of them counselled and many of them assisted; 25,290 complaints carefully examined; 6,148 complaints withdrawn at the instance of the Society, as trivial, or founded on mistake or passion; 7,922 persons discharged by the courts on recommendation of the Society, who were young, innocent, committed their offences under mitigating circumstances, or were evidently penitent; a total of 133,922 cases in which relief of some kind has been offered by the Association. During the last 25 years the assistance given to discharged convicts is summed up as follows: 18,309 persons of this class aided with board, clothing, tools, railroad tickets or money; 4,139 provided with permanent situations; a total of 22,446. Aid has also been extended to thousands of persons connected with the families of the prisoners. For some years a few hundred dollars have been annually distributed on New Year's day among indigent families.

By its act of incorporation it is made the duty of the Prison Association to "visit, inspect, and examine, all the prisons of the State and annually to report to the Legislature their condition." There are 4 State Prisons in New-York, three for men and one for women; 6 county Penitentiaries, most of them receiving prisoners outside of their own counties, and one of them (at Albany) constituting a United States Prison; 68 county jails; and 20 or more station-houses, making about 100 prisons in all. These have been visited again and again, their condition and management



thoroughly examined, and the facts reported. Upon the whole, the financial, moral, and industrial condition of our prisons has been deteriorating rapidly of late years, and abuses have multiplied in an alarming degree. One trouble in New-York, as in other States, is the fact that there is no central supreme authority, having powers to direct the entire penal system. The Association think, after much experience, that there can be no successful re-organization of the system without such a central authority. Of the 68 county jails in the State not more than six are properly constructed. The others are damp, dark, cramped, ill-ventilated, and gloomy. Overcrowding is a very general evil. The degrees and kinds of criminals can not be separated; the young and old, the novice and the expert are thrown together.

3. *The Lancet; a Journal of British and Foreign Medicine, Physiology, Surgery, Chemistry, Criticism, Literature and News.* (Edited by JAMES G. WAKLEY, M. D., M. R. C. S.) London. American edition, Willmer & Rogers, New-York.

THE *Lancet* has long been regarded as perhaps the best of the medical newspapers. It has begun the present year well, with Original Papers, Hospital Reports, Book Notices, Leading Articles, Medical Annotations, Correspondence, Medical News, &c.

4. *Forty-fifth Annual Report of the Managers of the Society for the Reformation of Juvenile Delinquents.*

FROM this Annual we learn that the whole number of children received into the House of Refuge since it was first opened in 1825, has been 13,321. The number of children in the house on the 1st of January, 1869, was 961. Number received during 1869, 573. Total, 1,534. Number indentured and discharged during the year, 761. Remaining in the house January 1, 1870, 773.

5. *Homœopathic Chronology.\**

1755. April 10. Samuel Hahnemann born at Meissen, in Germany.  
 1779. Aug. 11. Hahnemann graduated at Erlangen.  
 1790. Hahnemann made experiments with Peruvian Bark.  
 1810. Hahnemann's Organon published.  
 1812. June 26. Hahnemann defended his Thesis on the Helleborism of the Ancients.  
 1819. Oct. 21. Emperor of Austria forbids the practice of homœopathy in the Empire.  
 1821. March 12. Government of Bohemia grants Homœopaths liberty to prepare their own medicines.  
 " Hahnemann expelled from Leipzig.  
 " The *Materia Medica Pura* completed.  
 1825. Dr. Gram introduced Homœopathy into America, September 17.  
 1826. Dr. Clutterbuck made the first reference to Homœopathy in England, at a meeting of the London Medical Society.

\* Dates and facts chiefly drawn from the British Hom. Med. Directory rearranged. Ed.

1829. Aug. Central Homœopathic Society founded at Erlangen, Hahnemann, President.
1832. July 6. Sisters of Charity Homœopathic Hospital opened at Vienna.
1834. American Journal of Homœopathy.
1835. Hahnemann granted Royal Letters Patent to practice in Paris.
1836. Feb. 12. The *Lancet* publishes Mr. Liston's cases treated homœopathically.
- “ May 28. North American Academy of Homœopathic Medicine founded.
- “ October 15. *Lancet* reports a paper on Homœopathy, read by Mr. Kingdon, at the London Medical Association.
1837. Feb. 9. The Emperor of Austria decrees full liberty for the practice of Homœopathy.
1839. Nov. 23. Homœopathic Institute of Paris opened.
1840. *Homœopathic Examiner*, New-York.
- “ Death of Dr. H. B. Gram.
1842. March 22. The University of Brunswick appointed an Examiner on Homœopathy.
- “ May 15. Manchester Homœopathic Dispensary opened.
- “ June 30. Commission appointed in Bavaria to examine whether Homœopathic remedies contain Arsenic.
1843. June 1. *British Journal of Homœopathy* first published.
- “ April 14. Hahnemann's fatal illness commenced. He died July 2d.
- “ Oct. 6. Mr. Pearce, Homœopathist, tried for manslaughter at the instigation of Mr. Wakley.
1844. April 10. American Institute of Homœopathy organized in New-York.
1845. May 13. Dr. Croserio died.
- “ “ 16. Coroner's inquest held over a patient who had died under homœopathic treatment, by Dr. Epps.
- “ Sep. 30. New-York Homœopathic Dispensary opened.
1846. March 16. Homœopathic Society of Vienna held its first legalized meeting.
1847. May 11. Birmingham Homœopathic Dispensary opened.
- “ Sep. 17. Dr. Gross died.
1848. Aug. 19. *Medical Times* reports a case of cholera said to have been caused by homœopathic treatment.
- “ Oct. 2. Homœopathic Medical College of Pennsylvania opened.
- “ “ 10. London Homœopathic Hospital founded.
1849. April 17. Hull Homœopathic Dispensary opened.
- “ Aug. 5. *Homœopathic Times* first published.
- “ Nov. 27. New-York Hahnemann Academy of Medicine founded.
1850. March 9. Dr. Ozanné obtained damages from an Allopathic physician for slander.
- “ Aug. 6. English Homœopathic Association petition Parliament against proceedings of the Coroner of Middlesex.
- “ Oct. 16. London Homœopathic Hospital opened.
1851. March 26. First Clinical Lecture delivered at Hahnemann Hospital.

- " May 6. Royal College of Physicians of Edinburgh repudiates its Homœopathic Fellows.  
 " May 23. Foundation stone of the monument to Hahnemann laid at Leipzig.  
 " June 14. The Edinburgh University refuses its degree to Mr. Pope, on account of his intending to study Homœopathy.  
 " July 21. Northern Homœopathic Medical Association founded.  
 " " Massachusetts Homœopathic Medical Society founded.  
 " August 10. Hahnemann Monument inaugurated at Leipzig.  
 " " 14. Medical and Surgical Association condemn Homœopathy without inquiry.  
 " Nov. 30. Royal College of Surgeons (England) resolve not to interfere with homœopathic members.  
 " Dec. 16. Syme, of Edinburgh, memorializes the patrons of the Edinburgh University to depose Professor Henderson.  
 " Dec. 19. Homœopathy repudiated by the Edinburgh Med. Chirurg. Society.  
 1852. Jan. 13. Petition of 3337 British Homœopathic Physicians presented to the University of Edinburgh regarding Homœopathy.  
 " Jan. 22. North American Homœopathic Association held its first meeting.  
 " Jan. 27. Homœopathic petition remitted from the patrons to the University of Edinburgh.  
 " Feb. 18. Homœopathic Medical College of Cleveland attacked by a mob.  
 1854. Jan. 6. Dr. Marenzeller, of Vienna, died.  
 1856. Jan. 11. Drs. Tessier, Gabalda, Fredault, and Joussuet expelled from the Anatomical Society of Paris, on account of homœopathy.  
 " July 1. *Monthly Homœopathic Review* first published. (London.)  
 " April 13. New-York County Societies authorized.  
 1857. Jan. 3. Dr. Wolf, of Dresden, an early disciple of Hahnemann, died.  
 " Nov. 10. Dr. Dunn, (Hom.) elected Mayor of Doncaster.  
 1859. Oct. 4. Mr. Turner of Manchester, (Pharma.) died.  
 " Dr. A. Gerald Hull died.  
 " Oct. 15. New-York Homœopathic Medical College opened.  
 " Oct. Missouri Homœopathic Medical College opened.  
 1860. Dec. 10. Dr. Fearon, of Birmingham, died.  
 " Hahnemann Medical College (Chicago) opened.  
 1861. July. Good Samaritan Hospital (St. Louis) opened.  
 " Dec. 31. Dr. B. F. Joslyn died.  
 1862. Oct. 17. Northern Homœopathic Medical Association reconstituted at Leeds.  
 " April. New-York State Homœopathic Society incorporated.  
 1864. Jan. 21. Dr. Bönninghausen died, at Munster.  
 " April 13. Massachusetts State Homœopathic Society.  
 1865. Nov. 22. Dr. Chapman died.  
 " Dec. 10. Dr. Laurie died. (London.)

1868. Jan. 12. A Homœopathic Physician appointed to the Hospital of Castlemaine, Australia.  
 " March 11. Commissioners of the Royal School for the Daughters of Officers of the British Army rescinded the resolution prohibiting a child in the Institute being treated homœopathically.  
 " July 15. Triuks, of Dresden, died.  
 " Aug. 25. *Courrier Medical* and *Lancet* state that Homœopathic practitioners had been banished from Russia.  
 " Oct. 6. Homœopathic Pharmac. Society of Great Britain founded.  
 " Nov. 23. Fleischmann, of Vienna, died.  
 " Dec. 14. Dr. Reith deprived of the office of Physician to the Aberdeen Infirmary on account of homœopathy.
1869. Jan. 15. M. Leon Simon commenced lecturing on Homœopathic Medicine at the Sorbonne.

6. *The Homœopathic Medical Directory of Great Britain and Ireland, and Annual Abstract of British Homœopathic Serial Literature.* 1870. HENRY TURNER & Co., 77 Fleetstreet, London. 1870. pp. 368. 8vo.

A work so comprehensive, so handsome in appearance, so full of interesting and useful intelligence as this, must, by this time, begin to be appreciated by the homœopathic physicians of both hemispheres. The present volume is the third annual of this character issued by the publisher. The first two were edited by Mr. Pope; that now before us is mainly the work of Herbert Nankivell, M.D. It may claim, as its predecessors did, that it "is something more than a mere list of addresses and qualifications of Physicians and Surgeons practising Homœopathy." It is indeed much more than "a list of witnesses in favor of the reform which homœopathy has introduced into the art and science of medicine." Under about forty different heads the greatest possible number of minute and interesting items of information, which the physician wishes ever within his reach, are presented in the form and under the system of classification which may render each fact and statement available. Besides the usual contents of a useful National Calendar, we find much that is of special interest to the homœopathist. We have, further: List of Homœopathic Physicians; List of Unregistrable Practitioners; List of Homœopathic Veterinary Surgeons; London District List; Provincial List; Homœopathic Hospitals and Dispensaries; List of Homœopathic Societies; General Council of Medical Education and Registration; New Medical Act; Vaccination Act, 1867; New Pharmacy Act; Insurance Act; Abstracts of Homœopathic Practice, &c., &c.

7. *A Manual of Clinical Medicine and Physical Diagnosis.*  
 By THOMAS HAWKES TANNER, M.D., F.L.S. Philadelphia:  
 Henry C. Lea. 1870.

THE want of Text Books which contain, within small compass, the quintessence of the sciences the student needs to understand, continues to be felt; and the laborers in the field who desire to supply this want are still

as industrious as they can afford to be when the rewards they receive are considered. The latest specimen of the *multum in parvo* literature is also the best we have yet received. Being small enough to carry in the pocket, it is comprehensive enough to furnish the *prodromus* and field-notes for a better course of lectures than students have generally heard on clinical medicine. It is common for purchasers of epitomes to be disappointed when they come to study the few and meagre pages which follow the long tables of contents. *The Manual of Clinical Medicine* will be found very useful to students and practitioners, not by telling them all they need to know, but in aiding them to revive in the memory the larger amount of knowledge already accumulated and digested.

### Miscellaneous Items.

#### 1. *Nineteenth Annual Meeting of the State Homœopathic Medical Society.*

##### FIRST DAY.

The Society met pursuant to statute, at 11 o'clock, A. M., Tuesday, February 8th, in the Common Council Chamber, City Hall, Albany; Dr. Wright, of Brooklyn, President of the Society, occupying the chair.

Prayer was offered by Rev. Dr. Sprecher, after which the President delivered his inaugural address.

[Published in this number.]

Dr. Smith moved the appointment of a committee of three to consider and report on the suggestions set forth in the President's address. (Carried, and Drs. Searle, Cornell, and Palmer were appointed such committee.)

On motion, Drs. Waldo, Joslyn, Watson, and H. M. Paine were appointed a Business Committee.

