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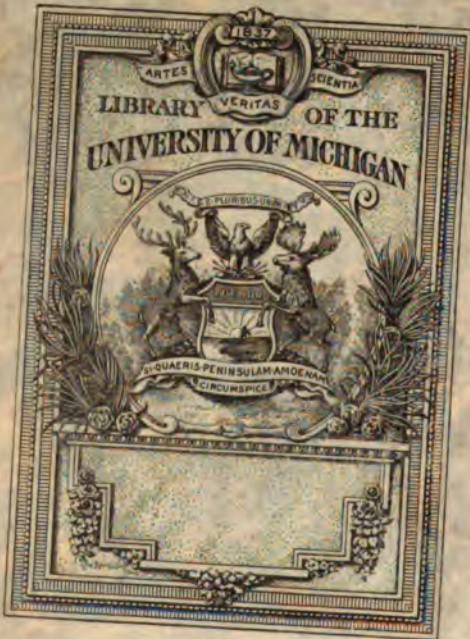
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HOMŒOPATHIC JOURNAL,

A QUARTERLY MAGAZINE OF MEDICINE
AND THE AUXILIARY SCIENCES.



CONDUCTED BY

CONSTANTINE HERRING, M.D., PHILADELPHIA.
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NORTH AMERICAN
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FEBRUARY, 1853.

Original and Translated Papers.

ARTICLE I.—*The Social Position of Medicine.*—*An Inaugural Address delivered before the Hahnemann Academy of Medicine on the 20th day of January, 1853.* By JOHN A. McVICKAR, M.D., President, New-York.

GENTLEMEN OF THE HAHNEMANN ACADEMY :

We are members of a profession, which, for moral dignity and usefulness to man, is second to none, save only that of the Christian ministry. To its care and vigilance are confided the happiness and well-being of the community in the essential department of life and health. We are physicians; to the healing art we have committed our all of fame and worldly hopes. We do well to be emulous in such a service; we may reasonably be jealous and watchful for the honor of our profession.

It is true that the history of our art presents a dark and dispiriting retrospect; but, thanks to one whose name we cherish in the title of our association, and who has left to the world an enduring legacy in the fruits of his genius and industry, the last page of that history shines with a brightness

which makes visible the darkness of the past, and throws a strong and cheering light well forward into the future. As we rally under the venerated name of Hahnemann, let us emulate his spirit; and strive to provoke for his memory the gratitude of the world, by practical demonstrations of the truth and beauty of his great discovery, and by extending the range of its benefits.

The advancement of medicine, or the healing art, which the constitution of our Academy declares to be the object for which it was organized, presupposes a present state or condition to be improved, in reference to its peculiar purpose or end; and reasonably indicates, as subjects meriting our attention, everything which directly or indirectly affects its means and opportunities for fulfilling its mission—the healing of the sick. Certainly not the least in importance amongst the agencies which would favor or resist the benevolent purposes of medicine, is the estimation in which it and the profession are held by those it aims to benefit.

Conceiving it, therefore, a matter perfectly legitimate to the sphere of our duties, and not inappropriate to the occasion, I have selected as the theme of the present address, "The Social Position of Medicine; on what that position depends, and how it can be improved."

Not longer ago than 1846, the medical profession seemed to have become suddenly and painfully conscious of a declension of their influence and position in the world, and as suddenly to have jumped to a conclusion as to the causes of their fall, and the remedy. A quotation from a respectable periodical published at that time, reputed to have been under the auspices of one of our chartered medical institutions in this city, and avowedly the organ of an association then in process of organization, will put the case fully before you. The words are these, "the science of medicine stands low enough in public opinion, and the preference so generally given to quackery and deceit over philosophy and candor, conclusively shows towards which side it now inclines." * * * "The time has come when something must be done to change

the character of the profession; owing to accidental circumstances, but mainly to the rampancy of quackery, the public have but little confidence in our profession."

These sentiments seem to have been received as "ex cathedra," and adopted in mass by nearly the whole allopathic school, not only in this city, but throughout the land;—certainly they have endorsed them by their acts, and thereby made them public property for all purposes of criticism. In this view alone—as the expressed sentiments of the allopathic branch of the medical profession—I propose to analyse them; and I must be distinctly understood, before proceeding farther, that in what I have to offer on the subject no personal application or direction has been or is meditated, and none must be inferred.

We have here four distinct propositions:

- 1st. The science of medicine stands low in public opinion.
- 2d. The public have but little confidence in our profession.
- 3d. Accidental circumstances and quackery are the causes of the two first; and,
- 4th. The necessity of doing something to change the character of the profession as the remedy.

Taking them up as the sentiments and views of the profession, then, I say, we cannot endorse them. On the contrary, we owe it to truth, to the public, and to our own reputation, even at the risk of being accused of a radical or heretical spirit, to scrutinize severely so grievous a charge against the public, so damning a confession from the profession, before we give it our sanction, come with what weight of authority it may.

Gentlemen, up to this moment we are responsible for the sanction of our silence. My counsel is, that we rest under that responsibility no longer. Lend your attention, if you please, to the consideration of these several propositions in detail.

First. *The science of medicine stands low in public opinion.* This we may safely pronounce monstrous, incredible, and inadmissible. The multiplied evidences of insanity and folly which pain our senses every day might justify the belief, if

an individual, or even a limited community, were charged with refusing respect to science, but that the public, the great body of the human family, are so sunk down into a miserable fatuity, is harder to be believed than many things which those who think themselves wise pronounce impossible.

But let us inquire whether, by the term science, as here used, was meant the same thing as that to which I refer, and which it would be an act of treason to the intellect and reason to repudiate. Having for its subject man, the most complex, the most perfect piece of mechanism which the world has ever beheld, embodying in one slight form a contribution from every kingdom, an example of every law, a demonstration of every force in nature; and this form so exquisitely fitted, so delicately balanced, constantly exposed to uncounted influences striving to disturb its functions, almost every natural science pays tribute to the art of medicine; more emphatically, perhaps, anatomy, physiology; and chemistry.

But neither of these is the science of medicine. The science of anatomy is no more the science of medicine than is that of natural philosophy; nor the science of physiology or chemistry than that of hydrostatics. Each of these is a distinct science of itself, and all are but auxiliaries to the art. Besides, none of these, nor all of them, could have been contemplated for each of them stands deservedly high in public regard.

The science of medicine must, of necessity, like other sciences, be distinct and perfect in itself—a system of principles and laws which shall account for and explain the phenomena of disease and its cure—the laws of relation between diseases and their causes, and diseases and their remedies; by which the art of medicine—the application of the means of cure—must be governed. Had the allopathic school possessed this, we should know at once what was meant by the term; had they possessed it, this charge would never have been made; had they possessed it, the occasion for making it would not have existed.

But they do not pretend to it. A respectable and accredited teacher of medicine and surgery in that school, not fifteen

years ago, declares, in his writings, that medicine, after its boasted two thousand years, is but "a complicated art, with scarcely any fixed principles," and that "since the time of *Celsus* very little improvement has taken place in medicine; and if we take the weaker parts of *Celsus*, as, for example, the absurd variety which characterises some of his prescriptions, we shall not have much difficulty, at the present day, in discovering similar violations of all rules by which anything like a philosophical investigation of the effects of remedies can be conducted."

Now, as it is evident that, in the use of the term science of medicine, reference was not had to what that branch of the profession did not claim, so it is equally certain that it did refer to something they had, and on which they rested their superior claim to respect and confidence—and that was the art of medicine based upon experience—empirical art. What advantage, then, may I ask, can they claim over the vulgar empiric or Indian doctress at the bedside of the sick? None, save in a better education in auxiliary sciences, and a more extensive experience. They equally appeal, and appeal with equal justice, I do not say with equal force, to experience, and the plea is good. "*Experientia docet*" is a maxim which all can understand and all appreciate; while "*Medicus sum*" unfortunately has not always proved a reliable voucher. Gentlemen, we cannot upon such evidence endorse the accusation against the public, that they depreciate science.

The history of medicine exhibits this peculiarity, that, up to the present century, the art has undergone less changes, while it has suffered greater vicissitudes than any other department of human learning or labor. It is a history of progress without advancement, of devious wanderings within a circle in pursuit of the shifting light of an ignis fatuus, till the number, absurdity, and inconsistency of its successive and antagonistic theories, might readily suggest to the imagination the presiding influence of some maniac demon over its destinies. And yet Nature's law of cure, like the law of gravitation, existed from the foundation of the world, direct-

ing and controlling all phenomena within its department of Nature's works; like it, undiscoverable but by pure philosophical induction—the one approved and only road; like it, pointing for the proofs of its genuineness to the past, the present, and the future. In the absence of the knowledge of Nature's laws, the imagination vainly wanders over floating fields of wonderful but disjointed facts; with it, harmonious order reigns, the mystery of what has been is resolved, what is to be can be safely anticipated. Without Hahnemann's beautiful discovery, experience derived from the observation of phenomena is the sole and very limited guide of which our art can boast. In it, we possess the key to these phenomena, and, in the language of an eminent statesman and jurist, that which gave to medicine the first shadow of claim to take her place amongst the exact sciences. Without it, medicine is but an empirical *art*, which the public may judge, and, if needs be, condemn; but *science* is above the influence and independent of the world's favor and its frowns.

The second proposition is, "*The public have but little confidence in our profession.*"

The standing of any profession would naturally rise and sink with the reputation of their art. But let us examine the medical profession itself, to learn if their own minds may not have exaggerated the actual declension of their position, or admitting it to the full, how far their own acts may have contributed to it. A man, individually or in his profession, may deceive himself as to his real importance in respect of those around him, and his pride may receive a stunning fall, by an accidental circumstance simply awakening him to the reality of his position, without the world being conscious of any sudden or special change in their estimation of him. The pride and sensitiveness of physicians as a class is, we know, proverbial; and the idea that medicine is their exclusive right and prerogative, when in fact they are only its ministers to the public, seems to have become almost a part of their very being. The world, however, does not so regard it, and rightly; but metes out to them, as to others, just the amount

of credit and distinction to which their merits may entitle them. Accordingly, if they assumed a position which they were afterwards unable to maintain, they subjected themselves to the very casualty here complained of, and became almost the willing sport of accident.

The days of professional wigs and gold-headed canes—when mere external insignia secured deference—have gone by to the profession; and we are come into democratic, merit-weighting times, in which science commands a premium, but empty pretensions are at a discount. The sentiments of the age, at any rate in this country, cannot be better expressed than in the quaint but forcible language of the day—"Birth and parentage are of no account when compared with a good bringing-up," and, "The value of a thing is what it will fetch."