Dr. Beakley moved that a committee of three be appointed to wait on the Governor and Legislature and invite them to attend the sessions of the Society. (Carried, and Drs. Beakley, McMurray, and Holmes were appointed such committee.)

The minutes of the the last session were then read and approved.

On motion of Dr. Beakley, all homœopathic physicians present were invited to participate in the proceedings of the Society.

Dr. Foote, the oldest honorary member of the Society, was invited to occupy a seat by the side of the President.

On motion, Drs. McKown, A. F. Smith and Miller, were appointed a Committee on Credentials.

The following were elected permanent member of the Society: Drs. H. B. Millard, New-York; H. N. Avery, Poughkeepsie; H. E. Morrill, Brooklyn; F. W. Ingalls, Kingston; C. G. Clark, Troy; G. H. Beach, Sandy Hill; J. N. White, Amsterdam; L. B. Waldo, Oswego; S. C. Knickerbocker, Watertown; E. C. Bass, Cazenova; H. Doty, Margaretville; C. E. Swift, Auburn; W. M. Gwynn, Throopsville; H. S. Hutchins, Batavia; A. T. Bull, Buffalo.

The following were elected honorary members: Drs. John Drummond, Manchester, England; John J. Edic, Leavenworth, Kansas; John Drysdale, Liverpool, England; — Von Grauvogel, Nuremberg, Germany; H. R. Madden, London, England; D. G. Woodvine, Boston, Mass.

The Treasurer presented the following report:

*Mr. President and Gentlemen of the Society:*

It becomes my duty, in accordance with the by-laws, to submit to you my annual report.

RECEIPTS.

Remaining in Treasury, February, 1869,.....	\$28 48
Back dues, 1868-9,.....	24 00
Ninety-five members and delegates, at \$4, 1869-70,.....	380 00
Dr. Stamm, for diploma,.....	10 00
Overpaid by generous members,.....	10 00
Miscellaneous collections by Secretary,.....	171 23
<b>Total receipts to February 8, 1870,..</b>	<b><u>\$623 71</u></b>

EXPENDITURES.

Reported at last annual meeting,.....	\$25 00
Bills of 1868-9,.....	141 73
Treasurer's expenses, printing and postage,.....	30 00
Secretary's salary,.....	211 00
Secretary's expenses,.....	175 73
Expenses of semi-annual meeting,.....	15 00
<b>Total expenses to February 8,.....</b>	<b><u>\$598 46</u></b>

Balance in Treasury February 8, 1870,.....	<u>\$25 25</u>
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INDEBTEDNESS, February 8, 1870.

Secretary's salary,.....	\$39 00
J. Munsell,.....	33 33
Rugg & Stetson,.....	37 59
Weed, Parsons & Co.,.....	46 00
Van Benthuyzen & Sons,.....	94 30
Postage and express,.....	37 35
Albany Argus, ..	5 00
Evening Journal,.....	5 00
Expenses of present meeting,.....	20 00
Miscellaneous expenses,.....	4 70
<b>Total,.....</b>	<b><u>\$322 27</u></b>

As to the expenses of the present year, the Society at its last annual meeting voted the following supplies, viz.:

Recording Secretary,.....	\$200 00
Treasurer,.....	30 00
Corresponding Secretary,.....	10 00
<b>Total,.....</b>	<b><u>\$240 00</u></b>

The expenses of the Treasurer have been rather more than the amount allowed, but are charged at that sum.

The expenses of the Corresponding and Recording Secretaries are united, and amount to \$439. It would seem, therefore, as if this item had exceeded the wishes of the Society. The excess, however, is much larger in appearance than in reality. The amount allowed by the Society for both these officers was \$210. The excess appears, therefore, to be \$229. From this should be subtracted the sum of \$171.23, which amount has been collected by the Recording Secretary from various sources outside of the regular dues of members and delegates, and which, as in my opinion he had a right to do, he has expended in furthering the interests of the Society. The excess, therefore, is reduced to \$57.77.

The excess of expenditure on the part of Secretary or Secretaries, has been necessary in his or their best judgment, for the interests of the Society. I suggest then, that this matter, together with all matters pertaining to the financial interests of the Society, should be referred to a financial committee, rather than that it should form a subject for open discussion in the present meeting, and that a report from this committee should be made the order of business at the opening of the session of the second day. In accordance with our by-laws, I submit, in conclusion, an estimate of expenses for the coming year, and ask you to vote the needed supplies.

ESTIMATED EXPENSES FOR 1870-1.

Recording Secretary, .....	\$200 00
Corresponding Secretary, .....	10 00
Treasurer, .....	30 00
Incidentals, (rooms, reporter, &c.) .....	30 00
	<hr/>
	\$270 00
Secretary's salary, .....	250 00
Debt accrued, including expenses of this meeting, .....	322 27
	<hr/>
Total expense for 1870-1, .....	<u>\$842 27</u>

Dr. Waldo, from the Business Committee, read papers by their titles, several of which were read in full, and moved their reference to the Publication Committee.

The Modus Operandi of Medicine in Curing Disease: By Wm. Wright, M.D.

The Repetition of the Dose: By H. S. Benedict, M.D.

Carditis: By T. J. Pettit, M.D.

Oxalate of Cerium: By J. W. Cadmus, M.D.

The Blood in Pulmonary Tuberculosis: By Henry N. Avery, M.D.

Report on Clinical Medicine: By Dr. W. A. Ely, M.D.

The Proper Dose: By Henry Noah Martin, M.D.

The Homœopathic Dose: By George F. Foote, M.D.

Trephining the Tibia: By L. Pratt, M.D.

The Future Progress and Triumph of Homœopathy: By J. H. P. Frost M.D.

Five Points House of Industry—Report of Children's Hospital: By B. F. Joslyn, M.D.

Report of the Hahnemann Hospital, New-York: By F. Seeger, M.D.

Cypripedin: By C. F. Mitchell, M.D.

Verbena Hastata in Rhus poisoning: By S. W. Griffin, M.D.

Placenta Prævia: By S. W. Griffin, M.D.

Letters from Dr. H. D. Paine, New-York, respecting the illness of John F. Gray, M.D.

Report of the New-York City Homœopathic Medical Dispensary: By A. P. Troop, M.D.

Report of the Westchester Homœopathic Medical Society.

Spotted Fever: By B. F. Joslyn, M.D.

Obituary notice of H. S. Benedict, M.D.: By James M. Cademus, M.D.

Obituary notice of Josiah Bowers, M.D.: By B. F. Bowers, M.D.

Phthisis Pulmonalis: By L. B. Waldo, M.D.

Application of the Bandage in Surgical Cases: By Dr. Hotchkiss.

Zizia Aurea: By T. C. Duncan, M.D.

Pathology of Leukæmia: By I. S. P. Lord, M.D.

Letters were received from the following gentlemen: Drs. H. D. Paine, H. Doty, L. Clary and L. Dennis.

Dr. Waldo offered a resolution which was adopted, extending the sympathy of the Society to Dr. John F. Gray, in his present serious illness, which has prevented him from being present.

Dr. Watson read a paper written by Dr. Martin, entitled "The Dose: its potency and the frequency of its administration."

Recess until 3 P. M.

#### AFTERNOON SESSION.

The Society convened at 3 P. M. An interesting case of Bright's disease of the kidneys, was described by Dr. McMurray, and remarks were made by a number of delegates.

The President, Dr. Wright, read his paper entitled "The Modus Operandi of Medicine."

Dr. Joslyn made some remarks on vaccination, and hoped the members of the Society would express their views generally.

Dr. Waldo said the trouble in vaccination was to obtain good virus.

Dr. Wells said the best way to obtain good virus was to select the best imported virus and then take the virus from a healthy child. He thought that vaccination was the best and most thorough manner of preventing small-pox. He had been vaccinated at least twenty times, and never successfully.

The President said he had been vaccinated half a dozen times and always successfully.

Dr. Searle mentioned the case of his little boy, who was never healthy before he was vaccinated. About a month ago he vaccinated him, and with the most marked results; he had grown stronger and healthier since the operation.

Dr. Avery said, Dr. Hall, of Poughkeepsie, had some tubes of virus sent him from Matanzas, and he vaccinated a number with it, in each case



unsuccessfully. He took some matter from one of the crusts and vaccinated over one hundred, out of which only twenty-five or thirty did not take. A great many of those on which the virus acted broke out into sores and ulcers. He afterward took the matter, in tubes, from the same children that had the sores and ulcers, and vaccinated other children, with the best effects.

The discussion was continued at considerable length, several of the delegates expressing surprise that an impression had obtained that homœopaths were opposed to vaccination.

Dr. McMurray said that sores, ulcers and other diseases existed before vaccination was discovered. So did small-pox, and it carried off hundreds of thousands where it does not now hundreds.

Dr. Searle having occasion to vaccinate one hundred one evening, he broke up some matter in water, and in every instance successfully. Two or three days afterward the same matter was applied to a child and was followed by bad effects.

Dr. Jones said the result of vaccination was partly due to the state of the patient at the time. Having vaccinated a child, he told the mother that it would break out into sores, there being a roughness of the skin between the eyes. The child broke out into sores from the root of the nose to the nape of the neck.

The question of uterine diseases and the use of the pessary were next discussed by Drs. Throop, Jones, Joslyn, Waldo, Searle, Avery, Holmes, McMurray and others.

Dr. Waldo offered the following preamble and resolutions:

*Whereas*, The science of homœopathic medicine having become a generally accepted practice, particularly among the more enlightened portions of the people of our country; and

*Whereas*, They demand a more thorough and comprehensive course of medical studies on the part of those who practice and those who teach medical science; and

*Whereas*, The faculties of several homœopathic medical colleges, perceiving this want, are desirous of taking an advanced position in enlarging, and dividing their curricula into freshmen, junior and senior years; and

*Whereas*, These faculties desire the opinion of the profession on the proposed change; therefore,

*Resolved*, That we, the members of the Homœopathic Medical Society of the State of New-York, do deem this one of the most important steps to be taken for the advancement of medical science.

*Resolved*, That we extend a hearty support to the homœopathic medical colleges, having in view the adoption of the proposed plans for elevating the standard of medical education. (Adopted.)

After which the Society adjourned to meet again Wednesday, at nine o'clock, A. M.

In the evening the members assembled at the Assembly Chamber to listen to the address of Dr. Wm. S. Searle, of Brooklyn, on the subject of "The Status of the Medical Profession in America." The Doctor presented an able and graceful elaboration of the following topics: Why the

standing of the profession is lower in America to-day than in any other age or country. Review of the requirements of the government in respect to physicians in England, France and Germany. Many of the safeguards of European law are impossible in the United States. Defects of the present system of educating physicians in this country. Skill and ability to cure disease, at present, not criteria of a physician's success. How far may the government legitimately interfere? Draft of a bill for the regulation of the practice of physic and surgery.

Section 1. Appointment of Censors by the Governor; 2. Department over which each Censor shall preside; 3. Term of office; 4. Filling vacancies; 5. Censors to be nominated by State Medical Societies; 6. Censors not to receive fees; 7 and 8, Mode of examining candidates; 9. Eligibility of candidates for the degree and title of Physician and Surgeon. Benefits likely to result from the proposed change.

The Doctor concluded with an eloquent apostrophe to his profession, and urged his brethren of both schools of medicine to join hands with him in the endeavor to lift it from the slough of quackery and the quagmire of abuse.

Later in the evening the members adjourned to the Delavan House, where they enjoyed the hospitalities provided for them by Dr. H. Swits, of Schenectady.

After partaking of a bountiful collation, remarks were made by President Wright, Dr. Elial T. Foote, of New-Haven, the oldest honorary member of the Society, Hon. John Stanton Gould, Hon. James W. Husted, Dr. George F. Foote, Dr. A. P. Throop, Dr. A. Wilder, and Dr. I. S. P. Lord.

On motion of Dr. Watson, the thanks of the Society were tendered to the several speakers for their addresses, and to Dr. Swits for the entertainment he had so generously provided.

## SECOND DAY.

The Society met at 9 o'clock this morning. The President, Dr. Wright, in the chair.

Dr. H. M. Smith, chairman of the Committee on Amending the By-Laws, presented a report recommending among others the following changes:

### SECTION 7. EXECUTIVE BOARD.

The President, Vice-President, Secretaries, Treasurer, and Chairman of the several bureaus shall constitute the Executive Board, whose duty it shall be to make arrangements for the meetings of the Society; arrange the business of the sessions; attend to matters of business not otherwise especially provided for, and perform such other duties as may by vote of the Society devolve upon it. This Board shall also constitute the Publication Committee, to whom shall be referred, for revision, all papers placed on file for publication.

### SECTION 8. BUREAUS.

There shall be a bureau of materia medica, pharmacy and provings, which shall obtain facts relating to the materia medica and pharmacy, and institute, collect, and arrange provings of drugs.

There shall be a bureau of clinical medicine, which shall collect facts relating to clinical medicine generally, and especially to any epidemic or endemic disease which may exist in the State.

There shall be a bureau of obstetrics and diseases peculiar to women and children, which shall collect and report to the Society facts and observations on subjects relating thereto.

There shall be a bureau of surgery, which shall report all improvements in surgery.

There shall be a bureau of registration and statistics, which shall keep a register of all homœopathic physicians in the State, prepare a list of all societies and organizations, and collect statistics regarding the status and progress of homœopathy.

Each of these bureaus shall consist of five members, who, with the exception of the chairman, shall be appointed annually by the President, with the advice of the other members of the Executive Board.

Papers and reports presented to the Society shall be referred to their respective bureaus, to be prepared for publication.

Chairmen of similar bureaus in county societies shall be *ex officio* corresponding members of these bureaus.

#### SECTION 12. NOMINATING COMMITTEE.

At each annual meeting, a committee on nominations shall be appointed to nominate officers of the Society, chairmen of bureaus, delegates to other societies, honorary and permanent members, the latter, in all cases, to be selected from lists furnished by county societies.

Dr. Searle, Chairman of the Committee on the President's Address, reported that the committee fully endorsed the sentiments of the address, but find no occasion to recommend any legislative action by this Society in view of them.

Dr. Searle moved that a committee of six be appointed on the bill suggested in the Annual Address, with power to perfect the same, and report at the next annual meeting, provided they deem any further action necessary. (Adopted.)

Drs. Gray, Joslin, Dunham, H. D. Paine, Moffat, and Watson, were appointed such committee.

Reports of delegates to the various State Medical Societies were read and adopted.

The report of the Nominating Committee was received, and the following officers elected:

President—L. B. Wells, M.D., Utica.

First Vice President—E. H. Hurd, M.D., Rochester.

Second Vice-President—E. P. K. Smith, M.D., Auburn.

Third Vice-President—T. F. Smith, M.D., New-York.

Recording Secretary—H. M. Paine, M.D., 104 State-street, Albany.

Corresponding Secretary—E. D. Jones, M.D., 140 State-street, Albany.

Treasurer—W. S. Searle, M.D., Montague-street, Brooklyn.

Censors, Northern District—Drs. E. B. Cole, S. C. Knickerbocker, D. E. Southwick. Southern District—Drs. L. W. Flagg, W. S. Searle, E. M.

Kellogg. Middle District—Drs. L. B. Waldo, G. Z. Noble, W. A. Hauley, Western District—Drs. Charles Sunner, A. T. Bull, N. R. Seeley.

Bureau of Materia Medica—Carroll Dunham, M.D., Chairman, 68 East 12th-street, New-York; S. Lilienthal, M.D., 230 West 25th-street, New-York; C. W. Boyce, M.D., Auburn, Cayuga County; John J. Mitchell, M.D., Newburg, Orange County; L. M. Kenyon, M.D., 86 West Mohawk-street, Buffalo, Erie County.

Bureau of Clinical Medicine—William H. Watson, M.D., Chairman, 270 Genessee-street, Utica, Oneida County; Henry D. Paine, M.D., 229 Fifth Avenue, New-York; James W. Cox, M.D., 109 State-street, Albany; C. Judson Hill, M.D., 4 Columbia-street, Utica; A. T. Bull, M.D., 98 East Swan-street, Buffalo.

Bureau of Statistics—H. M. Smith, M.D., Chairman, 107 Fourth Avenue, New-York; R. C. Moffat, M.D., 10 Schermerhorn-street, Brooklyn; T. L. Brown, M.D., 45 Collier-street, Binghamton; E. B. Holmes, Canandaigua; A. R. Wright, 162 Pearl-street, Buffalo.

Bureau of Obstetrics—E. M. Kellogg, M.D., Chairman, 21 East 20th street, New-York; Henry Minton, M.D., 138 Remsen-street, Brooklyn; T. C. Fanning, M.D., Tarrytown; E. A. Munger, M.D., Waterville; A. W. Holden, M.D., Glen's Falls.

Bureau of Surgery—C. Th. Liebold, M.D., Chairman, 257 Fourth Avenue, New-York; Jacob Beakley, M.D., Gramercy Park House, New-York; P. L. F. Reynolds, M.D., 74 Westerlo street, Albany; Cornelius Ormes, M.D., Jamestown; T. Dwight Stow, M.D., Fulton.

#### NOMINEES FOR HONORARY MEMBERSHIP.

Dr. C. Hempel, St. Petersburg, Russia; Dr. B. Hirschel, Dresden, Saxony; Dr. Alfred C. Pope, London, England; Dr. Mathias Roth, London, England; Dr. A. H. Hull, Chicago, Ill.; Dr. Robert J. McClatchey, Philadelphia, Pa.

#### NOMINEES FOR PERMANENT MEMBERSHIP.

First District—T. Franklin Smith and R. McMurray, of New-York.

Second District—J. L. Keep and J. F. Talmadge, of Brooklyn.

Third District—John S. Delavan and J. F. McKown, of Albany.

Fourth District—J. F. Miller, of Cambridge, Washington county; T. J. Pettit, Fort Plain, Montgomery county.

Fifth District—A. B. Southwick, Rome, Oneida county; H. V. Miller, Syracuse, Onondaga county.

Sixth District—R. E. Miller, Oxford, Chenango county; N. R. Seeley, Elmira, Chemung county.

Seventh District—W. B. Brown, Palmyra, Wayne county; J. H. Stebbins, Geneseo, Ontario county.

Eighth District—A. Shattuck, Buffalo, Erie county; Cornelius Ormes, Jamestown, Chautauque county.

Delegates to American Institute of Homœopathy—L. B. Waldo, Oswego, J. W. Sheldon, Syracuse; W. S. Searle, 119 Montague-street, Brooklyn; E. B. Cole, Waterford; Wm. M. Gynn, Throopsville; G. Z. Noble, Duane; J. F. McKown, Albany; Henry Sayles, Elmira.

Delegates to Massachusetts Medical Society—E. B. Holmes, Canandaigua; H. M. Smith, 107 Fourth Avenue, New-York; H. D. Paine, 229 Fifth Avenue, New-York.

Delegates to Maine Medical Society—George B. Palmer, East Hamilton; H. N. Avery, 122 East 27th-street, New-York; J. S. Delavan, Albany.

Delegates to Connecticut Medical Society—J. R. White, 124th-street between Second and Third Avenues, New-York; T. F. Smith, East 128th-street, near Fourth Avenue, New-York; G. A. Gifford, Clayville.

Delegates to Pennsylvania Medical Society—E. W. Avery, Poughkeepsie; J. McE. Wetmore, 278 Fourth Avenue, New-York; P. W. Mull, Ghent.

Delegates to Michigan Medical Society—G. A. Hall, Westfield; A. R. Wright, Buffalo; N. R. Seeley, Elmira.

Delegates to Indiana Medical Society—H. M. Paine, Albany; H. Minton, 138 Remsen-street, Brooklyn; T. J. Pettit, Fort Plain.

Delegates to Illinois Medical Society—F. W. Ingalls, Kingston; E. C. Bass, Cazenovia; Harmon Swits, Schenectady.

Delegates to Ohio Medical Society—C. H. Carpenter, Troy; E. D. Jones, Albany; S. D. Hand, Binghamton.

Delegates to Missouri Medical Society—L. Clary, Syracuse; T. L. Brown, Binghamton; L. M. Kenyon, Buffalo.

Delegates to New Jersey Medical Society—W. S. Searle, 119 Montague-street, Brooklyn; W. H. Watson, Utica; William Wright, 34 Fifth-street, Brooklyn, E. D.

Delegates to the New Hampshire Medical Society—B. F. Cornell, Fort Edward; D. E. Southwick, Ogdensburgh; J. F. Miller, Cambridge.

Delegates to the Vermont Medical Society—H. A. Houghton, Keesville; S. J. Pearsall, Saratoga Springs; George W. Little, Fort Edward.

Delegates to the Iowa Medical Society—J. M. Cadmus, Hammondspport; George W. Lewis, Buffalo; D. F. Bishop, Lockport.

Delegates to the Rhode Island Medical Society—B. F. Joslyn, 52 West 29th-street, New-York; D. H. Bullard, Glen's Falls; F. W. Ingalls, Kingston.

The President was authorized to fill all vacancies.

The Committee on Credentials presented the following list of permanent members present:

B. F. Joslyn, New-York; B. F. Cornell, Fort Edward; E. T. Foote, New Haven, Conn.; J. Beakley, New-York; I. S. P. Lord, Poughkeepsie; C. H. Carpenter, Troy; J. W. Cox, Albany; G. D. McMannus, Oswego; E. B. Holmes, Canandaigua; E. P. K. Smith, Auburn; J. N. White, Amsterdam; H. M. Smith, New-York; L. B. Wells, Utica; Wm. H. Watson, Utica; L. B. Waldo, Oswego; William Wright, Brooklyn; W. S. Searle, Brooklyn; H. Swits, Schenectady; E. D. Jones, Albany; L. M. Pratt, Albany; H. M. Paine, Albany.

List of delegates present: A. P. Throop, New-York; J. F. McKown, Albany; H. T. Appleby, Buffalo; H. B. Horton, Kinderhook; E. W. Avery, Poughkeepsie; George F. Foote, Buffalo; George B. Palmer, East Hamilton; E. C. Bass, Cazenovia; G. A. Gifford, Clayville; T. J. Pettit, Fort Plain; R. McMurray, New-York; A. B. Southwick, Rome; B. T.

Schenck, Plainville; J. W. Sheldon, Syracuse; Geo. Z. Noble, Canandaigua; Geo. A. Cox, Albany; Wm. H. Randel, Albany; John Smithwick, Albany; H. E. Fuller, Lansingburgh; John F. Miller, Cambridge; P. W. Mull, Ghent; J. R. White, New-York; J. S. Gerrie, Johnstown; E. S. Coburn, Troy; E. A. Carpenter, Albany; T. Franklin Smith; Nelson Hunting, Gallupville; N. R. Seeley, Elmira; G. L. Gifford, Hamilton, and others whose names the committee were unable to obtain.

Dr. Smithwick moved that no resolution be entertained hereafter from any member until the same shall have been reduced to writing. (Carried.)

Dr. McMurray offered the following preamble and resolutions:

*Whereas*, Geo. F. Foote, M.D., has for some months past been preparing plans, selecting a location and collecting subscriptions for a homœopathic insane asylum; and therefore,

*Resolved*, That Dr. Foote has the entire confidence of this Society.

*Resolved*, That we freely endorse his prepared plans and the work so far accomplished.

*Resolved*, That the President and Recording Secretary of the State Society, together with Drs. John F. Gray, Carroll Dunham and Samuel Lillienthal, of New-York, Wm. S. Searle, of Brooklyn, William H. Watson, of Utica, A. R. Wright, of Buffalo, and Hon. J. Stanton Gould, of Hudson, be and are hereby appointed as Associate Council with Dr. Foote in furthering the object of this work until a permanent Board of Trustees shall be elected.

Dr. Foote addressed the meeting, and stated that he had plans for the asylum prepared, and had made arrangements whereby building materials could be obtained at very low rates.

Dr. H. M. Smith presented the report of the Bureau of Statistics.

Dr. E. P. K. Smith offered a resolution, setting forth the duty of the physicians of this State to encourage and sustain our own medical institutions. (Adopted.)

Dr. H. M. Paine moved that the committee appointed to prepare a form of certificate of membership be continued and authorized to complete the form provided it can be done without expense to the Society. (Carried.)

During the meeting, reports from the following public institutions and societies were presented by the Business Committee, and several of them were read. They were accepted for publication in the annual volume of Transactions, and were accordingly referred to the Bureau of Registration and Statistics:

Hospital in connection with the Five Points House of Industry, New-York; Hospital in connection with the Protestant Half Orphan Asylum, New-York; Hospital in connection with the Homœopathic Medical College, New-York; Hannemann Hospital, New-York; New-York Ophthalmic Hospital; Hospital in connection with Ingleside Home, Buffalo, Erie co.; Insane Asylum at Middletown, Orange county; City Dispensary, Albany; Buffalo Homœopathic Dispensary; Poughkeepsie Homœopathic Dispensary; Gates Avenue Homœopathic Dispensary, Brooklyn; Brooklyn Homœopathic Dispensary; Bond-street Homœopathic Dispensary; Metropolitan Homœopathic Dispensary, New-York; Morrisania Homœo-

pathic Dispensary; New-York Homœopathic Dispensary; North Eastern Homœopathic Medical and Surgical Dispensary, New-York; Western Homœopathic Dispensary, New-York; New-York Homœopathic Medical College; Homœopathic Medical Society of Central New-York; Homœopathic Medical Society of Northern New-York; Albany County Medical Society; Broome County Medical Society; Cayuga County Medical Society; Chautauqua County Medical Society; Chemung County Medical Society; Columbia County Medical Society; Dutchess County Medical Society; Erie County Medical Society; Kings County Medical Society; Livingston County Medical Society; Madison County Medical Society; Monroe County Medical Society; Montgomery County Medical Society; New-York County Medical Society; Oneida County Medical Society; Onondaga County Medical Society; Ontario County Medical Society; Orange County Medical Society; Oswego County Medical Society; Otsego County Medical Society; Rensselaer County Medical Society; Saratoga County Medical Society; Steuben County Medical Society; Ulster County Medical Society; Washington County Medical Society; Wayne County Medical Society; Westchester County Medical Society.