The arrogance of the medical profession, however, has a story. We are often forced to look back to infancy to solve the riddle of a life, and rarely fail to find the thread in some, perhaps trifling circumstance, which, operating just at the fitting moment, has changed the current of its destiny. The history of medicine offers no exception to the rule. More than two thousand years ago heathen Greece, according to the best dictates of her dark mythology, deified her *Esculapius* and installed his disciples Priests. Looked at from this remote and enlightened period, it may seem a very slight and unimportant matter, that, before medicine had dreamed of a science, her journeymen and apprentices should have been clothed with the highest honors, and invested with irresponsible power—

"Should for those arts mere instinct could afford,

Be crowned as monarchs, or as gods adored—"

but it requires no great stretch of the imagination to follow this mischievous thread, by its mischievous effects, through the whole interval of time, down to the present. For as their first acts were despotic, so have their last aimed to be tyrannical, and both have been immoral. The first were based upon ignorance and superstition; secluding medicine in mystery, and with affected sanctity commanding a servile

reverence and submission; the last was founded upon an imagined or most overrated social necessity; over-estimating as usual, their own importance, and the world's dependence, they have presumed to dictate to the public insulting terms of submission, and to thunder their threats of excommunication against all who shall dare to transgress their sovereign will. No disease, however critical or obscure, however painful or dangerous, can have their aid in counsel, if the attending physician be a disciple of Hahnemann. Let his academic and legal credentials be ever so perfect, his learning and experience ever so profound, his moral character ever so pure, his professional relations to the sufferer ever so dear, whether earned by success, where others had as signally failed, or by self-denying devotion in hours of peril, if he has honestly tried, and proving has approved the law—the first law discovered in medicine which gave it a shadow of claim to rank amongst the exact sciences, their fiat is, “he must be dismissed.” Not because he is unworthy, for he was late one of themselves, and perhaps one of the first; not because he is incompetent, for he has added knowledge to knowledge; but because true art and empirical art differ as essentially in their practice as in their claims to public confidence.

Rejecting facts unexamined because they are inconvenient to old prejudices, and answering arguments by ridicule and invective, are vulgar and senseless follies, but by no means of recent adoption by the pseudo-regular profession; so that the plea of quackery and accidental circumstances, if admitted, will not justify, nor the present exigency of their case excuse it. It has been their standing policy—their reserve force—for all similar emergencies, as the annals of medicine, the veriest record of persecutions and sufferings as the rewards for great discoveries in medicine, can testify.

It is but little more than two hundred years since the circulation of the blood was discovered and demonstrated by the immortal *Harvey*. This discovery, setting at nought the previous cherished theory of the doctors, that the arteries were occupied by the animal spirits, (because found empty

after death,) brought down upon the devoted head of its discoverer, the utmost virulence of abuse and ill-treatment that malignity could invent. So, too, with *Paré*, who introduced into surgery the practice of tying arteries to arrest the flow of blood after amputations, in place of the barbarous application of the hot iron, or boiling oil and resins to the amputated stump, which before had been the only resource, and the uncertainty and cruelty of which practice had induced some surgeons to prefer the slower and safer course of strangulating the limb they wished to remove, by ligature, and allowing it to mortify and fall off. The author of this invaluable improvement in surgery, was forced to keep it hidden in his own bosom for years, by the stupidity, obstinacy, and tyranny of the faculty; and was enabled to publish it when he did, years after he had demonstrated its feasibility, only by royal partiality. A disgusting exhibition of the degree of folly and wickedness to which conceit and prejudice may drive a sect.

Such things were and are. I might recite to you from the histories of vaccination, and many other remedial blessings vouchsafed by kind heaven to mitigate human suffering, which have been arrested in their course, and detained in their merciful career by the ignorance and selfishness of the profession. But I forbear; enough, I think, has been submitted to show, that, whereas the art of medicine is acknowledged to have changed but little since the days of Celsus, the body which calls itself "the regular profession" has changed less, whether we look at it in its philosophy or in its morality; and if the public has, as has been confessed, but little confidence in the *empirical branch* of the profession, it is certainly not without reason. Our experience, however, if I am a competent judge, will not justify our uniting in a wholesale confession which would include us all. We only demand, and society is willing to accord to us the respect and confidence which is due to an honest and earnest application of a noble art.

This brings us to the third proposition, the supposed cause of the public having but little confidence in the medical

profession; to wit, "*Accidental circumstances, but mainly the rampancy of quackery.*"

The proneness of the human mind to attribute the miscarriage of its schemes, or the disappointment of its hopes to anything and everything but that which would send the blame homeward, is confined to no class, condition, or calling. A dilemma such as we are considering, is just in point, and displays this human weakness exercising its ingenuity to escape from a responsibility by seeming to fix it somewhere else, yet implicating no person nor thing.

"*Accidental circumstances,*" however, means something, indefinite as it is, and indefinite as it was intended here to be. The term conveys the idea of events which are too well known to require more than an allusion; or too numerous to repay the enumeration; or, again, so entirely casual that the sufferer was altogether irresponsible, both for the occurrences and their irresistible effects. If not referable to any of these conditions, its use must be set down as an evasion or a quibble.

I have endeavored, with all the care which a just criticism demands, to recall, if possible, something which occurred or existed about that time, to which the expression "*accidental circumstances,*" in this connection, could be applied. But, although in reference to the occurrences of that period, as affecting medicine, I can feelingly say, in the words of the poet, "*quæque ipse miserrima vidi, et quorum pars magna fui,*" I declare to you that I can call up nothing to which the application could, reasonably, or by any stretch of charity, be made.

"*Quackery*" is another term of vague signification, but of most suicidal import, when urged as a plea by the medical profession. As well might a gardener excuse the unproductiveness of his grounds by pointing to its weeds, or the housewife reflect censure upon the vermin which breed by her neglect, as doctors raise the cry of quackery to cover their defeat. Quackery is the fruit, and strongest evidence of their art's defects. It is the counterfeit of what science should, but has failed to provide. It is the straw which drowning hope

seizes upon, while it curses the necessity. Tell it not that quackery is indigenous to medicine, and found nowhere else. Where true art is, quackery cannot live. True art is based on laws; laws are the plummet and the line, the touchstone and the test by which all claims are tried, the truth endorsed, and all false tokens nailed to the counter to circulate no more.

To charge the discredit of Medicine to accidental circumstances and quackery, is a base slander upon society, besides being, as a defence, ridiculously puerile and absurd.

The fourth and last proposition is, "*The time has come when something must be done to change the character of the profession.*"

With all the knowledge had of the medical profession, of their views of the nature and degree of the evil under which they supposed themselves suffering, and of the imagined causes of that evil, I venture to affirm that it would have defied all legitimate inference, and left every conclusion at fault, in any attempt to find out the change in the character of the profession that was contemplated in this proposition, and the process by which it was to be effected and maintained, had we not witnessed the operation in its inception and progress.

Who could have imagined so improbable a thing, as that a body so proud, so dignified, so sensitive to the crowd (the *profanum vulgus*), boasting, too, the title of a liberal profession, and looking with horror upon everything which connected the idea of trade with their profession, so far forgetting their propriety as to put that profession upon a level with the lowest trades, and themselves with journeymen artisans, by organising a *Medical Trades-Union!*—a combination to force employers to their terms, and to shut out the competition of all who should decline submitting to the requirements and rules of the order.

It is useless to attempt to oppose this construction by pointing to the stereotyped avowal of that association: "The improvement of Medicine, and the elevation of the Profes-

sion." That is but the conventional flag which every craft carries at her peak on leaving port, and is easily lowered or run up as occasion suits. Showing an honest signal is of small avail when actions witness to the contrary.

If quackery furnished the necessity, why did they not unite years before to put it down? No, no, it was not quackery, rampant nor couching, against which they would war. It was against Homœopathy, though they deemed it prudent to disguise the name. No arbitrary classification can change the nature of a thing, or make it what it is not. Placing Homœopathy by the side of quackeries in an artificial and unauthorised arrangement cannot make it quackery, when it does not possess a solitary element of what is understood or implied by that opprobrious term. It recognises no nostrum, deals in no secrecy, but displays its treasures and courts inquiry. The fact that no charge has ever been brought against the school specifying a breach of professional decorum, is conclusive evidence that quackery is not their crime.

No opprobrium was attached to the practice of Homœopathy till recently. The sect had existed in their midst for years, but the allopathic body had not as yet suffered materially by its presence, and they could afford to meet their homœopathic brethren cordially and upon equal terms, and, except an occasional harmless joke, nothing would have indicated that any difference of sentiment existed. They did not blush even to ask counsel of them in cases of disease which had resisted empirical treatment—and I will venture to say they never asked in vain. Homœopathists were and are ready to meet them whenever the common enemy—disease—is to be opposed, or humanity demands their aid,—holding, as in duty bound, their knowledge and experience to be a sacred trust for the benefit of others. Do I misrepresent you, gentlemen? I know that I do not.

To return from this digression, the harmony which then existed might have continued unbroken, and quackery gone unrebuked indefinitely, had Homœopathy remained as it was—within the narrow limits which it had thus far occu-

ped. But in the nature of things it could not, and already it was observed making its way, surely and rapidly, into larger and more influential circles. The assurance had been reiterated and re-echoed that its lay-adherents were only the weak and the imaginative, who are ever on the alert for something new or fanciful, and who would be ready to forswear their allegiance upon the first appearance of danger; that its doom was certain and near at hand, under the stern ordeal of reason and experience. They counted without their host. A change was working, a change which has since given more aid and comfort to the cause than any other one thing could have done, and has effectually blunted their childish weapons—ridicule and abuse. It was engaging the attention and convincing the reason of educated and strong-minded men, until now we count its advocates by hundreds from the bench, the bar, and the pulpit.

Such a breast-work, I need not say, is impregnable to all the puny weapons which malevolence can invent, or the imagination fabricate. Facts must there be combatted by facts, reason by reason; and, without a total change of armament, a combined assault in solid column, in the shape of an association, possesses but little advantage over individual or guerilla warfare.

It is, however, unnecessary to dwell upon their strategy or their tactics. We needed not to be told, what their abortive attempts at legislation proved to their discomfiture, that no excluding act can be framed, which can legally shut us out (individually) from any medical association which rests its qualifications for membership upon professional regularity. Regularly educated, holding the regular legal diplomas, having regularly conformed to all the requirements of law and usage, and chargeable with no irregularity, save, by misconstruction, this, that we apply a law of nature in our art, if we are disfranchised, it must and can be only upon this fact. Herding us with quacks and ignorant pretenders, that they might surreptitiously exclude us, was an act of violence; and none but their own eyes were blinded to the

odium which attached to the deed, and to the too apparent baseness of the motive.

Here, gentlemen, they have placed themselves, and here we may safely leave them. But in reference to that "*something*" which they predetermined "*must be done*," and which we have a right to presume, *was* done in the way contemplated in the proposition, we are bound by every consideration of social duty, to say nothing of professional dignity and propriety, to repudiate and disavow it, as utterly unworthy of a liberal profession.

The constitution of the Hahnemann Academy makes eligible to membership, "any physician residing in the city of New-York or its vicinity, having received the degree of doctor of medicine, or a diploma of license to practice according to the laws of this State." It proposes to carry out its object—"the advancement of the healing art, by mutual consultations and by public and private teaching." Comment upon these sections, by me at this time, is as unnecessary as it would be out of place. So long as our acts are not in violation of them, they speak for themselves and for us.

I am fully persuaded that the evil, under which the public and the profession are at present laboring, is simple and remediable. For, gentlemen, if the profession be suffering from the effects of medical infidelity, the public are infinitely more.