Resolutions expressing the thanks of the Society to the Rev. Mr. Sprecher, the Common Council of Albany, and to the retiring officers were unanimously adopted.

The President announced the semi-annual meeting to be held at Rochester on the second Tuesday in September, 1870, at ten, A. M. The delegates of the Monroe County Medical Society were constituted a Committee of Arrangements.

The Society then adjourned *sine die*.

Just after the close of the meeting, the following telegram was received from Dr. J. J. Youlin, President of the New Jersey Medical Society:

*"To the President and Members of the New-York State Homœopathic Medical Society: Greeting:*

*"The bill incorporating the Homœopathic Medical Society of New Jersey, has just passed both branches of our State Legislature."*

Whereupon the Secretary responded as follows:

*"The Medical Society of New-York congratulates the homœopathic profession of the State of New Jersey in having obtained a legal status, and hopes that the advantage thus acquired will promote the advancement, prosperity and usefulness of the practice of legitimate medicine."*

The Treasurer desires the permanent members and delegates to forward all moneys by draft or post-office order. At the annual meeting sixteen of the members of the Society paid five dollars, one dollar in addition to the annual tax. All who are disposed, are invited to remit a similar amount.

Upwards of sixty members were present. More than usual interest was manifested in sustaining the Society to the full extent of its usefulness.

H. M. PAINE, *Recording Secretary.*

The seventh volume of the Transactions of the Society will soon be ready for distribution. If the material for the next volume could be ob-

tained early in the season, the report would be issued without the usual delay. The Secretaries, therefore, desire to urge members of the profession to furnish their reports and communications, if possible, prior to the first of July.

In order to facilitate the preparation of manuscript for the report, and diminish somewhat the labor of the Recording Secretary, by dividing it among several appropriate committees, five bureaus have been established. Correspondents are accordingly requested to transmit all papers and communications, which properly belong to either of the departments, directly to their respective chairman; and all other communications may be forwarded to either of the Secretaries.

An annual contribution of a single clinical case and a single proving of a drug by every homœopathic physician residing in the State would render the volume of Transactions of the State Medical Society of great practical value and increasingly useful to the profession. The chairmen of the several bureaus will arrange and classify all such communications, however fragmentary, and prepare them for publication. A suitable appreciation on the part of the homœopathic profession of so great a favor as the annual publication of the volume of Transactions ought surely to prove a powerful incentive to labor earnestly and perseveringly for the advancement of medical science. As members of the regular medical profession, let us show by the published results of our labors, that we are disposed to contribute our quota towards the accomplishment of this desirable end. Ample opportunity is afforded for the publication of all suitable articles, and for placing on permanent record all the proceedings of the several county medical societies in the State; the Secretaries would, therefore, respectfully request the profession to furnish written communications for presentation at the meetings and publication in the Transactions of the Society.

E. DARWIN JONES, *Cor. Secretary.*

H. M. PAINE, *Recording Secretary.*

## 2. *New-York Homœopathic Medical College Commencement.*

THE Tenth Annual Commencement of this College was held March 5th, 1870. There has been a large attendance at the College during the past year, and from present appearances the numbers will be increased largely another year.

The able faculty by a course of practical instruction have given a renewed life to the College, and to-day it stands stronger than it has for several years. The following account of the commencement is taken from the *New-York Herald*, March, 6, 1870:

“The Tenth Annual Commencement—Conferring of special and ordinary degrees upon the Graduates.

“The tenth annual Commencement of the New-York Homœopathic Medical College was held last evening at the hall of the Young Men’s Christian Association, and drew together a large, appreciative and intellectual audience. A large number of fashionably dressed ladies witnessed the proceedings and manifested the lively interest they took in the graduates by



the number of choice bouquets of flowers which they tendered in testimony of their esteem, affection or regard. Mr. G. W. Morgan, the able organist of St. Stephen's Roman Catholic Church, gave in his best style Rossini's "Guillaume Tell," preparatory to the exercises, which were opened in a lengthy extempore prayer by the Rev. Mr. Roche. Signor A. Randolfi next sang Verdi's celebrated aria, *Il Balen*, from "Trovatore."

S. H. Wales, Vice-President of the Medical College, then proceeded to confer the degrees upon the successful graduates, prefacing the ceremony by a few appropriate remarks of a character highly complimentary to the gentlemen about to be honored with their diplomas. Of the thirty-eight gentlemen empowered by the faculty to practice medicine no less than twenty-two are from the city and State of New-York, a fact significant as to the progress of homœopathy in the metropolis and its vicinity. Special degrees were conferred amid much applause upon Edward A. Lodge, M.D., Detroit, Mich.; Walter Pardee, M.D., New-York; Louis Drescher, New-York, and A. B. Conger, Rockland, N.-Y. A magnificent performance of "Christmas Bells" upon the fine organ by Mr. Morgan here enlivened the exercises, after which S. H. Carroll, M.D., of the graduating class, delivered an address, in the introduction of which he paid a high compliment to the faculty of the college. For the sake of a little change Signor Randolfi here sang Reichardt's "I know an eye," in his best baritone. Professor James A. Carmichael, M.D., then delivered a valedictory address to the graduates, urging them to spare no pains to advance the interests of the science conjointly with their own. A splendid floral memento, composed of exquisite lilies and a delightful variety of other flowers, and on which was inscribed in brilliant colors the words "From the Class 1870," was presented to the faculty, and after a solemn benediction the assemblage separated to the sweet swelling music of the grand organ."

The degree of Doctor of Medicine was conferred on forty-two gentlemen graduates: Wm. A. Allen, New-York; James A. Bennett, New-York; Asahel M. Bennett, Rochester, N. Y.; Calvin C. Bennett, New Haven, Conn.; Lafayette Bushnell, New-York; William W. Burnett, Harlem, N.-Y.; W. E. Buckingham, Milton, N.-Y.; William H. Buck, Woodstock, Ill.; Stephen H. Carroll, Albany, N.-Y.; George D. Cochran, Schenectady, N.-Y.; J. W. Conrad Cox, A.B., London, Eng.; William H. Duden, Clio, Iowa; J. Titus Deyo, New-York; Jason W. Drake, Dover, N. H.; Louis Drescher, New-York; Benjamin Franklin, A.M., New-York; Archy Fraser, Toronto, C. W.; Charles E. Gilbert, New-York; George G. Hitchcock, Unionville, Conn.; Max F. Hein, New-York; E. S. Haywood, Amsterdam, N.-Y.; Irving W. Hotaling, Somnerville, N.-Y.; Silas A. Hunter, New-York; Edwin Minor, New-York; Willis G. Pope, E. Hardwick, Vt.; Isaac W. Pond, Loinerville, Pa.; Jesse D. Pitt, Bloomfield, N. J.; Andrew J. Richardson, Brooklyn, N.-Y.; Herbert J. Spencer, Winfield, N.-Y.; Myron F. Styles, Northfield, Vt.; Truman R. Smith, Auburn, N.-Y.; Fred. E. Stafford, New-York; William W. Tufts, A.M., Newark, N. J.; Everett A. Towne, Windsor Locks, Conn.; William H. Vyse, New-York; John K.

Warren, Lake Village, N. H.; Elliott E. Wood, Windsor Locks, Conn.; William W. Waugh, A.B., St. Louis Mo.; J. Halsey White, Harlem, N.-Y.

*Special Degrees.*—Edwin A. Lodge, M.D., Detroit, Mich.; Walter Pardee, M. D., New-York; A. B. Conger, Rockland, N.-Y.

*Faculty.*—Jacobus Beakley, M.D., Professor of Surgery; Samuel B. Barlow, M.D., Professor of Materia Medica; James A. Carmichael, M.D., Professor of Anatomy; D. D. Smith, M.D., Professor of Obstetrics; F. W. Hunt, M.D., Professor of Medical Jurisprudence; James H. Ward, M.D., Professor of Theory and Practice; Charles Avery, LL.D., Professor of Chemistry; Henry N. Avery, M.D., Professor of Physiology; Egbert Guernsey, M.D., Lecturer on Gynæcology; I. S. P. Lord, M.D., Lecturer on Cellular Pathology.

J. BEAKLEY, M.D., *Dean.*

HENRY N. AVERY, M.D., *Secretary of the Faculty.*

The next regular term will commence about the first of October, 1870.

### 3. *Homœopathic Medical Society of the State of New-York.*

THE Bureau of Materia Medica composed of: CARROL DUNHAM, M.D., Chairman, 68 East 12th-street, New-York. S. LILIENTHAL, M.D., 230 West 25th-street, New-York. C. W. BOYCE, M.D., Auburn, Cayuga county. JOHN J. MITCHELL, M.D., Newburgh, Orange county. L. M. KENYON, M.D., 86 West Mohawk-street, Buffalo, Erie county, has issued the following Circular:

DEAR DOCTOR:

That the Transactions of the Society may be complete, and may fitly represent the condition and tendencies of medical science, the Bureau earnestly request all members of the State Society to furnish them with whatever observations you may have made upon the pathogenic or therapeutic properties of drugs.

They urge upon you the duty of proving drugs, or of procuring others to prove them, as a means of enlarging our Materia Medica, as well as of making more exact our knowledge of what we already have.

Toxicological observations and records of the effects of nostrums and secret remedies are very desirable.

The American Institute of Homœopathy has invited State Societies to cooperate with it in collecting notes of the CLINICAL VERIFICATION of the symptoms of our Materia Medica. It is supposed that such collections would greatly help us to fix the value of the various symptoms, and thus prepare the way for a trustworthy sifting of the Materia Medica. Whenever, therefore, one or more of a patient's symptoms promptly disappear after the administration of a remedy, in the proving of which such symptoms are found—if you will note the fact, stating the symptoms thus removed, with as much detail as may be necessary to fully explain the case, you will be contributing to the great work of perfecting the Materia Medica. By the united systematic labor of many, each doing a little, much may be done, and well done, in a short time.

The Bureau will be glad to receive from you communications of provings, toxicological observations, verified symptoms, and anything else relating to the Materia Medica.

Yours respectfully,

CARROL DUNHAM,

*Chairman of Bureau of Materia Medica.*

#### 4. *Ladies' Aid Society of the Hahnemann Hospital.*

At a late meeting of the Ladies' Aid Society the following officers were elected: Honorary President, Mrs. R. B. Connolly; President, Mrs. C. E. Vanderveer; 1st Vice-President, Mrs. Hiram Calkins; 2d, Mrs. P. Earle; 3d, Mrs. E. J. Kellogg; Treasurer, Mrs. R. A. Storrs; Corresponding Secretary, Miss L. Peet; Recording Secretary, Mrs. Harry Earle. Among the Board of Lady Managers are Mrs. S. Loew, Mrs. F. Seeger, Mrs. P. C. Hall, Mrs. J. O. Rhines, Mrs. R. C. Hutchings, Mrs. J. A. Fithian, Mrs. J. H. Demarest, Mrs. M. Miller, Mrs. A. Oakey Hall, Mrs. N. A. Calkins, and a large number of ladies of the highest social standing. The ladies are arranging for a fair to take place next fall, to wind up with a grand ball. We hope homœopathic physicians all over the State and also out of the State will help the fair by inducing their fair friends to contribute specimens of their handiwork, &c., &c.

The *Ladies' Aid Society* has already established its claim to the attention and confidence of the public. When the announcement had been privately made in the city that the ladies of this Society wished to give a "Select Dramatic Entertainment" in aid of the Hahnemann Hospital, a dozen of the star members of Booth's Theatre Company, with the cordial approval of their chief, volunteered their best efforts for the hospital. The entertainment, which was given on the first day of March, in the Union League Theatre, consisted of two fine comedies, with appropriate songs, music, scenery and decorations.

#### 5. *Homœopathic Insane Asylum.*

We invite the attention of all Homœopaths to the following circular, calling upon physicians and people of the State to unite in the establishment of a Hospital for the Insane, which shall do justice to the afflicted and to a system of treatment long known to be effective, though never yet fairly tried in Asylums:

*Dear Sir:* With this please find form of subscription for the Homœopathic Insane Asylum. The plans prepared are for separate pavilions in eschilon, connected by single corridors, with a frontage of some 850 feet, combining the most perfect modern systems of lighting, warming and ventilation.