It is one thing to ridicule medicine, and mock at doctors' quarrels and differences of creed, in times of health and fancied security, but quite a different thing, when the body is racked with pain or the subject of inexorable disease, or, worse, when the heart's treasure perchance lies struggling within the jaws of death. Have you been so unfortunate as personally to witness such a case? Have you watched the undisguised anguish of the husband, or father, at the bedside of his darling, looking from one faith to the other, with confused mind and distracted heart, unable to decide his doubts, and yet unwilling to resign the chance? The experience of one in such a condition I will give you in her own strong

simile; I am, said she, "like a heathen awakened to a full sense of his danger, but not yet convinced of the saving truths of revelation."

Gentlemen, this state of things—this condition of the public mind—is an immense social evil. - It is not a subject for reproach, nor captious animadversion, and anything like complaint or upbraiding comes with a peculiarly bad grace from our profession. It is entitled to our sympathy, and best efforts for its correction; and we may rest assured that those efforts will not pass unnoticed nor unrewarded.

We have seen that the great cause of the want of confidence on the part of the public toward physicians, has been the imperfection of empirical art. The evil is wide-spread, and we, in common with our brethren suffer by it. Though, in Homœopathy, medicine has become a true art, and therefore the cause has ceased to exist, its influence remains, and time will be required to recover for legitimate medicine its rightful position. But much may be done to hasten the event, by a very simple and I think reasonable and proper means—and that is, *popular instruction in medicine*.

There is no good reason why medicine should be entirely excluded from the catalogue of popular studies. Popular lectures on mechanics do not set every man to mending his own watch when it needs repairs; on the contrary the knowledge imparted to him makes him the more careful to avoid tampering with its delicate arrangements, or submitting it to incompetent hands. The preservation of health and the safe treatment of disease are certainly matters of infinitely greater delicacy and importance; the first being of necessity committed to the discretion of each individual, and the proper selection of a medical adviser left to his judgment; yet how incompetent from lack of knowledge, are a considerable portion of the laity to exercise either in the premises.

Medicine is no mystery, and we can no longer make it appear a mystery if we would; but to many it is practically a nullity. In sickness, it would seem, they must (from habit or example) do something in the way of treatment, but *what*,

they think of little importance. Their idea of means toward a cure is that it is a chance, and they blindly take of anything that offers. How frequently does it occur that, to the physician's question, "what have you taken for your disease?" the answer is returned, "*something* (pill or mixture, as the case may be) *we had in the house*," in entire ignorance of its composition, whether applicable or injurious.

With an appropriate kind and degree of knowledge, think you a man would trust the repairs of his delicate organism to his own unskilful hand or to that of an ignorant pretender, when he would not commit his watch to the rude manipulations of a blacksmith?

Quackery, which owed its origin to a defective art, owes its protracted existence to popular ignorance in medicine. The age in which we live demands that we should forsake the ancient policies of our craft, and conform to the spirit of the times. The nineteenth century is a great practical fact, which cannot be kept too constantly before the mind in all the concerns of life, but it has a special bearing upon the prospective course of our profession, and particularly of our own institution. As individuals, we are meeting and correcting, day by day, the prevailing medical scepticism; as an institution we owe it to society to act upon the masses.

This evil spirit grows out of that degree of knowledge which enables its possessor to discover faults and apparent inconsistencies in medical practice, but not to weigh and appreciate its difficulties and its merits; while a greater degree would convince them that a regular and systematic education is necessary even to a safe application of remedies to a known disease; whereas, without such education, and much experience and practical acumen, many diseases are undiscoverable, and all are liable to be mistaken and consequently maltreated.

The advanced state of general education has made the public mind familiar with many things which a very few years ago were abstruse, and sealed to all but the few; accordingly it is not only prepared to grapple with anything which is interesting, or can be made practically useful, but it

is entirely unprepared to yield a blind submission of the reason to any. If in medicine we desire its confidence, that is attainable, but only by convincing its judgment. If we wish the public to respect the true physician, we must give them such knowledge as will enable them to appreciate him in the intellectual and artistic features of his profession.

Give them the means of thinking for themselves. Let them see that the art of medicine relies upon no faculty of second-sight, intuitive or acquired, by which the qualities of disease can be discerned at a glance; that it does not sanction a careless application of means scarce shrewdly guessed at; but that the unravelling of disease and its reasonable treatment are processes which demand the exercise of the highest qualities of mind. In other words, we must teach them what the art of medicine is, and what it requires, and we may then safely leave it and the profession to find their own level, confident that our art, founded as it now is on true principles, will yield to none in dignity, and that its practitioners will receive that place in public estimation to which their noble and self-denying labors so well entitle them.

ARTICLE II.—*The Homœopathic Law*. By E. E. MARCY, M.D., New-York.

THE importance of a rigid adherence to the great law of cure which lies at the foundation of our art, cannot be too strenuously dwelt upon by the disciples of Hahnemann. Especially at this period, when so many are entering our ranks as professed believers, yet with all the abominations of the old school still lingering about them, is it necessary to hold forth to the world *the law*—sublime in its simplicity and truthfulness, and pre-eminently successful in practice.

It is far better for those who have doubts in regard to the absolute truth, of *similia*, and its *universal* applicability in disease, to remain in the allopathic ranks until all such doubts are removed. Many of our bitterest opponents believe that

the homœopathic, is *one* of the many laws of cure which exist, and they do not hesitate to adopt it now and then in practice. On the contrary, all true homœopathists recognize but the *one* law, and they never prescribe except in accordance with it. The eclectic, who is a kind of medical freebooter, pins his faith upon no law, and has no fixed rules of practice, but plunders from all sources regardless of consequences, sometimes sailing under an allopathic, and sometimes a homœopathic flag.

But the question will be asked, what is to be done in those cases in which the law of similitude proves inefficient? This question will be asked—but not by those who are most thoroughly conversant with the doctrines of Hahnemann, and who have devoted most study to the *Materia Medica Pura*. The question respecting the propriety of using auxiliary remedies, foreign to Homœopathy, may also be gravely discussed, but it will not be by those who are most minute and accurate in investigating the phenomena of disease, and in selecting remedies to cover such symptoms.

After a careful examination of those cases in which allopathic remedies are deemed necessary by some of our brethren; we have arrived at the conclusion that such opinions have been hastily formed, and without a due appreciation of our therapeutical law. Old errors respecting the necessity of frequent alvine evacuations, have contributed much towards this lack of appreciation and these hasty conclusions. Nor will this appear surprising when we reflect upon the influences to which a majority of mankind are subjected from earliest childhood. In infancy, the unfortunate child who has the presumption to fret and cry from the irritation of teething, is consigned to the tender mercies of castor oil, rhubarb, and paregoric. In boyhood, he is fed on sulphur and molasses, and salts, to “purify his blood,” and prevent sickness; and when disease actually assails him, he is drugged with repeated doses of disgusting compounds, selected without reference to any fixed principle of therapeutics; but according to the whim, or particular “hobby” of the attending physi-

cian. In manhood he is taught that bleeding, blistering, vomiting, purging, and sweating—those legitimate offsprings of the humoral pathology—are the only means of restoring the diseased body to health. Is it then strange that such old associations sometimes exercise an influence, and tempt the recent convert to Homœopathy to resort to measures which afford temporary relief, at the expense of much future suffering? From childhood he has been aware that cathartics afford momentary relief in obstinate constipation, and he has to prescribe for those who are beginners in Homœopathy, and who are prone to judge respecting the merits of a system from results which are in accordance with their own preconceived opinions, and he therefore purges his patient, hoping afterwards to cure both the natural and medicinal disease by Homœopathy.

For a short period after commencing the reformed practice, we were so unfortunate as to entertain the opinion that allopathic remedies might be occasionally necessary and justifiable; but more experience, more study, and a better appreciation of the spirit of our great law of cure, have long since dispelled these remnants of Allopathy, and established in our minds the conviction of the entire truth and universal applicability of *similia*. In our own immediate family we have occasionally encountered violent and dangerous maladies, and we have trusted implicitly, and under all circumstances, to the homœopathic law, as our guide in practice. Success has hitherto crowned our efforts, and we trust, by a rigid adherence to the law in future, and in every emergency, that God's blessing will continue to rest upon our humble exertions.

It is true that the physician will sometimes be sorely tempted, in consequence of some urgent and persistent symptom, or by the clamor of friends, to depart from the true path, but let him always stand firm, with his eyes ever fixed upon the glorious law, and he is safe, for truth is all powerful and must ultimately prevail. Let him remember that no true principle—no law founded in nature—can ever lead him astray but is always reliable, always safe, and when properly followed, always efficient.

The old school, in consequence of never having possessed any true or fixed law of cure, has hitherto been but a mere panderer to erroneous and absurd hypotheses. Having continually changed ground from the earliest periods, condemning to-day what was lauded as perfect yesterday, it has now arrived at a period when it is forced to reject all theories, and to stand forth before the world in the light of brazen-faced empiricism, destitute of principles, without uniformity or consistency either in theory or practice, and with very little to inspire confidence or respect in its professed advocates. Let the homœopathist take warning from the past history of their school, and if satisfied that he has a true law of cure, let him adhere to it under all circumstances, and he will surely be successful in the end.

We now proceed to allude briefly to a few errors with respect to the practical application of the homœopathic law.

If we have a correct appreciation of the spirit of Homœopathy, it consists in selecting remedies which are *homœopathic* to the symptoms we wish to cure, and in administering these homœopathic remedies in such doses as shall effect the object in the most prompt and safe manner. If we have rightly understood the doctrines taught by Hahnemann, we should define them to consist chiefly in a reformation of the antipathic and allopathic modes of treating diseases, and of substituting in their place the homœopathic method, expressed by the latin phrase *similia similibus curantur*. To explaining and elucidating this great law, Hahnemann has devoted nearly the whole of his *Organon*, for until we arrive at the 204th page, we find nothing upon the subject of infinitesimal doses, and then it is alluded to only in a note, and that, too, incidentally. Throughout the remainder of the volume of three hundred pages, there are a few occasional hints upon the subject in notes, but in the text there is but little with reference to it.

From this it is evident that the author of our system regarded the *law of cure* as his essential and vital discovery, and to its elucidation he devoted his principal energies during a period of more than thirty years. In the practical develop-

ment of this discovery, the ordinary doses of the old school were first employed, but they were found to be much too active in their effects upon the diseased organism. Still smaller doses were then used, and with similar results. This reduction of doses was now continued, *from necessity, and not from any preconceived hypothesis*, until the singular fact was clearly established that infinitesimal quantities of drugs, when properly prepared and administered, were capable of acting upon the diseased body in such a manner as to cure *tuto, cito et jucunde*. But Hahnemann was no less a homœopathist, when in the first part of his career as a reformer, he gave tincture of Bark in teaspoonful doses, than when at a later period, he effected cures with an imponderable dose of the same medicine. In both instances he prescribed in accordance with the great law he had discovered and announced to the world, and in both instances he accomplished his object by curing his patients.