The location is in Orange County, N. Y., about one mile from the village of Middletown, two and half hours' ride from the city of New-York, on the line of the Erie and also of the Midland Railway. Middletown contains a population of 8,000, and is one of the most flourishing towns in the State.

The grounds selected comprise about 250 acres, of which 150 acres are designed for farming purposes; while the other hundred forms a beautiful site for the buildings, upon an elevated plateau, with a fine grove, an abundance of pure soft running water, making a park to be laid out in handsome lawns, flower gardens, walks and drives, with fountains, grottos, and a lake for bathing, skating, &c. Which, together with the beautiful landscapes, extended views and pure mountain air, will make this one of most desirable institutions for its hygienic surroundings there is in the country.

All these combined, with a proper homœopathic medication, guarantee a success in the treatment of the insane with a record unparalleled in the annals of asylums.

To purchase the land, construct and furnish the buildings for 200 patients, lay out and prepare the grounds, requires a disbursement of about \$400,000, of which the village of Middletown gives \$50,000.

Please to circulate the subscription, and gather in all you can in sums of any amount.

Let every homœopathic physician and friend to this cause do his duty; push this matter with vigor; and we shall accomplish a great success, and add a new triumph to the cause of homœopathy. "*Cast your bread upon the Waters,*" &c.

As soon as \$100,000 are subscribed in addition to what Middletown gives, a meeting for the election of Trustees will be called, an organization perfected, and the work commenced.

Send in your subscriptions and donations without delay to the subscriber,  
March 1, 1870.

Geo. F. Foote, M.D.,

Middletown, Orange County, N.-Y.

L. B. Wells, M.D., Carroll Dunham, M.D., A. K. Wright, M.D.,  
H. M. Paine, M.D., Samuel Lilienthal, M.D., Wm. S. Searl, M.D.,  
John F. Gray, M.D., Wm. H. Watson, M.D., Hon. J. Stanton Gould,†

*Associate Council.*

Preamble and Resolutions adopted by the Homœopathic Medical Society of the State of New-York, at its annual meeting at Albany, February 8th and 9th, 1870:

*Whereas*, Geo. F. Foote, M.D., has for some months past been preparing plans, selecting a proper location, and collecting subscriptions for a Homœopathic Insane Asylum: therefore,

*Resolved*, That Dr. Foote has the entire confidence of this Society.

*Resolved*, That we fully endorse his proposed plans and the work so far accomplished.

*Resolved*, That the President and Secretaries of this Society, together with Doctors John A. Gray, Carroll Dunham, Samuel Lilienthal, of New-York; Wm. S. Searl, of Brooklyn; Wm. H. Watson, of Utica; A. K. Wright, of Buffalo, and Hon. J. Stanton Gould, of Hudson, be and are hereby appointed an Associate Council with Dr. Foote in furthering the object of this work, until a proper Board of Trustees shall be elected.

H. M. PAINE, *Secretary.*

L. B. WELLS, *President.*

A National Congress of Social Science will be held at Cincinnati, Sept. 20, 1870. The following subjects will be discussed:

1. The relation of Society to Crime and Criminals; 2. The True System of Prison Discipline; 3. The best Treatment of Juveniles; 4. Comparative View of existing Prisons of the United States.

We wish the best and wisest men of the nation to attend that Congress, and will be much obliged to everybody else to *stay away*.

### 6. *New-York Homœopathic College for Women.*

THE commencement of the New-York College for Women took place at the Hall of the Young Men's Christian Association, on the 23d of April. The Graduates were Mrs. Howard, of Ohio; Mrs. Gilbert, of Connecticut; Miss De Hart, of New Jersey; Miss Everett, of New-York; Miss Smith, of New-York. As the Faculty as well as the Censors are well-known homœopathic physicians of this city, we may conclude that these newly-fledged doctors are well versed in the law of *similia* and its application, and we welcome them, therefore, as an addition to our ranks.

### 7. *American Institute of Homœopathy.*

THE Institute will commence its twenty-third Annual Session at Chicago, June 7th, 1870, and will continue four days.

### 8. *New-York State Homœopathic Medical Society.*

THE next Semi-Annual Meeting will be held at Rochester, N.-Y., on the second Tuesday in September, 1870.

Chicago Daily Tribune, Feb. 25th, 1870.

### 9. *Hahnemann Medical College, Chicago.—Tenth Annual Commencement Exercises Last Evening. Addresses, Reports, and Conferring of Degrees.*

THE annual commencement exercises of Hahnemann Medical College took place last evening, in Library Hall, a goodly audience of ladies and gentlemen being present. A detachment of Vaas' orchestra was in attendance, and inaugurated matters by the rendition of a stirring march, after which the Rev. Dr. Kelly offered prayer.

Then followed a selection from "Martha," by the orchestra, after which

#### THE INAUGURAL ADDRESS

was delivered by A. E. Small, M.D., the newly-elected President of Hahnemann Medical College, who said he was not unmindful of the honors and responsibilities of the position. The ten successive years of the progress of the college, afforded convincing proof that it had an enduring position among the institutions of learning in this country. The persevering labors of the faculty had served to strengthen the foundation of the school. More than two hundred students had gone forth into the world, to test the value of the knowledge gained in the institution, and, with but few exceptions, they had been eminently successful in battling with the ills that flesh is heir to. Referring to the need of free dispensaries, in which the student might gain a daily practical clinical knowledge, the speaker hoped, and predicted that, at no distant day, a neat and commodious hospital would be erected, and maintained under the auspices of the college. To effect this a concert of action among the friends of the institution was indispensable. The initiative in this work had already been taken, and each member of the faculty was laboring assiduously, with flattering encouragement and success. The hospital once constructed, patients could be boarded and

treated at a far less rate than could be afforded by the hotels, and a sufficient revenue to maintain the expenses would, without doubt, be received. It only remained for the friends of the college to furnish a generous financial support, in order to insure the complete success of the project.

THE DEAN'S REPORT

was then read by Dr. R. Ludlam, as follows: In presenting the tenth annual report of the Hahnemann Medical College, it affords me great pleasure to note the continued prosperity of this institution. The course of instruction which closed yesterday commenced on the 14th of October last. During the winter more than 500 lectures have been given in the hearing of the class. These lectures were illustrated as thoroughly as possible; were of the most practical character, and were listened to with the most evident profit and pleasure. It is manifest that, with respect to the amount and quality of the instruction given, the last session has been more successful and satisfactory to the pupils and friends of the school than any which has preceded it. Every professor did his duty promptly and well. The increase in the number of professorships and lectureships from seven to fourteen has resulted in the more careful and thorough training and discipline of pupils than was possible heretofore. This advance, which is heartily approved by the friends of medical education everywhere, will certainly redound to the credit of this institution at home and abroad.

Despite the disadvantages under which the faculty has labored in not having more commodious and convenient college quarters it is a fact of the most flattering significance that a larger proportion of second-course students have returned to graduate with us this year than ever before. This is a criterion of the general professional endorsement which promises the best results for the future; a state of things which, hitherto, has been very different, for, until the present session, many of our own pupils have drifted, or been decoyed, into other schools for their second and final course.

The class for the session of 1869-70 numbered fifty-one matriculants, of which eight were women. As this is the first time that both sexes have been received as students and taught together in this school, it is particularly gratifying to be able to record that the experiment of a mixed class has been successful, and that the winter has passed without any of the unpleasant clashing and unseemly conduct that have disgraced the professional name and character elsewhere.

Unusual pains were taken in the daily examination of the class during the winter. The final examination upon all the cardinal branches of medical science was more thorough than ever before. The result has been that, on the part of the candidates for graduation, the grade of acquirement was uniformly higher than has ever before been attained in the history of the college.

Nineteen candidates have been found worthy of the degree of Doctors' in Medicine and Surgery. On behalf of my colleagues, and without exception or reservation, I beg leave to recommend them to your honorable board as worthy of this degree at your hands.

## CONFERRING OF DEGREES.

The President, Dr. Small, then conferred the degree of M.D. upon the graduates, as follows: Mrs. Clara Youmans and C. G. Higbee, of Iowa; John H. Bell, George H. Carr, J. M. Cunningham, La Ray Maroir, Otto B. Poppe, and Geo. B. Sarchet, of Illinois; Edward B. Beeson, L. A. Bishop, Geo. A. Hadfield, Arthur F. Moore, G. Shepard, and H. H. Pilling, of Wisconsin; Geo. H. Doane and David H. Long, of Michigan; Myron H. Parmelee, of Ohio; Frederick G. Hunt, of Kentucky; Donald Ferguson, of Ontario.

The ceremony attendant upon conferring the degrees occasioned enthusiastic applause in the audience as the names were announced, Mrs. Dr. Youmans receiving an especially hearty demonstration as the important document was placed in her hands. This finished, the orchestra played a number of patriotic airs, after which

## THE VALEDICTORY ADDRESS

was delivered by J. S. Mitchell, M.D., who referred to the notable event of the occasion in these words: "To-night, for the first time in the history of Hahnemann College, we send forth a woman with a diploma bearing its broad seal. Some there are who still contend that she should have been denied a medical education. To the shame of our manhood be it said, we must record with the same relentless spirit with which history records all facts, that in the year of our Lord 1870, in the largest medical colleges in the United States, women, whose only crime has been properly to qualify themselves in the healing art, have been subject to gross insult at the hands of the Goths and Vandals whose lack of gentlemanly deportment unfits them for the practice of a profession which calls for courtesy and kindness from its every member. If you note those who are leaders in these movements you will see that they are those who have the least delicacy to be offended, the most ignorant, with perhaps a few men of education, but who have never gained that largeness of soul which should be its constant companion. In marked contrast we must record that at the largest medical schools in France women students have attended all the clinics, and been uniformly accorded the courtesies usually extended to their sex. An American lady, when the final examination came, surpassed all her competitors, and the '*bien satisfait*' with which the learned Dean closed the examination was the death knell to the bigotry and prejudice that so long closed to women an avenue of learning. I am proud to say that in our school we have followed the example of our brethren across the water."

## CONCLUSION.

Then followed a selection by the orchestra, after which L. A. Bishop, on behalf of the graduates, responded to the valedictory in a brief and appropriate address, and then the benediction was pronounced by Rev. Dr. McHey, and the pleasant exercises were at an end.

10. *Cleveland Homœopathic Hospital College.*—*Graduates:* Mrs. E. Miller, George A. Gordon, C. W. Hoyt, H. S. Strong, S. S. Parker, B. L. Cleveland, J. D. A. Pohle, W. B. Van Norman, F. B. Sherburn, N. F. Canady

G. C. McDermott, J. A. Partridge, O. S. Martin, C. D. Woodburn, I. J. Whitfield, Chas. F. Petsch, P. S. Duff, A. F. Worthing, Mrs. S. B. Chase, Wm. F. Lefavor, H. D. Chase, J. Pettet, G. O. Spence, A. E. Scheble, O. B. Moss, E. D. Preston, Geo. W. Moore, E. V. Van Norman, T. K. Dawson, A. S. Rosenburger, W. H. Riley, B. Sovereign, A. L. Gardiner, W. A. Whitney, F. L. Davis, J. P. Tenman. Total 36.

11. *Progress of Homœopathy.*—Appropriations by the State and City of New-York. The following appropriations are understood to have passed the Legislature now closing up its work for the present year.

*Dispensaries*:—New-York Homœopathic Colledge Dispensary, \$1,000; Tompkins Square Dispensary, \$1,000; New-York Homœopathic Dispensary, \$1,000; Western Dispensary for Women and Children, \$1,000; North-Eastern Homœopathic Dispensary, \$2,500; Western Homœopathic Dispensary, \$2,500; Orthopædic Dispensary, \$5,000; Metropolitan Homœopathic Dispensary, \$1,000.

12. *St. Louis College of Homœopathic Physicians and Surgeons.*—The annual commencement was held February 24. Twenty-three students have been in attendance. Seven graduates. Prof. Helmuth gave a valedictory.

Graduates: Ambrose S. Everett, Chester G. Higbee, Isaac W. Timmons, Samuel Bishop, Ferdinand C. Valentine, Frederick A. Steinmeyer, William Wilson. Total 7.

13. *Poisoned Wounds from the Bite of Serpents. Injection of Ammonia a certain specific.*

According to statements made in various exchanges, including Australian newspapers, and a pamphlet of 14 pages received from that side of the globe, an important discovery in the treatment of serpent-poisoning has now been made.