It is quite evident, then, that practical experience alone impelled the great master to the conclusion, that, upon the whole, small doses are more efficient, more safe, and more prompt in inducing curative reactions of the diseased organism, than large ones. The first homœopathic applications of *belladonna* were in scarlet fever, in the usual allopathic doses. In all these cases cures were effected better than by the old method; but these cures were for the most part preceded by troublesome medicinal aggravations, thus rendering the curative reaction of the system against the drug, tedious and difficult. It was for the purpose of avoiding these severe aggravations that Hahnemann deemed it expedient to diminish his doses, so that no more of the drug should be taken into the body than was absolutely required for the cure of the malady. The question was not one of theory, but of fact. A given quantity of a drug was given, and a medicinal aggravation resulted, followed finally by a curative reaction of the system. A smaller quantity of the drug still produced an aggravation, followed, as in the first instance, by a cure. Again and again was the dose reduced, and yet the same

aggravations uniformly resulted, until a point of attenuation was obtained when the atoms of the drug became imponderable. Finally, the remarkable fact was demonstrated, that infinitesimal doses of homœopathically selected drugs, were capable of impressing diseased structures in such a manner as to restore them speedily to a healthy condition.

But as individuals are endowed with different constitutions and are possessed of different degrees of sensitiveness—as some diseases are characterized by a high grade of nervous excitability, while others are distinguished by an almost entire lack of sensibility, a great variety of strengths of drugs was deemed necessary. Accordingly, the founder of our school established a scale of strengths, or attenuations, commencing with the mother tincture and extending thence to the thirtieth degree of attenuation. From this whole scale, Hahnemann was accustomed to select his doses, being governed in this selection by the age, sex, temperament, and susceptibility of the patient, and the nature of the malady to be cured.

That a just discrimination should be exercised with regard to the selection of doses and their repetition, is evident. This subject can never be regulated by any fixed rules, because numerous circumstances connected with each case must exercise a controlling influence over the judgment of the practitioner. The same discrimination has always been deemed necessary by the practitioners of the old school, and in most instances, a pretty wide range of doses is adopted. As an instance in point, we cite the employment of *ipeca-uanha*, by our opponents. To combat obstinate nausea and vomiting, they give it in doses of one-sixth and even one-twelfth of a grain. As a remedy in dyspepsia and bowel complaints, they prescribe it in doses of one, two, or three grains. For coughs, five, six, or seven grains is considered a proper dose. For fevers, bilious derangements, and numerous other ailments, they often administer from fifty to one hundred grains. This surely is a pretty wide range, when we reflect that the drug is in its crude state; but who, for this reason, would be so silly as to define these different doses as

the system of allopathy? The homœopathist, acting with his remedies directly upon diseased tissues, finds it necessary to select his doses from a still wider range; but what has this to do with his great law of cure?

Our opponents, with that bitter and vindictive spirit which has characterized them from the first announcement of the homœopathic doctrine, have always endeavored to conceal the real points at issue between the two schools, and to concentrate public attention upon the subject of doses. They have almost invariably referred to Homœopathy, as consisting of nothing but the administration of medicines in infinitesimal quantities, and, assuming to themselves superior knowledge and judgment, have vainly sought to trample under foot all facts and demonstrations by vulgar epithets. We know, for example, of two physicians, the one a homœopathist, and the other an allopathist, who practise medicine in the same neighborhood. The first, who is now a man of mature years, is distinguished for his classical attainments, sound judgment, and profound knowledge of scientific subjects. Uniting the strictest integrity and independence of thought, with unwearied industry and perseverance, he has extended his researches over the whole domain of medical science, and become convinced that Homœopathy is true. This gentleman is at the present time an honored practitioner of our school. The other physician, who is much younger, after having received an ordinary English education, and secured tickets for two courses of lectures in one of the patent stock-jobbing medical schools of the day, was asked a few questions upon the different branches taught, having been previously "quizzed" upon the "points" of each subject, when he was deemed worthy of a diploma. This gentleman is generally considered *au fait* in matters pertaining to the opera, the drama, the ballet, the turf, and other fashionable amusements. Among his patrons he is a sort of Sir Oracle, not from any extraordinary knowledge or sense he is supposed to possess, but from his cool assurance, his self-assumption of superiority, and his wonderful volubility in denouncing his respectable neighbor

as a quack, and the system he advocates as an absurdity. This allopath, a mere pigmy in intellect and knowledge, when compared with his professional neighbor, affects to despise and sneer at the carefully studied opinions of the latter, and with the ever-ready and powerful arguments, "quack," "humbug," and "absurdity," demolishes both him and the system he advocates twenty times a day.

This is by no means an uncommon type of the opposition which Homœopathy and her advocates meet with at the hands of their rivals. But the public are beginning to appreciate the real difference between the two schools, both theoretically and practically; so that misrepresentations on the one hand, and sneers and ridicule on the other, now fall harmlessly to the ground. The public are beginning to perceive that a *great law of cure* stands at the foundation of Homœopathy, and that this law is in direct opposition to the contradictory tenets of the old school. The people are now beginning to understand, although the homœopathist often prescribes his medicines in infinitesimal doses, that experiments and facts, not theory, have forced him to the use of these doses. They are willing, therefore, to receive the law as a reasonable, simple, and glorious fact, and trust to the judgment of the physician in carrying out its practical details, whether he deems it necessary to give his doses by the drachm, the grain, or a fraction of a grain. Having been led astray for a time by the malicious fabrications of the allopath, they are now able, after moderate investigation for themselves, to understand the sordid motives which have actuated him in his allusions to Homœopathy, and to appreciate the value of the new practice. The very spirit which every where animates the followers of the ancient school, their unscrupulous misrepresentations, their attempts at persecution, and the anger and bitterness they manifest upon the slightest allusion to the doctrines of Hahnemann, all indicate the terror with which their powerful rival inspires them.

In view of these facts as well as of the intrinsic importance of the subject itself, how important that the disciples of

Hahnemann, should maintain with rigid exactness the integrity of their therapeutic law! How important that every one should devote some portion of each day to the study of the *Materia Medica Pura*, in order that he may be able to select an appropriate remedy in all cases, and thus always avoid the temptation of resorting to allopathic measures! How important that every case—yea, *every symptom* should be thoroughly investigated, and contrasted with the corresponding drug symptoms, in order that the law may be truly and fully adopted!

The physician, through lack of knowledge of the *Materia Medica*, negligence, or an error of judgment, may sometimes fail of success in his prescriptions; but let him never attribute his failure to any defect or inefficiency of the homœopathic law. Men may commit errors and fail of success in their undertakings from a great variety of causes, but a great truth, a law of nature, can never err, never mislead. In all branches of science and art, fundamental laws are sometimes misapprehended and misapplied, and untoward results are the consequence; but a thousand misconceptions and misapplications of these laws can never shake their validity.

Some of our English *confrères* have recently cited certain cases in which they would deem it justifiable to resort to allopathic auxiliaries.

While entertaining the highest respect for the talents and motives of these gentlemen, we are constrained to differ with them, and to believe that, in the very instances alluded to, a judicious application of the homœopathic law is far superior to any of the empirical resources of the old school. It would be easy to adduce numerous practical examples in proof of this position, but we shall limit ourselves to the following report of a single case which is quite pertinent to the question, leaving the reader to draw his own inferences.

Feb. 26th, 1851. Mrs. —, 36 years of age, a brunette of a nervous-sanguine temperament, was attacked during the day, with violent contractive pains in the abdomen, chiefly in the vicinity of the cæcum, attended with great hardness, and

distension of the intestines at this point, and much tenderness upon pressure. A constant pain was felt in the cæco-colic region, but there were periods when these pains recurred with the greatest severity, lasting generally for about twenty minutes, and then diminishing to a more moderate aching pain of thirty or forty minutes' duration. Some symptoms of febrile excitement were present, such as unusual frequency, and fulness of the pulse, hot and dry skin, headache, white tongue, thirst, and pains in the back and limbs.

This case was first placed under the care of an allopathic physician, who at once prescribed a dozen leeches to the abdomen, to be followed by hot fomentations, and a dose of calomel, to be succeeded in two hours by half an ounce of castor oil, as there had been no evacuation from the bowels for four days previously. But notwithstanding these measures, the unpleasant symptoms continued gradually to progress until nine o'clock in the evening, when another dose of oil was administered. At about midnight, the bowels were found to be still more distended and painful to the touch, the febrile symptoms were all increased, and there were no indications of an action from the bowels. From this time until 11 o'clock A.M., of the 27th instant, efforts were made by giving repeated doses of croton oil, aided by stimulating enemata, and fomentations, to force a movement, but without success. As the patient was now much exhausted from continued pain and want of sleep, it was deemed necessary to take another tack in the trackless sea of eclecticism. Accordingly the lady was put under the influence of opiates, with the view of covering up her symptoms and clamors at the same time. This resource was adopted until the morning of the 28th instant, when the symptoms had assumed so alarming a character—no action having yet taken place from the bowels, and the pains being equally severe, except when deadened momentarily by the opiates—that the physicians in attendance announced that the case would probably terminate fatally.

The patient was now, Feb. 28th, 10 o'clock A.M., placed under the writer's care in the following condition: There is a

hard swelling apparently in the cæcum and upper portion of the colon, exceedingly tender upon pressure or to the touch, and very painful upon the slightest movement of the body, like turning in bed, sneezing, coughing, etc. The indurated portion is about ten or twelve inches in length, and probably about eight inches in circumference. The whole abdomen is painful upon pressure, and the patient experiences a constant sensation of soreness over the whole abdominal surface; but in the indurated part alluded to, there are paroxysms of acute contractive and lancinating pains, occurring at intervals of fifteen or twenty minutes, lasting about ten minutes, and then partially subsiding until the next paroxysm. The pulse is very frequent and wiry, the tongue dry and covered with a brownish fur in the centre, and red at the edges, the skin hot and dry, the expression anxious and care-worn, the features sharp and indicative of severe pain, considerable thirst, and great nervous excitability. There are also, headache, confusion of ideas, general feeling of prostration and lameness in the legs, frequent eructations of a sourish liquid, nausea and occasional retchings, marked retraction of the umbilicus, pains extending from the indurated part, to the back and chest.

From the history of the case we learned that on one occasion, after the administration of an enema, two or three small, hard, and dark-colored balls of fæcal matter had been discharged, but without affording the slightest relief.

Our prescription was *Plumbum-met.*, 2d trituration, one grain every two hours until a change of symptoms was manifest.

Feb. 28th, 9 o'clock P.M. Symptoms all ameliorated, and a feeling in the intestines as if they would soon be moved. *Sacch.-lac.* every two hours.

March 1st, 9 o'clock A.M. The bowels have moved twice during the night, the first time slightly, the discharge consisting of a few hard, dark lumps, mixed with a fluid of a dark color and very offensive character. The second motion was quite copious, but still darkish, slimy and offensive. Decided relief was experienced from these discharges, and

there is at the present time, much less distension of the abdomen, less pain, less tenderness on pressure, and less disturbance of the general system. A single dose of *Sulphur 30*, was prescribed.

7 o'clock P.M. The whole abdomen feels sore as if bruised, there is a sense of constriction about the rectum, with an ineffectual urging to stool, sour taste, and spasmodic drawing pains in the muscles of the back and limbs. To combat these symptoms a single dose of *Nux-vom. 30*, was ordered.