Most southern and all low latitudes are, as a general thing, cursed with the existence of these venomous reptiles, the slightest puncture from whose fangs has been hitherto regarded as almost certain death, and whose stealthy habits, insignificant size, and noiseless locomotion render them difficult of detection, until the scarcely perceptible, although not less fatal wound is inflicted. The prominent scourges in this connection are the rattlesnake of America, the cobra de capella of India, and the tiger-snake of Australia. There are other serpents equally venomous, but these, as best known, may be placed at the head of the list. Except in the rarest possible instances, their bite proves mortal, and often so speedily, that in a few minutes after it is felt, the sufferer breathes with difficulty, becomes comatose, falls, and dies within an hour. That the aborigines of India, America, Australia, &c., know of some remedy for cases of this character, has long been believed; but, then, we do not meet with many well-authenticated instances, where persons who had been bitten by those poisonous creatures, recovered



through this agency. The individual, therefore, who steps forward in the light of medical science, and demonstrates to the world that he has found a sovereign specific for the deadly wound of the cobra or the rattlesnake, is entitled to the consideration and gratitude of the whole human family.

In the paper read before the Medical Society of Victoria, Dr. Halford, a nephew of the world-renowned cantatrice, Mme. Anfa Bishop, and to whom this discovery is now attributed, observes as follows:

"Being struck with the effects of injecting thirty minims of liquor ammonia B. P. sp. gr. 0.959 into the external jugular vein of dogs inoculated with snake-poison, and knowing that I should for some time after be prevented from continuing the experiments, I wrote suggesting a similar treatment in desperate cases among men; and I propose, without, I hope, the least straining after effect, to detail all that I believe trustworthy on the subject of the injection of ammonia into the circulation; and if ever it should become as great an agent in medicine as it seems to promise, the credit of its introduction into practice must undoubtedly belong to the profession of this colony.

"Up to the present time nine cases of snake-poisoning have been treated by the injection of ammonia into the veins. Not all of them are valuable, although they have all ended successfully. In some the beneficial effects of ammonia have been instantly visible to the by-standers. One case was wrongly reported as fatal, after the injection of ammonia, for Dr. Nathan, of Sydney, who saw the patient, thus writes me: 'I do wish it to be known that your remedy was not used.'

"The form of ammonia which I made use of is the liquor ammonia of the British Pharmacopœia, sp. gr. 0.959, the dose hitherto used being 30 minims. In operating, I raise the skin over the vein and transfix it (the skin) with a scalpel, so as fully to expose the vessel. Dissecting away the tissue obscuring it, I introduce the point of a hypodermic syringe, and passing the nozzle well into the vein, inject toward the heart. On withdrawing the syringe, the slightest pressure with the finger stops the bleeding. It is scarcely necessary to say that by this means no air passes into the vein, and even, as I have frequently proved, should a whole syringe full of air be injected, no mischief need result.

"What I have reliable as to the effect of the injection on man in the order in which the operation has been performed, is as follows: Dr. Dempster, of Buckworth, was the first to apply the remedy to a human being, and he says: 'I injected liq. ammon. fort. into the saphæna vein, and also hypodermically. This affected the patient at once, and after the second injection, he woke up and became sensible; his pupils, which had before been very sluggish, acted well; and his pulse rose from fifty-six to seventy.'

"Messrs. Arnold A. Becket and Woolridge, speaking of the Elsternwick case, in which I myself operated, say: 'At the time of the operation, Mr. Brown was comatose. The effect of the injection of ammonia into the system was marvelous. In a very short time the patient became sensible, and in answer to how he felt, exclaimed, 'fine,' a very appropriate and significant word. From that time all symptoms of coma disappeared.'

"Dr. Barnett, of Smythesdale, describing a case says: 'Countenance swollen and dusky; conjunctiva much injected, cornea glassy, pulse small

and slow, a complete state of stupor; if support was withdrawn the patient sank to the floor. I injected fifteen drops of liquor ammonia into the median vein of the injured arm. In a few minutes she became violently excited, laughing, crying, singing, biting and throwing herself about so much as to require two persons to restrain her.'

"Besides these, there are other cases referred to with great clearness and minuteness, in which it would seem that in cases of snake-poisoning, however virulent, the injection of ammonia into the blood in the mode and quantities here described, completely neutralizes the effects of the venom, and restores the patient to health and strength in an incredibly short space of time. One instance is given in which a person had been bitten for a considerable period before this antidote could be administered, and yet, although he had all but breathed his last, he was lifted, as if by magic, from the very mouth of the grave through this benign agency. What, however, we are most desirous of knowing now is, whether this specific will be found to be a remedy in all cases of blood-poisoning; whether it is of value in hydrophobia, cholera, &c. That it is a remedy against the fearful inroads of venomous reptiles there seems to be some very forcible evidence; and it would be well for all those who inhabit the countries where such abound, to test its efficacy and inform themselves thoroughly of the *modus operandi* of its application. In what we have now said, or rather published, on the subject, sufficient information may be found in this connection; and when we observe that the discovery of Dr. Halford has commanded the attention of the Medical Society and Faculty of Victoria, and elicited their highest commendations, it may well attract the attention of the general public."

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#### 14. *Microscope—Value of.*

THE microscope furnishes the means of discovering the chemical nature of substances when in quantity too minute to be treated by ordinary methods of analysis. It does this by detecting characteristic forms of crystallization, as in investigations for the detection of poisons, organic or mineral, or by showing the action of reagents precisely as when testing on the large scale in the usual way, or by showing the peculiar optical effects produced by polarized light, or by simply making manifest the mechanical structure of the object under investigation. In questions of medical jurisprudence the information it furnishes is thus often decisive. Its testimony as to the nature of stains supposed to be blood, and as to the question whether the blood, if present, is that of man or beast, is beyond appeal. Mr. Gosse mentions a case which strikingly illustrates this statement. A man suspected of murder was found with a bloody knife in his possession. He accounted for the stain by saying that he had been using the knife for cutting beef. The implement was given to an expert with the microscope, who pronounced that the blood was human blood, and that it had proceeded from a living body and not from dead flesh. He discovered also mingled with the blood certain vegetable fibres, which he pronounced to be cotton, and which were found to agree with the material of the murdered man's neckcloth. And he found also present numerous tessellated

epithelial cells—such cells as line the mucous membrane of the throat, and of no other part of the body. It was evident that the knife had been used to cut the throat of a human being, who wore a cotton neckcloth at the time. The decision of the instrument as to the presence or absence of poisons is often equally conclusive. In one instance, in England, a criminal was convicted on the evidence of the sand which he had brought on his boots from the scene of his crime, and which the microscope unerringly traced to its true locality.

In the detection of the adulteration of drugs, groceries, and other articles of daily commerce, the microscope is infallible. At the office of the Surgeon-General, in Washington City, all the supplies purchased, or tendered for purchase, for the military hospitals and medical stores of the army, are subjected to constant and severe microscopical examination, and in this manner an immense amount of fraud is prevented, and an immense saving secured to the Government. A very common form of adulteration in quinine and other valuable powders used in medicine is to mix with them powdered gypsum, sugar, or starch. The microscope infallibly picks out the fraudulent particles, and the use of polarized light greatly facilitates the discovery. Each starch granule exhibits, indeed, with this species of illumination, a distinct black cross, and, to use the words of the late Horace Mann, in speaking of this fact, seems to be crying out with all its might: "Potato Starch, his Mark."

#### 15. *Propylamin*.—By JAS. B. NICHOLS, Chemist.

PROPYLAMIN belongs to a most remarkable series of homologous bodies, of which ammonia is the starting point. Propyl, found in the first or methylic series of homologous compound radicles, is an oily liquid, boiling at a temperature of about 130° F., having a formula  $C^6 H^7$ . Propylamin is formed by the addition of one equivalent of propyl to amide ( $N H^2$ ), which is ammonia ( $N H^3$ ) minus one atom of hydrogen. The propyl takes the place of the hydrogen atom in ammonia, and Propylamin is formed. The whole series in which it is found bear a striking resemblance to ammonia, and yet they are widely different in chemical constitution.

The first in the list, methylamine ( $C^2 H^5 N$ ), is a gaseous body, largely absorbed by water, has a pungent smell like ammonia, and can hardly be distinguished from it. The next, ethylamine ( $C^4 H^7 N$ ), is only a degree less like ammonia, being highly volatile, with a similar pungent odor. The next in order, propylamin ( $C^6 H^9 N$ ) in physical characteristics and behavior varies still wider from ammonia; but the resemblance is still so striking that physicians may regard the liquid as made up in part of that body, while in fact it is not, and, as has been remarked, its chemical constitution differs from it in a most remarkable degree. Thus the formula for ammonia is  $N H^3$ ; for propylamin,  $C^6 H^9 N$ .

There is no department of chemistry more interesting and wonderful than that relating to these homologous compounds, and the almost infinite series to which they give rise. Their therapeutic value is imperfectly understood, and its study offers a rich field for experiment and research.

Propylamin is a clear, transparent liquid, having a pungent, ammoniacal,

alkaline taste and smell. A feeling of causticity is produced when a portion is rubbed between the thumb and finger. It may be derived from a variety of sources,—from ergot, cod-liver oil, bone oil, human urine, &c., but most properly, for medicinal purposes, from herring pickle. When a quantity of old pickle is treated with a strong solution of potassa, a pungent odor like ammonia is evolved, which is propylamin liberated from its combination with an acid in the liquid. The neutral solution must be quickly distilled, and the process continued so long as the fishy odor is observed. The distillate is then saturated with hydrochloric acid, evaporated with much care to a dry crystalline mass, then treated with absolute alcohol, until the whole of the propylamin salt is dissolved out. A second careful distillation with hydrate of lime affords a small portion of pure propylamin. I have found that nearly all that should be used for medicinal purposes comes over without the application of heat, or from slight warming. Imperfectly or unskillfully prepared, the remedy will prove worthless, while fresh specimens of *true* propylamin may possess great medicinal value.

The virtues ascribed to propylamin, in the cure of rheumatism and affections of a rheumatic origin, are extraordinary. Dr. Awenarius, of St. Petersburg, has treated (according to a notice translated by Prof. Proctor, from the *Journal of Pharmacy*, from Bouchardat's *Repertoire de Pharmacie*) 250 patients in the hospital of Kaulinkin, at St. Petersburg, between March, 1854, and June, 1856; and in acute cases the pain and fever always *disappeared the next day*. He regards it "as a true specific for the various affections of rheumatic origin." The diagnosis of these diseases being very often obscure, one can succeed (says M. Awenarius,) by the use of propylamin, in bringing to light, in a few days, the true nature of the malady. It is stated to have been employed in outside practice with equal success.

Although the claims for the new agent may be, and probably are, extravagant, still should it be found to have, in any measure, control over the specific disease for which it is recommended, it will indeed be a blessing to a suffering class of patients, and therefore merits a trial at the hands of the profession.

The remedy is prescribed in the following manner: ℞. Propylamin, gttss. xxv.; distilled water, fl. oz. vi.; and, when necessary, add oleo. sacch. peppermint, dr. ij. Dose—a tablespoonful every two hours.

### 16. *Black Snake Poisoning.*

As public attention has lately been drawn to the question of a cure for the bites of venomous serpents, and as the latest experiments in India have turned out complete failures, it may not be uninteresting to our readers to learn that recent attempts in Australia have been crowned with success. The account of them we have before us in the *Abeille Médicale* is rather a loose one as to dates and places; but this must be said, that the *modus operandi* viz., injection of ammonia into the veins, if bold, is certainly very rational. We know, in the first place, that the venom of reptiles has no effect on the digestive organs, but that it acts on the blood; we also know that the patient may be considered a dead man; what, then, can there be

more rational than to abandon internal medicines, and to attack the enemy in his stronghold, however dangerous the experiment may be? At the worst, the patient will die, as he would without the operation. We know that ammonia, rubbed on the wound caused by the bite of a common viper will cure it; now this venom does not differ from those of the Indian or Australian snakes except in degree; hence, if an injection is to be made, ammonia is the proper agent to be tried. One of the cases quoted is that of a man bitten by a black snake. He sank into hopeless and progressive stupor; four hours afterwards Dr. Dempster injected ammonia into the venasaphena (of the foot) and under the skin. Immediately after the second injection the patient awoke from his trance, but was tormented by violent fits of vomiting for twelve hours, after which he recovered in the course of four days. Similar successful operations by Dr. Arnold, Prof. Halford, Dr. Barrett, and other practitioners are recorded to the number of ten; one only having failed, in consequence of a delay of twenty-seven hours before the injection could be performed. The dose employed was sixty centigrams. of ammonia diluted with six gms. of water, which gives a proportion of one of the former to ten of the latter. Professor Halford is of opinion that this method might be useful in cholera, as also in cases of syncope by chloroform, or of poisoning by opium.—*Facts about Snakes.*

#### 17. *Longevity.*

IN the February number of the *Eclectic Magazine* there appeared an article on the "Art of Long Living." In this article occurred the following passage:

"Temperance and abstinence are further not only conducive to health, but they are also the most effective means of combatting illness. They constitute the sheet-anchor of homœopathy, which, from its inadequacy in acute diseases, has justly been forbidden in Russia as a practice not to be relied upon."

Dr. Seeger, one of the readers of the Magazine in question, penned a reply refuting the "Russian hoax." So far so good. But having deemed the assertion in reference to the efficacy of homœopathy as unnecessary of notice, what was the astonishment, when Dr. Seeger's reply was published, to find the Editor adding, among other remarks, that "one of the most distinguished homœopaths in the country, in a conversation with myself, acknowledged the validity of the writer's other criticism, viz.: "that the system is not entirely adequate to the treatment of acute diseases."

We call on the Editor of the *Eclectic* to be more precise, and give us the name of this "distinguished homœopathist." As Dr. Seeger took no notice of this "acute point," we should like to know why the able Editor of the *Eclectic* did.

#### 18. *Fossil Trees of Young America.*—Trees that grew in New-York State "when the World was fresh and young."

THE recently-acquired Cohoes mastodon, whose gigantic skeleton forms one of the principal attractions for visitors generally in the State Geological Museum at Albany, will not be viewed with higher interest by scientists

and other thoughtful persons than the specimens of fossil trees recently added to that invaluable collection of curiosities from our State Geological Survey. On hearing of some singular appearances in an outcropping of rocks where workmen are blasting for the foundation of a new pier in Schoharie Creek, at Gilboa, Schoharie County, Prof. James Hall, whose volumes of reports on our State Geological Survey are quoted by geologists and palæontologists through the world, immediately went thither, and personally collected the relics (as far as discovered) of formations illustrating the primeval condition of vegetable life on our globe. These consist of stumps of four trees found "*in place*"—apparently in their original position in the rocks. "The large tree bases, three in number," Prof. Hall said to the writer: "may belong to the genus *Sagenaria*, and the smaller one to *Cordaites*, and are quite new as *species* and perhaps as *genera*, the rocks wherein they were found belonging to the 'Hamilton Group,' lying 10,000 feet below the Coal Measures—the lowest depth at which fossil trees have ever been found." When we remember the discoveries and the genius whereby Cuvier, from a few bones found in the plaster quarries at Paris, constructed his wonderful exhibition of extinct animals, and when we further recollect the recent discoveries of existing animal life in the recent soundings of ocean depths, where it had been supposed that animal life could not exist, we may be better prepared for revelations connected with and consequent on the discoveries of relics of fossil trees thus rescued from rocks wherein such relics of primeval creation were never before discovered.

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### 19. *Density of Population in parts of New-York City.*

THE City of Boston, wishing to learn from this older and larger city of New-York the latest improvements in the art of packing away human beings in the smallest possible space, sent lately a committee of Health Commissioners to examine the structure and economy of New-York tenement houses. It is said that they returned to their own city "wiser," though, probably, "sadder men."

The Boston men were accustomed to the use of *slates*; but they opened their eyes in astonishment when they came to write down such figures as the following:

In one square, fronting on Third-street and extending to First Avenue and Avenue A, covering an area of nearly four acres, they found 54 tenement houses, containing 661 families, consisting of 3,040 persons. This small square piece of ground contains the most crowded population of any spot of equal size in the Western hemisphere, and indeed supports the most dense population in the entire world. A square, near the above, contains 53 new tenement houses, with 756 families, or 2,837 persons. A square fronting on Third-street and extending to Avenue B, contains ninety-one old tenement houses, and a population of 2,450. The average rent of the apartments occupied by each family is \$11 per month.

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20. *Homœopathic in Contrast with Allopathic employment of Blood-letting.*

WE learn from the European Journals that the Spanish Prince, Don Enrique de Bourbon, who had insulted the Duke De Montpensier, by a publication on the 10th of March last, was compelled to defend himself in a duel only two days afterwards. On the desolate field of Alcoran, near Madrid, the noble combatants fired at each other at the distance of a few metres, twice, without advantage or injury to either party. They were then placed within eight metres of each other. *Le Gaulois* says: "Don Enrique each time fired first, and this time his ball grazed the Duke's clothing. The Duke now fired in his turn, and the unfortunate Prince fell dead without uttering a cry. He was dead. The Duke De Montpensier, seriously affected by the duel and its catastrophe, then lost the sangfroid which he had displayed during the encounter, and his condition became such that the surgeon was twice obliged to BLEED HIM. The news reached Paris on Saturday evening."

The French Duke's treatment of the Spanish Prince was certainly Allopathic—it is not strange that it terminated fatally. This practice of *blood-letting* upon himself, though not consistent with the best Homœopathic practice, was still much better than that which he tried upon Prince Enrique. If the latter could only have been bled with De Montpensier's lancet, instead of his pistol, it is quite possible that he might have lived to this day.

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*Books received:*

21. *Fallacies and Claims; A Word to the World on Homœopathy.* By DR. E. H. RUDDUCK, Reading, England. First American Edition, C. S. HALSEY, 66 Lake-street, Chicago. 1870.

ONE of the smallest books ever made; but it is also one of the best.

22. *Horrors of Vaccination.* By DR. SCHIEFERDECKER. New-York: AMERICAN NEWS COMPANY, 119 Nassau-street. 1870.

THE prospects of humanity were surely sad enough before this melancholy, though quite respectable-looking pamphlet was published. But now comes *this complainant* whose only mission is to assure us that, although things, generally, are about as bad as they can be, they are rapidly growing worse. It seems that the blood of the whole human family had already been deeply tintured in the accumulating evils left behind by all the departed ages, when Lady Mary Worthy Montague taught to Christendom the art of attempting to prevent small-pox by inflicting upon innocent mortals that same dreadful disease by inoculation. This "insane attempt to cast out devils by Beelzebub, the prince of the devils," says this author, "propagated frightfully the disease it was designed to check," and the civilized world was compelled to endure through the tedious years of the 18th century "the horrors of inoculation." "Just as common-sense was beginning to get the better of

this frightful delusion, Dr. Jenner introduced "the more dangerous because less readily detected delusion" of VACCINATION.

The opinion defended in this thesis is entertained by many physicians. It is by many of them declared that they would not trust to vaccination to protect their families from small-pox—indeed they would rather trust to the proper *homœopathic* remedies, with the kind help of Good Fortune and Providence to cure small-pox when it comes, than to risk the terrible consequences of vaccination with virus which *may happen to be impure*. We suppose this to be the position of many homœopaths. A few weeks ago we were requested to attend a discussion on this subject in a County Medical Society, and to report the entire debate on this great question in this Journal. We were pleased to know that the subject would be discussed by able men, but we feared to encourage the publication of the discussion.

We know that much may be said against vaccination. The array of authorities and facts given in the pamphlet now before us may not be capable of an answer entirely satisfactory; if we admit the accuracy and authenticity of many of them we dare not endorse the conclusions which the author wishes to establish.

The condition of the world is sad enough now: it would be vastly worse if this little book were universally read and believed. Before the practice of vaccination is given up we propose that a *few thousand pages* of facts and reasonings given by great men of large experience shall be patiently heard; we will give them a fair review,—*when we have room*.

We may still hope to cure small-pox when it comes, but we dread to meet it, not because it can not be cured but because it *will* diffuse itself everywhere among people not expecting or prepared for it. The present author believes small-pox a blessing instead of a curse, carrying off from each sufferer into the wilderness which surrounds us more sins and impurities than any scape-goat ever did from a penitent nation twenty centuries before small-pox had appeared on earth. We are not as yet committed to this theory.

It is now more than one hundred years since the Empress Catharine of Russia and her son Paul submitted to inoculation by small-pox (Oct. 12, 1768). The disease became diffused through the empire till "in less than twenty-five years every seventh child born annually in Russia died of small-pox."

On the centennial anniversary of that ominous day the present emperor of the same great empire offered a reward of 3000 roubles for the best means of preventing small-pox epidemics. We hope one of our readers will be the first to claim it.

For some time to come the offence of small-pox must occasionally come. It will reap a wider field than it ever did in the Middle Ages, if vaccination should be abandoned. That many might be cured at No. 313 West 22d street, New-York, we will not here dispute.

But we can not forget that, if we should all decide to abandon vaccination and turn loose the most fearful of the Egyptian plagues upon the nations, millions must be treated *elsewhere*; and *what would become of them?*



*'Proving of Plumbum, or Lead Poison, on a large scale.*

THE Bureau of Materia Medica of the State of New-York has called upon us for the results of experiments and observations of the effects of individual remedies (or poisons, which word we understand to have the same meaning). We, in concert with many of our co-sufferers and co laborers, are just now engaged in proving the remedy Plumbum or Lead, the old correspondent representative of Saturn, of the oldest science we have ever studied. Our proving has been engaged in deliberately and voluntarily by something less than a million of people, and with a good number of them may extend over a few years at least. The entire final result cannot, therefore, be reported now. A few statements of general interest may now be made.

The annual report of the Board of Health, now in press, contains several chapters by Professor Chandler, chemist of the Board. An interesting synopsis is given below :

*Purity.*—The water supplied to the citizens of New-York, at the liberal rate of sixty-five gallons to each person daily, is collected by the various branches of the Croton river, from an area of 338 square miles, in Westchester, Putnam, and Dutchess counties. The character of this water-shed is a sufficient guarantee of the purity of the water. The surface of silicious gravel rests on hard Laurentian gneiss, and is open pasture or woodland, with few swamps. No factories line the streams, which are liable to contaminate the waters with refuse chemicals, and no towns or large villages exist anywhere in the district to pollute the waters with sewage. A recent survey of the water-shed has indicated fifteen points at which dams can be erected for the creation of large storage reservoirs, whose joint capacity would be 67,000,000,000 gallons, or a supply, at the present rate of consumption, for 1,000 days. One of these dams, 650 feet long, is now in process of construction at Boyd's Corner, in Putnam county, twenty-three miles from the mouth of the aqueduct. When this dam is completed it will flood an area of 303 acres, and the reservoir thus produced will contain 3,369,206,857 gallons, or a supply for fifty to fifty-five days of drouth.

*Lead in the Water.*—On this subject Professor Chandler remarks:

The attention of the Metropolitan Board of Health having been called to the frequent cases of chronic lead poisoning which occur in the city, the chemist to the Board, O. F. Chandler, was directed to investigate both the Croton water and the various hair tonics, washes, &c., with a view to discovering the probable cause. Accordingly examinations were made of the Croton water which had been in contact with lead for different lengths of time, under usually occurring circumstances, of which the following are the results:

1. A gallon of Croton water, from a lead-lined cistern, in which it had stood for several weeks, was found to contain 0.66 grain of metallic lead.
2. A gallon of water which had remained six hours in the lead pipes of the chemist's residence, yielded 0.11 grain metallic lead, a considerable portion of which was visible to the eye, in the form of minute white spangles of the hydrated oxycarbonate ( $PbO, HO+PbO, CO_2$ ).

3. Water drawn from one of the hydrants of the School of Mines Laboratory, in the middle of the day, when the water was in constant motion, yielded traces of lead. This water reaches the school through about 100 to 150 feet of lead pipe.

These results indicate the source of many hitherto unaccountable cases of lead poisoning, and are of a character to alarm the residents of New-York, and to lead them to adopt precautionary measures for protection against this insidious cause of disease. Many have already introduced as a substitute for lead pipe the "tin-lined" or "lead-encased block tin" pipe.

Certainly no pains should be spared to impress upon servants the importance of allowing the water to run for a few minutes before taking it for drinking or cooking purposes, especially early in the morning, after the water has stood all night in the pipes. The habit of filling the tea-kettle from the boiler, or of using water from the boiler for any purpose except washing, is very dangerous.

Experiment No. 2 explains a case which recently occurred in New-York. An elderly gentleman was completely prostrated with paralysis or palsy. His physician at once suspected lead poison from his symptoms, and instituted inquiries which developed the fact that the patient had been using wheaten grits for dyspepsia, and that the first duty of the cook in the morning had been to soak them preparatory to boiling them. She had therefore used daily the water which had stood all night in the pipes. The occurrence of a considerable portion of the lead in experiment number two, in suspension, instead of solution, is an additional argument for the use of the filters, though it will of course be useless to employ them unless they are frequently reversed, that they may be cleansed.

### 23. Circular.

ARRANGEMENTS have been made for the publication of a Homœopathic Directory in the *N. E. Med. Gazette*. This will be under the exclusive charge of Henry M. Smith, M.D., of New-York.

The Directory will be arranged by States, and, as fully as possible, will include:

1. A brief history of the introduction of Homœopathy into the State, and some notice of the earlier practitioners.
2. A notice of the State Society, its organization, time of meeting, &c., and list of officers.
3. A notice of local or County Societies, times of meeting, and principal officers.
4. A description and history of the hospitals, dispensaries, and institutions under homœopathic care.
5. An account of the homœopathic journals published in the State.
6. A list of the homœopathic physicians. The names which have been sent to the Bureau of Registration will be printed in SMALL CAPITALS. The names of members of the American Institute of Homœopathy will be pre-

ceded by an asterick (\*), those of State Societies, by a dagger (†), while those whose residence is doubtful, by an interrogation point (?).