March 2d, 10 o'clock A.M. A free fæcal discharge has taken place from the bowels this morning, quite natural in appearance. There is a decided improvement since last evening, although the swollen part is yet quite prominent and sensitive to pressure. The patient has perspired very much since two o'clock this morning, and feels debilitated in consequence. *Mercurius-sol. 30*, was now advised morning and evening, and continued until March 8th, at which period the symptoms had so far disappeared that all farther apprehension in regard to the case was at an end.

For several weeks subsequent to this time, it was found necessary to administer *Mercurius* at long intervals, for the purpose of removing the slight induration which remained at the primary seat of the malady, and the morbid disposition to perspire. This fully accomplished the object, and the lady was restored to her usual health.

This case is instructive in several points of view. In the first instance, it illustrates the fallacy of supposing that large and repeated doses of active purgatives are the most efficient and speedy means of producing alvine evacuations in serious diseases attended with obstinate constipation. It also demonstrates the supremacy and efficiency of the homœopathic law, under circumstances of the most difficult, and apparently hopeless character. Finally, it teaches us that a true principle of cure may not only be trusted in dangerous cases, but that a deviation from it for the purpose of bringing to bear some supposed auxiliary means, foreign to Homœopathy, may endanger life.

We have thus briefly glanced at the subject under consideration, for the purpose of contributing our mite towards the vindication of the supremacy and absoluteness of the homœopathic law, and of warning practitioners against the danger of forsaking this great medical truth under any circumstances. If all would more frequently peruse the *Materia Medica Pura*, and ascertain more thoroughly the pure effects of drugs in health, there would be no occasion for ever again even alluding to remedies beyond the pale of Homœopathy.

ARTICLE III. — *Symptomatology of Ginseng-chinense; arranged by DR. ROTH.* Translated for the North American Homœopathic Journal.*

THE plant, the roots of which pass among the Chinese, by the name of *Ginseng*, *Ginchen* or *Jinchen*, signifying “the wonder of plants,” is quite uncertain. It has been asserted of late that it is entirely distinct from the *Panax-quinquefolium* Lin., *garent-oquen* of Canada, commonly called American Ginseng.

The Ginseng roots lately brought to France by the Mantchoury missionaries are of two sorts: one white like iris root, of the size of the finger, hard, compact, without fibrillæ, slightly wrinkled, divided below into two or three branches, or terminating in a single bent one above, enclosed in a neck which gives rise to the stem; the other is said to be the same article preserved, semi-transparent, in straight pieces, thinner, longer, and smoother than the former; the fibres and exterior cuticle are no longer distinguishable, the sugar having penetrated throughout. (MÉRAT, *supplément au Dict. de Mat. Méd.*, Paris, 1846, p. 324.)

[“Some suppose the Ginseng plant of Chinese Tartary to be the same as ours (viz. : the American); others believe it to be the *Panax-schinseng* of Nees von Esenbeck; while by others, again, though acknowledged to be a *panax*, it is thought to

* *Materia Medica*, vol. 1, p. 200.

be a different species from either of those mentioned. While supplied with this drug exclusively from their own native sources, which furnished the root only in small quantities, the Chinese entertained the most extravagant notions of its virtues, considering it as a remedy for all diseases and as possessing almost miraculous powers in preserving health, invigorating the system and prolonging life. It is said to have been worth its weight in gold at Pekin; and the first shipments made from North America to Canton, after the discovery of the root in this country, yielded enormous profits. But the subsequent abundance of the supply has greatly diminished its value." (WOOD and BACHE, *Dispensatory*, Phil., 1847, p. 530.)]

The root is prepared for use by trituration or by forming an alcoholic tincture.

Dr. ROTH cites the following

AUTHORITIES. 1. JOUVE, *Bibliot. Hom. de Genev.*, Prem-ser., vol. VIII, p. 156. 2. LEMBKE, *Hom. Zeit.*, 1849, S. 11.

A cypher (°) is prefixed to the curative symptoms.

MENTAL AND MORAL. Mental. Difficulty in thinking (1).

Forgetfulness (1).

Memory very weak; he forgets well known things and events (2).

Intellectual faculties undisturbed, inclined to his ordinary occupations; only his speech is impeded, embarrassed by the great dryness of all the organs in the buccal cavity (2).

5. Neither disposed to labor nor to thought (2).

Great disorder in all his actions (2).

Awkwardness; he lets things fall out of his hands; at the same time, great hurry in all his movements (2).

Moral. Calm mood, contentment, courageous feeling (2).

Moral state generally quiet, still there are impatient impulses, fear of accidents, sometimes desire to weep, and at others, disposition to be anxious about the future (1).

HEAD. Headache. 10. Embarrassment and heaviness of the head (1).

Painfulness of the head (1).

Head heavy, painful after dinner (1).

Heat in the head (1).

15. Head free and light (2).

Vertigo and cloudiness (1).

Attacks of vertigo when seated (2).

Violent vertigo, he sees all objects confused (2).

Vertiginous sensation in the head, with pain in the nape, and greatly dilated pupils (2).

20. He seems to himself to totter, in the open air (2).

Tottering gait in the open air and commencing vertigo (2).

Tottering, ill-assured gait, the knees a little bent and the legs apart (2).

Ill-assured gait; the objects in the street move before his eyes; on several occasions (2).

A feeling as if he were wavering (tottering) on going out into the open air at 10 A.M., which he does several times so as to brush the passers-by; this feeling is particularly felt on coming down stairs; it disappeared by noon (2).

25. Right semi-lateral headache (1).

Frontal. Lancinating pain in the forehead (1).

Lancinating pain in the right frontal eminence extending above the orbit with heaviness of the lids (1).

Constant weight and pressure in the forehead (2).

Heaviness in the sinciput and painful sensation which extends through it horizontally (2).

30. Great depression and heaviness in the sinciput when entering his house towards one o'clock (2).

The head constantly heavy and pressure in the forehead isochronous with the beats of the pulse; at the same time, rhythmical trembling of surrounding objects (2).

Pressure in the sinciput (2).

Pressure in the sinciput, forehead hot (2).

Pressure in the forehead and right knee (2).

35. Pressure in the frontal bone and in the nuchal and lumbar muscles (2).

Pressure in the forehead and temples (2).

Vertex. Pressure in the anterior and superior part of the head (2).

Pressure in the vertex and right calf (2).

Occipital. Sensation in the occiput as if the head were swinging to either side, occurring several times when seated (2).

40. The cold penetrates into his occiput (2).

Sudden blow upon the occiput followed by a violent bruised pain (1).

Pressure in the occiput, and sensation as if an attack of vertigo were coming on (2).

Temporal. Pressive pain in the temples (1).

Pressure in the right temple, and sensation in the left, as if it were thickened (2).

45. Pressure in the temples (2).

EYES. Itching in the lids (1).

Itching on the edges of the lids (2).

Smarting of the edges of the lids (2).

Smarting, and disagreeable burning of the lids of both eyes (2).

50. Extreme difficulty in opening the lids; they are heavy and painful (1).

The upper lids fall, especially the right (1).

Lancinations in the eyes, copious lachrymation, redness of the ocular conjunctiva, and desire to shut the eyes; pressure in the forehead, heaviness of the head, slow but full pulse, eructations of wind, and drawing in the left side of the lower jaw (2).

Pressure on the eyes from without inwards (1).

The light of day dazzles him (2).

55. A vivid light wearies his eyes (1).

The eyes are less susceptible to the solar light than formerly (2).

Pupils contracted, and an hour afterwards dilated, in the morning (2).

Pupils much contracted, susceptibility of the eyes to light, although the sky is cloudy, in the morning (2).

Contracted pupils, sensitive to light (2).

60. The pupils seem a little enlarged (2).

Pupils variable, sometimes dilated, sometimes contracted; oftenest dilated (2).

Pupils dilated, and flying of black points before the eyes (2).

Sight misty, indistinct, head heavy and vertiginous (2).

Great white spots of irregular forms appear before the eyes (2).

65. Although he sees objects very clearly, he cannot sometimes distinguish them well, his eyes run so rapidly from one object to another (2).

When looking steadily at an object, it appears double (1).

He takes one word for another when reading, the letters run into one another (1).

NOSE. The nasal cavity constantly dry (2).

Dryness of the nose, the passage of air not being interrupted (2).

70. Nose continually dry, easy transit of air (2).

Nose dry and sensitive to the passage of air for several hours (2).

Nasal cavity dry, sensitive to the air of his usual room; pressure in the deep parts of the brain, changing its situation, and sensation of cold on the surface of the globe of the eye (2).

Nose very dry, with frequent sneezing (2).

Thick nasal mucus, but scanty, becoming the next morning more limpid, and more copious (2).

75. Slight bleeding from the right nostril (2).

He blows blood several times during the day (2).

Epistaxis produced by a slight touch of the nostril, at 8 A.M. (2).

Discharge of nearly two spoonfuls of red blood from the right nostril after blowing his nose at 9 P.M. (2).

Frequent sneezings (2).

80. Frequent sneezing, even in the afternoon (2).

FACE. The face is alternately red and pale (1).

Smarting and itching with considerable heat on the right cheek, chin and ala nasi followed by a burning erysipelatous

redness; then an eruption of little miliary pustules accompanied by a sensation of formication; the skin soon presents the appearance of a furfuraceous herpes which terminates by desquamation at the end of a fortnight (1).

Pressure in the zygomatic bones (2).

Drawing in the ascending ramus of the lower jaw, in the zygoma and upper maxillary; at the same time pressure on the chest, difficult respiration and contracted pupils (2).

MOUTH. Lips. 85. Lips dry, rough and thick (2).

Lips dry and cracked (2).

Lips thick, dry, and covered with little dry pellicles until one P.M. (2).

The lips are red and dry; they crack and bleed, particularly the lower (1).

Buccal cavity. Dryness of the lips, and whole buccal cavity, and scraping in the pharynx and œsophagus (2).

90. The painful dryness of the lips, buccal cavity, and pharynx is increased by the open air, and by talking (2).

Lips, buccal cavity and pharynx dry; hoarse voice and scraping in the œsophagus; even moderate talking aggravates all these symptoms (2).

The whole buccal cavity and pharynx dry rapidly, lips and teeth are dry; the parts all stick together, salivary secretion suppressed (2).

A swallow of water only moistens the buccal cavity for a few minutes, and is followed by an absolute dryness (2).

The symptoms of the buccal cavity and throat are aggravated in the open air, and disappear when dining (2).

95. The dryness of the mouth and lips increases in the open air as well as the scraping and excoriation of the palate; they both disappear when dining, but reappear strongly three hours afterwards (2).

The whole buccal cavity, teeth, lips, tongue and pharynx, become dry in the open air, or during slight physical exercise during which respiration is more frequent, and they feel rough to him as if they were powdered with sand (2).

Marked dryness of the buccal cavity at 8.30 A.M., breath

sickish, lips rough, pharynx dry, saliva scanty; these symptoms disappeared in an hour, but returned afterwards and alternated until one P.M., with increased secretion of saliva (2).

Dryness of the buccal cavity, especially of the palatine arch and tongue; afterwards, increased secretion of saliva (2).

The dryness of the mouth disappears on eating; but appears in a less degree an hour after (2).

100. Dryness of the mouth and pharynx at 1 P.M. (2).

The dryness of the mouth and tongue commences at eight o'clock, increases in a few minutes to such a degree, that there is not a drop of saliva left in the mouth (2).

The whole buccal cavity dry, especially the tongue, velum and pharynx with sickish breath (2).

Dryness of the palatine arch (2).

Complete and persistent dryness of the whole buccal cavity, lips, and even into the pharynx, with a sensation as if the lips were swollen; salivary secretion suppressed and sickish, nauseating breath (2).

105. All parts of the mouth stick together on account of their dryness; it is a difficult matter to talk (2).

Dryness of the teeth and gums (2).

Saliva. Accumulation of saliva in the mouth notwithstanding the dry feeling of the palate; it is swallowed with difficulty (2).

Increased secretion of saliva, and slight malaise (2).

Increased secretion of saliva alternating with dryness of the palatine arch (2).

110. Scanty saliva, the arch of the palate begins to be dry (2).

The saliva is several times tinged green, but has no smell (2).

Tongue. The tongue becomes red, smarting, with thirst, then white in the middle (1).

Tongue white, perfectly dry, very shining, and with prominent papillæ (2).

APPETITE. Increase of appetite (1).

115. Fierce appetite at unaccustomed hours (2).

Adipsia during the whole day (2).

THROAT. Pharynx. Lancination in the pharynx (2).

Scraping in the pharynx and œsophagus in the afternoon (2).

120. Scraping in the pharynx, and dryness of the posterior portion of the velum palati (2).

Scraping and excoriating feeling in the pharynx (2).

Scraping and excoriated feeling in the pharynx, aggravated by the movement of deglutition, and inhaling air through the nostrils which are dry (2).

Scraping and excoriated sensation in the pharynx which make it painful to talk; salivary secretion is renewed afterwards (2).

Scraping in the pharynx which gradually increases (2).

125. Scraping in the pharynx (2).

The pharyngeal symptoms disappear an hour and a half after a meal (2).

Excoriated feeling in the pharynx extending into the œsophagus (2).

Pharynx and uvula red and painful during empty deglutition or swallowing of saliva (2).

Great dryness and scraping in the throat, especially during empty swallowing (2).

130. Pharynx red and dry (2).

The dryness of the pharynx had diminished at 4 P.M., but he felt a constrictive pain in the præcordial region like a cramp (2).

The scraping and roughness in the pharynx increase, total absence of saliva, tongue white, dry, very prominent papillæ (2).

The uvula, isthmus faucium and posterior wall of the pharynx are red (2).

The pains in the mouth and throat diminished a little by 1 P.M., but they are aggravated in the open air; the pharynx continues red (2).

135. Occasional dryness and roughness of the throat and posterior part of the palatine arch at 5 P.M. (2).

It is difficult for him to swallow bread and butter; the bolus is arrested in the midst of its passage with anxious palpitations (2).

It causes him much effort and pains in the œsophagus to swallow some mouthfuls of bread (2).

STOMACH. Eructations. Eructations of inodorous flatulence (1).

Many eructations of wind (2).

140. Acrid regurgitations (1).

Frequent eructations which relieve him (1).

Eructations of wind with relief (1).

Nausea, desire to vomit (1).

Epigastrium. Pressive pain in the stomach (1).

145. Stomach inflated by wind (1).

Violent pain in the præcordial region lasting some minutes (1).

Lancinating pain on the right side of the epigastrium (1).

Lancination, as though from a stab with a knife, in the præcordial region (1).

Constrictive pain in the gastric region with anguish and embarrassment of the respiration (1).

150. Lancination, as if from a blow with a dagger in the præcordial region (1).

The pressure of the clothing is insupportable in the epigastric region (1).

Painful drawing in the stomach as if from hunger, preceded by chills (1).

Stomach inflated with throbbings, anxiety and desire to vomit (1).

The stomach is oppressed, the clothing incommodes him (1).

155. Drawings in the stomach (1).

ABDOMEN. Dull grumbings in the abdomen (1).

Tension in the abdomen (1).

Abdomen tense, painful (1).

Sensation of inflation (1).

160. Inflation of the abdomen as if from wind; tension and pressure below (1).

Inflation of the abdomen with flatulence, the discharge of which relieves him (1).

Pains in the abdomen which ascend into the region of the stomach with pressure and pain in leaning against it (1).

Pains in the abdomen, as if from obstruction, and digging, and twitching in the right hip, followed by internal pains (1).

Pain in the abdomen, inflation and borborygmi (1).

165. Wandering pains in the abdomen and chest (1).

Colic commencing on the right side, and proceeding to the left, and then ascending as high as the region of the heart when it ends, having lasted several minutes (1).

Hypochondria. Pains in the right side of the abdomen from the hip to below the ribs (1).

Pain and swelling of the abdomen as far as below the right ribs (1).

Several sudden lancinations below the left ribs, which cut short his breathing (2).

Flanks, (the part between the ribs and the hips.) **170.** A number of stitches in the right flank, interrupting the respiration (1).

Pain in the right side of the abdomen (1).

Desire to vomit and excoriated pain in the right flank under the rib, very acute, aggravated by touch (1).

Umbilical. Umbilical region tympanitic and painful on external pressure (2).

Inguina. Bruised pain aggravated by pressure in the right iliac region (1).

175. Digging in the abdomen as far as the groin, ascending into the stomach with cuttings in the whole hypogastrium (1).

Colic on the right side as far as the groin, and formication reaching to the foot (1).

Pains in the hypogastrium, with severe pressure in the groin (1).

Hypogastrium. Acute, wandering pains in the hypogastrium (1).

Pain in the right side of the hypogastrium, extending into the groin with painful formication as far as the great toe, causing violent lancinations there for three minutes (1).

STOOL. **180.** Slight lancination in the rectum (2).

Noise of wind in the bowels escaping above and below (2).

Emission of flatus downwards (1).

Four liquid stools preceded by violent drawing pain, extending from the pelvis into the thighs; he thinks his legs are slipping away from under him (2).

Soft stool at 6 A.M.

185. Stool difficult without being hard (1).

Liquid stools in the evening, preceded by colic (1).

Hard stools, evacuated with effort, followed by smarting at the anus, tenesmus and lancinations in the rectum (1).

URINE. Striking diminution of urination during the night and following morning (2).

Scanty discharge of normal urine, although the food taken was liquid (2).

190. Scanty, clear urine, expelled in a very fine stream; the bladder does not empty itself completely, and the jet can only be increased in size by pressing (2).

Scanty urine, deeper colored than usual (2).

The urine discharged during the day seems less than usual (2).

Copious and limpid urine (1).

Yellowish urine, depositing a red lateritious sediment (1).

195. Lemon-colored urine depositing, on standing, a reddish sediment (1).

Urethra. Frequent desire to urinate with smarting (1).

Lancinations in the fossa navicularis (2).

Frequent tickling in the fossa navicularis (2).

Itching, pruritus, and burning pain in the urethra, with frequent necessity to make water (1).

GENITAL. Male. 200. Voluptuous tickling in the meatus, and erections (2).

Painful erections when seated and occupied with serious subjects (2).

Erections when seated and reading a serious work (2).

Nocturnal erections without pollution (1).

Great excitement of the genital organs (1).

LARYNX. Very hoarse voice (2).

Rough, hoarse voice, deeper than natural at 9 A.M. (2).

Single dry coughs (2).

Dry cough, even in the afternoon (2).

CHEST. Tearing pain in the anterior walls of the thorax (2).

210. Eruption of itching pimples on the neck and chest (1).

Feeling as if the thorax were constricted by something (2).

Violent contractive pain through the lower part of the chest at 8 P.M. (2).

Pressure and constriction of the chest with great difficulty of breathing (1).

Constriction of the chest, with anxiety (1).

215. Oppression of the chest and need of taking full inspirations with feeling of anxiety, and weight in the limbs (2).

Oppression of the chest, deep inspirations; pulse 90, increased in frequency by the slightest cause; cutaneous veins very small (2).

Pressure on the chest, embarrassed respiration, pressure in the forehead and stomach (2).

Respiration more embarrassed when seated than when walking; it is performed with great labor (2).

Deep respiration and oppression of the chest (2).

220. Slow, deep, painful respiration (2).

Frequent, deep, painful inspiration, when seated (2).

Short, anxious respiration (1).

Respiration interrupted by deep and fatiguing inspirations (2).

Difficult respiration, and dull lancination deep in the right lung (2).

225. The embarrassment of the respiration is greater when seated than when walking (2).

Feeling of oppression on the chest, and in the cardiac region, as if a load were on it, and deep inspirations (2).

Deep inspirations from time to time (2).

HEART. Sensation of constriction and oppression in the cardiac region, forcing to walk, which relieves it (*anxietas præcordialis*) (2).

Several more violent pulsations of the heart, when seated,

with sensation of oppression in the cardiac region, recurring several times, and several days in succession (2).

230. More violent and unequal pulsations of the heart sometimes when seated, at others, when not seated, but not lasting long (2).

Pains on the left side of the cardiac region (1).

Pains in the left side near the heart, preceded by a chill extending to the elbow (1).

Painful stitches here and there in the left side in the region of the heart (1).

Several more violent pulsations of the heart when seated; then sensation of trembling in the heart, and accelerated and indistinct pulse (2).

235. Oppression in the heart, but the pulsations are not felt by the hand applied to the chest (2).

BAOK. Neck. Drawing in the muscles of the left side of the neck (2).

Pulsation in the right cervical vessels (2).

Drawing in the muscles of the left side of the neck and in the right shoulder (2).

Nape. Stiffness and weight in the nape and occiput (2).

240. Sensation of wavering in the occiput, and grey spots before the eyes for a short time in the morning (2).

Cracking in the cervical vertebræ when moving the head (2).

Heaviness in the nape (1).

Back. Pricking in the back (1).

Lancinating pain between the scapulæ, in the shoulders and along the spine as far as the sacrum, especially in straightening one's self up with embarrassment of the respiration (1).

245. Pricking pain between the shoulder blades, extending into the left shoulder (1).

Pressure in the spinous processes of several of the dorsal vertebræ (2).

Painful stiffness of the back (2).

Stiffness of the back (1).

Painful lassitude, and as if beaten along the back as far as the sacrum; constantly repeated (1).

250. Shivering in the back with warm extremities (2).

Frequent chills in the back (2).

Coldness running over the back (2).

Drawing with cold feeling rising from both feet into the back; a transitory sensation while seated (2).

Loins. Deep lancinations around the kidneys (1).

255. Pain in the left lumbar muscles, aggravated by turning or bending (2).

Bruised pain in the sacrum (1).

EXTREMITIES IN GENERAL. Drawing in the upper and lower extremities which feel bruised (2).

Transitory pain as if beaten in several isolated muscles of the upper and lower limbs (2).

Painful lassitude of the upper and lower limbs (1).

260. Pain, as if beaten, alternately in different parts of the extremities (2).

Fatigued feeling in isolated parts of the extremities, especially on the left side (2).

Peculiar sensation, and internal trembling in the limbs (2).

Joints. Frequent cracking in the articulations during motion (2).

Pain of pressure, and as if beaten alternately in the shoulder, knee, and ankle joints, when seated (2).

265. Frequent cracking of the joints during motion (2).

UPPER EXTREMITIES. Shoulders. Pain and cracking in the shoulder joint (2).