No pains will be spared to make this Directory as full and correct as possible, and every physician is requested to communicate any information upon either of the above points. They are also specially requested to fill up, *at once*, the following blank, and send it to Henry M. Smith, M.D., 107 Fourth Avenue New-York.

My full name is

I graduated at

Medical College in the year

My present address is

county of

State of

where I have resided since

Previous to that time I practiced in

I began to practice Homœopathy in the year

at

[This seems the only feasible plan of realizing this long wished for object. We hope our readers will see that their names are in this Directory. The directory of Maine, New Hampshire and Vermont has already been published.—Ed. I.]

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The announcement of the death of Dr. Lutzé of Köthen is just received.

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Our list of Exchanges is crowded out.

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*Circular.*

NEW-YORK, 145 Grand-street,

May 1, 1870.

With the present number the *Eighteenth Volume* of the First Series of the NORTH AMERICAN JOURNAL OF HOMŒOPATHY will close; and it seems a proper opportunity to inform its patrons and friends of important and interesting improvements which the publishers are preparing to introduce into the *New Series*, which will commence with the *Nineteenth Volume*.

1. THE JOURNAL will hereafter be printed on good paper and clear type, and in a style corresponding with that displayed by first-class scientific journals.
2. Dr. LILIENTHAL will henceforth be Joint-Editor with Dr. HUNT, both of whom will endeavor to render the JOURNAL extensively useful, reliable and practical, as well as popular with the profession.
3. Extensive arrangements are in progress, or already completed, for assuring the co-operation of earnest and intelligent correspondents in the various sections of our country, and in different parts of the world.
4. A more extended announcement of our plans and purposes will be issued at an early day. In the mean time we will hope to retain the patronage our publications have already received.

Yours, &c.,

BERICKE & TAFEL.

Communications may be addressed to Dr. S. Lilienthal, 230 West 25th-street, or Dr. F. W. Hunt, 157 East 62d-street, New-York.

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PLEASE READ IT CAREFULLY.

FIFTEENTH ANNUAL REPORT

OF THE

**BOND STREET**

**Homœopathic Dispensary,**

AND ITS BRANCH IN EAST SEVENTH STREET.

26,479 Cases treated, including 51,995 Prescriptions  
and 7,980 Out-door Visits,

**DURING THE FISCAL YEAR 1869.**

**OTTO FÜLLGRAFF, M. D.,**

FOUNDER AND MANAGER,

ASSISTED BY

DRS. J. P. ERMENTRAUT, C. W. KUHN, H. B. HUND, VIRGIL THOMPSON,  
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" ISAAC GOLDSTEIN, H. SALTZWEDEL, H. M. JERNEGAN, M. E. T. BETHE,  
L. BUSHNELL AND J. A. BENNETT.

**Incorporated, February 28th, 1862.**

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SHEPHERD KNAPP, ROBERT GRACIE, OTTO FÜLLGRAFF, M. D.

NEW YORK:

PRESS OF WYNKOOP & HALLENBECK,  
No. 113 Fulton Street.  
1870.





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" **A. M. WOODWARD, S. W. TAYLOR, F. C. HILLMER, A. McCULLUM,**  
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**L. BUSHNELL and J. A. BENNETT.**

**Surgeons :**

**DRS. H. M. JERNEGAN, C. W. KUHN.**

**Resident Physicians :**

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**ISAAC GOLDSTEIN, L. BUSHNELL.**

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**DRS. J. P. ERMENTRAUT, C. F. HILLMER, L. BUSHNELL, M. E. T. BETHE.**

**Dental Surgeons :**

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**OTTO FÜLLGRAFF, M. D.**



## TO THE FRIENDS OF HOMŒOPATHY.

It is almost fifteen years since our Dispensary was founded, where it is still located, at 59 Bond Street. We had no idea, at the outset, that our institution would be able to weather the fluctuations of circumstances for so long a time, or that it would eventually become the second largest, if not actually the largest, Homœopathic dispensary, in point of attendance, in existence at the present day, either here or in Europe; but such is the fact, so far as we are able to ascertain and as the statistics, we believe, will show.

During the fiscal year 1869, as will be seen elsewhere, 26,479 cases have been treated, including 51,995 prescriptions and 7,980 out-door visits, by the physicians and surgeons connected with this charity and its branch. About two-fifths of the cases were attended to at our Eastern branch, 194 E. 7th Street, which was established in 1863, for the accommodation of those of our patients living in the extreme Eastern section of the city, by Dr. J. P. ERMENTRAUT, (visiting and resident Physician in charge,) and assistants.

It may not be without interest, in a statistical point of view, to recapitulate the gradual and sometimes extraordinary increase in the number of patients each year, since the establishment of the Dispensary.

YEAR.	CASES ATTENDED AT DISPENSARY.	OUT-DOOR VISITS.	PRESCRIP- TIONS GIVEN.
Year ending Jan. 31st, 1856 (FOUNDED).....	521	.....	1,895
“ “ “ “ 1857 .....	1,024	.....	4,023
“ “ “ “ 1858 .....	1,808	.....	7,436
“ “ “ “ 1859 .....	2,077	.....	8,276
“ “ “ “ 1860 .....	2,195	.....	8,301
“ “ “ “ 1861 .....	3,018	.....	9,132
“ “ “ “ 1862 .....	5,130	.....	13,660
“ “ “ “ 1863 .....	81,59	4,200	24,389
“ “ “ “ 1864 .....	14,195	7,425	35,387
“ “ “ “ 1865 .....	17,106	8,067	42,765
“ “ “ “ 1866 .....	24,086	8,123	46,160
“ “ “ “ 1867 .....	25,056	8,245	48,036
“ “ “ “ 1868 .....	26,046	8,325	50,122
From Feb. 1, 1868, to Oct. 1, 1868.....	17,364	5,068	33,414
“ Oct. 1, 1868, to Oct. 1, 1869.....	26,479	7,980	51,995
Total.....	174,264	57,433	384,991

The SUCCESS attending OUR NEW MODE OF TREATMENT, introduced about six years ago, in cases of NASAL CATARRH and THROAT DISEASES, either acute or chronic, has been very satisfactory. Cases that would either require much longer time, or not yield at

all, in the ordinary course of treatment, are in most instances readily overcome by this system. It must be understood that it requires much nicety and discrimination in the use of instruments and medicines to accomplish this result successfully, and that time and perseverance have been required to develop the system. We cordially invite our professional brethren to witness and examine for themselves our mode of operating, and the instruments and medicines used.

To the friends of Homœopathy let us offer a few closing words :

Our subscriptions and donations from individuals are as small now as they were when we treated but a few thousand patients annually. Had it not been for the very liberal appropriations from the City Common Council and the State, for the past few years, we should have been obliged long ago to close the doors of an institution where every branch of medical science is represented, and which is successful in the highest degree in every particular—except in obtaining sufficient pecuniary assistance for its maintenance from those who well know, or at least ought to know, that a charitable institution of this kind cannot exist without money.

While finally urging upon the patrons of Homœopathy the necessity for a more liberal response to the calls of an institution like this, which does so much *practical good*, we beg to state that those personal appeals, which, during the first six years of the existence of the Dispensary, and more or less each year since, have been made upon the charitable for its support, are quite distasteful to us, causing, as they do, a loss of time which we cannot spare from our individual duties.

Dispensaries for the sick-poor have always ranked among the most meritorious and important of all charitable metropolitan institutions. They deserve and should command the first thought of all who have the interest of ailing poverty and stricken humanity at heart. Fifteen years we have faithfully worked in their behalf, yet the means at our command, contributed by a few of the many wealthy Homœopaths of this city, are still so very limited that at this moment we own neither our Dispensary building nor any part thereof.

“26,000 patients treated!” may signify little to casual readers of this report; but, if appreciating philanthropists could see so many poor sufferers before them, and realize fully what a multitude these afflicted ones represent, the knowledge could hardly fail to open many purses that are now closed. To the attention of all, therefore, we commend our institution and its needs.

Before concluding this report, our own heartfelt thanks, and those of the community at large, must be tendered to our co-laborers in the good cause—the Attending, Resident and Visiting Physicians and Surgeons, for the faithful and efficient manner in which they have performed their arduous duties during the past year, hoping, at no distant day, they may reap, in the public gratitude, the fruits of their labor.

FORM OF DISEASES.	NO. OF CASES.	NO. CURED.	RELIEVED.	RESULTS UNKNOWN.	DIED.
Accouchments.....	72	72			
*Angina faucicum, Tonsilitis and Laryngitis.....	1848	1623	101	119	
Asthma.....	125	53	45	27	
Bronchitis, acute and chronic.....	391	251	87	47	6
Cancerum oris.....	595	502		93	
†Catarrh nasalis.....	708	530	103	75	
Cephalalgia.....	1104	896	126	82	
Chlorosis.....	138	91	27	20	
Cholera infantum.....	192	120		60	12
Cholera morbus.....	306	257		49	
Colic.....	199	175		24	
Contusions and Sprains.....	1199	1102		97	
Croup, spasmodic and membranous.....	95	91			4
Constipation.....	2403	1734	430	239	
Diarrhœa.....	2240	2110		130	
Digestion, derangement of.....	1335	995	220	120	
Diphtheria.....	93	58		31	4
Dysentery.....	294	234		58	2
Erysipelas.....	77	71		5	1
Eye, and its appendages.....	566	370	109	87	
Fever, scarlet, intermittent, continued & typhoid.....	506	423		76	7
Gonorrhœa—Syphilis, primary and secondary.....	301	232		69	
Hæmorrhoids.....	246	113	95	38	
Hepatitis, acute and chronic.....	59	34	10	15	
Hydrocephalus, acute and chronic.....	16	7		5	4
Influenza.....	1103	988		115	
Measles.....	129	129			
Neuralgia, of face and other parts.....	553	412	93	48	
Pleurisy, acute and chronic.....	104	72	21	10	1
Phthisis.....	14		8	4	2
Pneumonia.....	140	137			3
Rheumatism, acute and chronic.....	1675	1115	293	267	
Spermatorrhœa.....	65	41	10	14	
Surgery, in all forms, including dental.....	3546	3546			
Skin diseases.....	1145	825	120	190	
Vaccination.....	1158	1158			
Whooping Cough.....	288	196		90	2
Womb, (uterine diseases generally).....	192	785	278	129	
Worms, cases of.....	1259	221		38	
<b>Total number of cases treated.....</b>	<b>26,479</b>	<b>21,784</b>	<b>2,176</b>	<b>2,471</b>	<b>48</b>

including 51,995 prescriptions, and  
7,980 out door visits.

\*See Report—Throat Diseases.

†See Report—Nasal Catarrh.

## SUBSCRIBERS AND DONORS.

*Amount of Subscriptions and Appropriations received during the fiscal year, beginning October 1, 1868, and ending October 1, 1869,*

FOR

### BOND ST. HOMŒOPATHIC DISPENSARY AND ITS BRANCH.

From the Common Council of the City of New York.....	\$3,500 00
From the State.....	1,500 00
From Mr. Z. E. Simmons .....	50 00

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Total amount received.....	\$5,815 00
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*From October 1, 1868, to October 1, 1869.*

To Rent for Bond St. Dispensary and Tompkins Square Branch.....	\$978 00
“ Cleaning, washing towels and bed linen.....	108 51
“ Medicines, alcohol, sugar, sugar of milk, vials, corks and powder paper.....	966 11
“ Medical books, journals, bindings and daily papers.....	158 68
“ Surgical, uterine, eye, dental, galvanic and electro-magnetic instruments.....	163 63
“ Physicians for out-door services.....	1,375 00
“ Wood and coal for both Dispensaries.....	89 50
“ Gas bill.....	24 00
“ 1,000 circulars, printing and postage.....	49 00
“ 3,000 annual reports and postage.....	135 00
“ 25,000 Dispensary cards.....	112 50
“ Stationery.....	44 37
“ Toweling, bed sheets, pillow cases and bandages.....	38 75
“ Hire, patent bedstead and repairs.....	24 50
“ Alterations, general repairs for both Dispensaries, and additional furniture.....	93 00
“ Collector, for collecting and soliciting donations.....	46 00
“ Sundries.....	165 00
“ Deficiency, October 1, 1868.....	601 00
•	
Total amount of expenses.....	\$5,175 45
“ “ received.....	5,815 00
•	
Cash on hand.....	\$640 55

OTTO FÜLLGRAFF, M. D.,

FOUNDER AND MANAGER.

113 East Seventeenth St., N. Y.



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