Pressure in the shoulder joints several times (2).

Arms. Constriction in the flesh of the lower part of the left arm (2).

Lassitude of the upper extremities, and painful drawing in the muscles of the arm (2).

270. Pressure in the left arm and left temporo-maxillary articulation (2).

Peculiar sensation of coldness and formication in the left olecranon, and parietal eminences (2).

Fore-arms. Pain of compression, and constriction in the low-

er part of the fore arm, as though this region were surrounded by a band at 4 o'clock after dinner.

Hands. Sensation in the hands on shutting them, as if they were swollen, and as if the skin were tense (2).

External burning heat in the ends of the fingers (2).

275. The skin of the ends of the fingers is hot, and seems more tender and soft. Contraction in the fingers of the right hand, and stiffness of their joints (1).

The skin of the fingers is imbued with a disagreeable heat; it is soft, as if velvety, to the touch (2).

LOWER EXTREMITIES. Hips. Violent, cutting pain in the right hip, extending into the abdomen, and forcing him to bend over for two or three minutes (1).

280. Pain as if beaten in the hips (2).

Limbs. Retraction of the muscles of the right leg, with bruised pain in the hip joint (1).

Great difficulty in walking with limping (1).

Heaviness of the limbs (1).

Pain in the right side, extending from the hip joint to the ends of the toes (1).

285. Formication along the thigh and right leg to the foot, accompanied with stiffness (1).

Formication along the thigh and right leg, at night, as far as the great toe, which becomes the seat of very painful lacerations for an hour (1).

Thighs. Pain, and transitory stiffness in the left thigh from the groin to the knee (1).

Pressive pain when seated in the anterior muscles of the thigh (2).

Pressure in the muscles of the left thigh (2).

Knee and legs. 290. Pain in the external side of the right knee (1).

Fatigue in the legs (2).

Lacerations in the left tibia, then in the right, when walking and sitting (2).

Tearing pain in the left tibia (2).

Constant tearing in the anterior surface of the leg between the tibia and fibula (2).

295. Drawing in the left calf and edge of the right index (2).

Transitory drawing in the calves (2).

Drawings in the right calf and right frontal bone (2).

Tearing this way and that in the muscles of the left leg (2).

Tensive pains above and behind the left malleoli, extending towards the sole, and which increases so as to make him limp in walking, especially when walking rapidly; but the pain is only felt at the moment of the foot's leaving the ground, and it disappears when he walks more slowly; 8 A.M. (2).

Feet. 300. Lancinating tearing pain in the right ankle (1).

Transitory pressing in the joints of the feet and knees, soon returning and alternating with drawings in the calves and right temporo-maxillary articulation, most frequently when walking (2).

Itching under the right foot (1).

Sensation like an internal trembling in the ends of the left toes (2).

Painful pressure in the right great toe, and anterior muscles of both thighs (2).

305. Peculiar slight pressure in the right toes (2).

Acute pain in the left great toe, which was formerly a long time subject to a sort of gouty swelling (1).

Alternating lancinations in both great toes (1).

SLEEP. Great sleepiness (1).

Deep, prolonged, quiet sleep towards morning (1).

310. He wakes with difficulty or with a start (1).

Somnolence, invincible propensity to sleep (1).

Dreams. His dreams do not excite him, although he remembers them perfectly (1).

Agreeable, voluptuous, very vivid dreams constantly repeated as often as he takes the drug (1).

FEVER. Coldness. Chills running over the back at 10 A.M. (2).

315. Frequent chilliness running over the back, and extend-

ing into the arms with coldness of the skin; blue nails, great weakness of the right arm, embarrassed respiration (2).

Great coldness in the whole back, the limbs are externally cold, and as if bruised (2).

Great coldness in the interior of the spine; sensation of cold also in the head with great lassitude in the extremities, pressure in the testicles and elbows, frequent deep respiration and oppression, formication in the calves; pulse 55 to 60; amelioration when walking (2).

The heat of skin gradually returns, and the shivering ceases for some time (2).

The cold feeling diminishes and the pulse is small, soft, and a little accelerated (2).

320. Feeling of great coldness in the back, extending into the bones of the arms with cold hands and blue nails; several times (2).

He cannot get warm after returning from a walk (1).

Coldness, trembling, and numbness of the hands, and coldness of the fingers which become white, numb, pricking, so that they cannot be got warmed again for three quarters of an hour (1).

A small glass of Malaga distributes a great deal of heat over the whole body, especially over the back, with swelling of the veins (2).

Fever. Malaise, somnolence, internal coldness, external heat, formications in all the fingers, yawnings, stretchings, chill, trembling, thirst, dryness of the mouth, drawing in the stomach, weakness of the thighs and legs, as when convalescing from sickness (1).

325. Sudden general feeling of great fatigue when walking at 7 P.M.; transitory heat and coldness, and cold sweat; desire to expose the body to the open air, and to take some restorative food (2).

Pulse. Pulse normal (1).

Pulse irregular in frequency (2).

The pulse becomes accelerated when coughing, soft, small, 75 (2).

Pulse very unequal in frequency, sometimes 90 when seated.

330. Pulse very much accelerated, even when standing; walking does not increase it (2).

Pulse very much accelerated; the pulsations sometimes resemble an answering but indistinct trembling in the chest (2).

Pulse 60 (2).

Pulse 60 when walking and seated (2).

Pulse from 70 to 80, sometimes small and accelerated, then slow and full; two hours after it has risen to 100, and then becomes slow again; morning (2).

335. Pulse 84 when seated (2).

Pulse 80, unequal in quickness at 3 P.M.; a little accelerated when sitting erect; perceptibly larger and fuller when sitting leaning forward (2).

Pulse 90 at 7 A.M.; 75 at 7.30 (2).

Pulse 88, when seated, at 10 A.M. (2).

Pulse 90, sometimes faster, when seated, at 9 A.M. (2).

340. Pulse 95 when sitting (2).

Pulse 98 sitting; faster when standing (2).

Pulse over 100 sitting; slower occasionally (2).

Pulse 100, regular; 7 A.M. (2).

Pulse 100, small and soft, sitting (2).

345. Pulse 90, sometimes 100, finally 110 (2).

The pulse often cannot be felt at all; there is only an undulation in the artery; after a while single, soft throbs reappear without any chest symptoms (2).

GENERAL. General malaise (1).

Malaise and yawning (1).

Depression of strength, lassitude in the limbs (1)

350. Great fatigue after a short walk (2).

He experiences fatigue as after prolonged physical exertion, alternately in the back, knees and arms (2).

Great lassitude, especially in the lower extremities, and pressive pain in several muscles; frequent cracking in the upper cervical vertebræ when moving the head; the feeling of lassitude is particularly remarkable in the shoulders and arms, and renders every movement painful (2).

Great debility, especially of the extremities (2).

Great general fatigue; indisposed to any kind of occupation (2).

355. The feeling of general weakness experienced at 1 P.M., quickly disappears (2).

The feeling of fatigue completely disappears, and is replaced by an agreeable feeling of lightness and intellectual clearness (2).

Peculiar feeling of lightness when walking; feeling of health, of strength in the limbs (2).

Peculiar sensation of lightness and strength in the limbs during the day, notwithstanding long walks (2).

°Great lassitude with pain as if beaten in the sacrum and thighs, on rising from the bed, disappears in half an hour after taking a drop of the remedy (1).

360. °Great painful lassitude and pain as if beaten in the back and sacrum, and rheumatic and paralytic pains in the extremities, removed by a drop of the 30th (1).

Pressure and drawing, alternately in the forehead, right fore arm, toes, tibia and calf in the morning and at noon (2).

Sensation when seated, as if the body were falling backwards (2).

Interior restlessness which forces him to move about; pulse slow; 7 A.M. (2).

Great desire to walk; the oppression of the chest is increased when sitting (2).

365. An internal restlessness obliges him to walk about (2).

The floor of the room seems to move, when he is standing up (2).

Ill-assured, wavering gait and pulse accelerated when walking (2).

Sensitiveness to the cold, he easily incurs attacks of painful lassitude (1).

The symptoms seem to have a tendency to the right side (1).

370. Camphor seems to be the antidote (1).

ARTICLE IV.—*On Materia Medica considered as one of the Natural Sciences. A few questions, with the answers.* By C. HERING, M.D., Philadelphia.

THE first question is: Is it possible to derive a science of *Materia Medica* from Nature?

The best answer to this question undoubtedly would be to develop the fundamental principles of such a science even if it were only empirically done in the first instance. But since the labors preparatory to this step have only been begun in our own times, such an attempt could be easily made to serve as evidence on the other side. The next best answer is the demonstration of the possibility of such a science, and the pointing out of the ways and means to that end. To do this we shall temporarily assume the possibility, following in this the course of the mathematicians in the solution of their problems, who often take for granted the possibility of the points to be proved, and then either proceed to the demonstration, or show that it is impossible. Let us once for all represent the whole scattered, present and future resources of knowledge out of which our science is to be constructed by S , and its development into a scientific form by the raising of S to the powers n , m , o , p , q , and our provisional answer resolves itself into this, that S^n is possible, and consequently all the further developments also.

The second question is: What is the proper material for such a science? or, Of what elements is S composed? What facts may be admitted into this great mass of knowledge, and what the most general expression of its speciality?

The answer to this question is: *Effects upon the living.*

By *the living*, which we desire once for all to designate by Θ , we understand, men, animals, and plants, leaving the physiologists to settle their own disputes in the matter, it being enough for us that every one knows what we mean by the term.

Any change in Θ which can be referred to a special cause, either remote or immediate, we call an effect. As we only

know Θ by its phenomena, we designate any change in these phenomena produced by an effective cause s , and thus s becomes the infinite sum of s .

Effects, however, are so manifold that the science of *Materia Medica* falls necessarily into divisions. And hence arises the third question: How, *i.e.*, on what principles shall this division be made? This important question we shall consider subsequently.

From the answer to this question, it will result that the experience and laws of one division find other applications; we shall, therefore, to hasten our progress, confine our remarks to the province of substantial causes.

Substance is every thing in the world which in any respect belongs to the domain of Chemistry: we willingly leave the chemists to settle the matter. We designate generally by M , any substance either simple or compound, so far as Chemistry can present them to us or as we find them in Nature.

We confine ourselves, then, provisionally to M and its effects, s . It will be readily perceived that we have nothing to do with any substance which has no effect upon Θ . We have no concern with the substance itself as such, but solely with its operation upon Θ . In like manner, we are equally indifferent to the phenomena produced by its action upon *dead* matter except so far as we find and can demonstrate a parallelism of effect.

There are, however, three sorts of effect which manifest themselves in more or less immediate connection, and must be exactly discriminated from first to last.

I.— M may be a vital condition of Θ ; that is, the state and character of Θ may be determined by and dependent upon M , so that without this latter, Θ can never be developed in perfection. In such a case, s is classed as one of the effects which we call the regular, normal or healthy phenomena of existence in Θ . These phenomena are not easy of determination, but are still accessible to experiment, and therefore susceptible of demonstration, and it is the province of Physi-

ology to ascertain how far one or the other is a condition of this or that symptom, and so, a condition of the entire life. Physiology, therefore, regards it from the point of normal life, but we have to consider every effect of every **M** as such. This is a wide and essential difference. Since we must distinguish these effects, we will designate them as **os**.

II.—**M** may be the cause of effects which depart more or less widely from those belonging to healthy existence—symptoms from which we conclude that there is a disturbance of the normal life—**s** may be morbid phenomena. These are the easiest to seize, the simplest to investigate and determine, and are of the greatest importance. We designate them by **ps**.

III.—**M** may also operate upon **O** so that the abnormal phenomena **ps** already present may be caused to disappear, or may be moderated in intensity. These effects we designate by **qs**. They are far more difficult of ascertainment. They are called *curative effects*, because if **M** so operates upon a diseased **O** that the morbid **s** vanish, health returns. This effect of **M** upon **O** is called a cure, although when any **M** is capable of producing morbid effects, it can only operate in that way, and a cure is altogether a separate matter, and one that can only be arrived at under other influences and laws; as for example, in the cure of a wound. The same influences which operate upon a part from within continue in constant operation when the part is wounded, and it is the same influence and that alone, which cures.

These curative effects **qs** cannot be omitted in a scientific arrangement, nor should they be excluded, but we must guard ourselves beforehand from the dangerous error that the science of remedies, although called *Materia Medica*, has any thing to do with curing. This is the business of the therapeutists, and with it we have no concern.

It is childish to ask, what is then the use of all this knowledge? to what practical end does it look?

Every truth has an everlasting use, because it is immortal; science, therefore, in so far as it is truly such, *i.e.*, truths in their natural relations or necessary connections, must partake of the same qualities.

It is of no consequence to us what therapeutic use physicians can, may or will make of a science treating of the effects of substances; that is their business. It is evident, however, that it will be used somehow; but physicians have cured and do and will continue to cure without it. Many a thing is done, not scientifically, to be sure, but still effectually.

We must once for all exclude also all theories, hypotheses, systems, or whatever else they may be called, that belong to the science of Therapeutics.

Our business is simply with *effects*; it matters nothing whether they are preservative or destructive, morbid or curative. The verification of any result which is to be considered as an effect, is a contribution to our stores, a grain of sand to our heap, although the therapist, whose sole object is to cure, may view it in a far different light and arrange it in an entirely different order.

As that part of our material which we have represented by *qs* is derived from Therapeutics, so *ps* brings us into connection with Pathology, and *os* with Physiology, while the determination of our *M* introduces us to Chemistry and the Natural Sciences. But when we have borrowed all we can use from the Arts and Sciences, there still remains a mass of matter which belongs to us quite independently as a peculiar science.

We may here take notice of a rooted prejudice which has been highly injurious, and may as well be removed once for all. Every independent science has its own peculiar province within the limits of which it develops *ad infinitum*. All human knowledge is either finite or infinite; there are no bounds to investigation and discovery—no “thus far and no farther,” but simply self-restricted provinces in the infinite. Every science can make use of every other, but none is dependent on another, or it would resemble a parasite. It is true that the existence of any thing pre-supposes that of other things, but this does not interfere with independent existence. Thus, every true science must be developed without foreign aid, without any other foundation than that of its

own self-proposed, independent experience. Let us make this a little clearer.

M is a substance which Chemistry has either determined or is to determine. If new, and of vegetable origin, Botany points to the plant from which it is derived; if animal, Zoology determines the species; if a morbid product, Pathology informs us of what disease. It is well when the substance is well defined, but if it were not so, if it were unknown and undescribed, it still remains the self-same **M**, provided we can be sure of its identity; nay, even if we cannot be sure of this, except that in this latter case our future progress would be hindered. Many animal substances were long unrecognized, many vegetable substances are so to this day, many bodies are as yet insufficiently explored by Chemistry, though, we trust, ere long that this will be remedied. But we are not dependent upon this nor need we wait for it. So long as **M** — **M** and produces the effect **S** upon **O**, we have no need of anything further. It is exactly so with **os** and Physiology, and it would be utter folly to wait. Wherever we recognize and establish the effect of any **M** as one pertaining to the vital phenomena, that is our province; let the physiologists then see to it in reckoning up the sum of vitality.

Whatever effects have been already recognized by the physiologists, we receive and appropriate as a matter of course; or whatever discoveries have been made by them in our own province, these we also accept; if these be nothing, we march on by ourselves. In short, the dependence of one science upon another is always purely apparent only, even in those cases in which we have been accustomed to consider it as necessary, *for it is always reciprocal*. Every other science may become just as dependent upon ours, the moment we really have one. We shall soon see that the science of Pathogenetics will shed light upon the chemist, still more upon the physiologist, and most of all, upon the pathologist, not to speak of the therapist.

We must speak a little more at length, however, about the

pathologist. Whenever the influence of any M upon any O is manifested by the phenomena ps, these latter are always morbid, even though they be insignificant in amount; as they become more important, they approach the character of diseases, become more similar to them, and like them may end in death. Here we are upon common ground with the pathologist.

It is the business of the pathologist to arrange in scientific groups the infinite varieties of morbid phenomena, and to collect these groups into a whole according to their causes, conditions, circumstances, and results. Disease is what can be thus represented in a collective picture. The more developed becomes the science of Pathology, the more completely do the old symptomatic titles, such as headache, belly-ache, diarrhoea and constipation, disappear, however popular they may have been among the therapeutists, by whom they were considered as "practical." The great discoveries of modern times have effected a great revolution in the old Pathology, and must result in its entire destruction.

The utter ruin of all the old teachings was easily predictable from an inspection of the momentous point when Pathology begun to struggle for a place among the Natural Sciences. Until then the whole thing had been purely empirical in spite of all their "splendid theories." Facts of the most diverse significance and value were bundled together in the shape of a Manual of Pathology, or *Materia Medica*, which were nothing more than the merest heaps of material, destitute of order, where, after all their labor, chaff, wheat, and dirt, are inextricably mixed together.

Science, like men, should ever go hand in hand, but it is to be remembered that to be subordinate is to be poor and dependent; when Pathology ceased to consider herself dependent, she became separate and assumed rank as a science by herself.

We will here notice some points of contact between Pathology and *Materia Medica*. The older pathologists had their *delirium tremens* and their *lead-colic*, then their *hydrargyrosis*, &c. Schönlein, aiming at consistency, admitted

into his genera and species, metallic-rheumatism, china-rheumatism, chamomilla-rheumatism, valerian-rheumatism, and so on, introducing necessarily, if carried out, as many different species as there are substances capable of exciting pains, similar to those of rheumatism. Had he chosen to carry this frippery into the department of cutaneous eruptions, he might have established some ten thousand species, for at least as many substances excite an eruption on the skin, and each different from the other. The different species of *Rhus*, indeed, may be distinguished by the different eruptions they produce; but what of that? We should see springing up on every side in Pathology, great, unsightly fungi, and instead of an infinite development, we should have the endless growth of a monster.

Pathology has, however, already shaken this off to some extent. Whatever does not tend directly to its development, is false; whatever leads to an absurdity, is itself absurd, and must be rejected with as much rigor, when it can be shown with as much exactitude as in mathematics.

It is nothing to the pathologist that the practical therapist finds it convenient to have his lead-colic, iodine-atrophy, and phosphorus-necrosis treated of in the same manual; each one stands on his own bottom and takes care of his own interest. It is the same between us and the therapists; if they can use our materials, they are welcome; if not, they may let them alone; their office is different from ours, their ways are not as our ways.

It may be asked what will become of lead-colic, mercurial, and other cachexies, if Pathology does not treat of them. The therapist may do what he likes, but the whole of this matter falls within the province of *Materia Medica* as the effect of *M* upon *O*, in a most special and essential manner.

Let us compare the aims of Pathology and Pharmacology, beginning with isolated phenomena and symptoms. At first sight it would seem as if our *ps* represented the same thing as the symptoms of the pathologist. We will, for the present, admit this, though not unconditionally, and say that the

totality of the morbid phenomena is common to both, but the method of treating them is not only different in each, but wholly opposite.

The pathologist arranges them in groups according to their cotemporaneity, sequence or causal relationship. Observing groups of symptoms, and arranging them according to their order, he is able to conclude from the visible to the invisible, from the audible to the inaudible, from that which is to that which will be.

This conclusion is the test of his laws; the laws of groups and their sequences is his highest aim. Whenever he can so far master a subject as that, he can with certainty conclude from the known to the unknown, he sets it down as a scientific fact. Let us call this N . Since now in every affection of an individual Θ , many causes and antecedents had a share before a regular N takes place, *i. e.*, a disease having a regular course independent of its cause, except in cases of contagion, where the vital alteration in one causes a similar or related alteration in another, though even in these cases many causes conduce to this effect, we will call these "*Synnosen*," and indicate them by σN .

We must remember here that these "*Synnosen*" of the pathologists are not real existences; reality presents us only with a patient, Peter or Paul; they are intellectual pictures, abstract ideas, and consequently not real, though they are true when they occur. This is so often forgotten, that it cannot be too often repeated.

Our course in *Materia Medica* is altogether different when we would attain generalities. Here we have to deal with a single M as the conditional cause of various S , and here we meet with a difficulty in distinguishing what are the pure effects of M upon the many, and exceedingly varied Θ , which are at the same time continually subject to many other cotemporaneous influences.

In this case, too, we have to separate one from many, but in a very different way. The unit M is given, and out of the various effects of this unit upon many objects, we have to de-

termine its unity as a cause. We have also to watch this **M** in its workings on very many **O**, and when it presents to us a constantly-changing panorama of effects, we must in them find the unity and sequence of law. Such pictures we will call "Paranosen," and designate them by $\ast N$.

We have already considered *Ætiology* as a Science, if it can be so styled, in so far as it has the same range as these effects, but in so far as it presupposes a Pathology, we have nothing to do with it, for we assume nothing but what we mentioned in the beginning.

The problem for us then, is to raise **S** to **S^a**, so that the **s** of every **M** shall take the form $\ast N$, that is, we have to produce characteristic drug portraits, and show scientifically their relations.

The next question will be: whence shall we derive our **S**, how arrange it, how view and shape it? In general, what method shall we follow? We reserve a circumstantial and satisfactory answer to all these questions; let us first add a few preliminaries; first principles must be agreed upon or no progress can be made.

The material for a *Materia Medica* is composed of every observation of an effect of any **M** upon any **O**. These may be obtained from three quarters.

A. From our literature, from the writings of ancient and modern authors, cases of poisoning, and of cure, and everything possible, whether communicated on account of its relation to Toxicology or Therapeutics; all together, the good and the bad, the true and the false.

We lay it down as a fundamental principle, which opens a new era for science, that as nothing should be taken as true, unless it is satisfactorily proved so, on the other hand, nothing shall be considered as false, unless satisfactorily shown to be so. What is just on the one side is just on the other. Science has received far more detriment from the overzealous rejection of what was accounted false, than from the too hasty reception of what was considered true. Falsehood is to be

rejected, and doubtless it abounds on every hand, but the question is, how to discern it.

The great majority of observations and relations can only be regarded as having a greater or less degree of probability. Errors are unavoidable; so much is certain; but it is a great weakness to be frightened at them when we know that to err is human, and that it must happen every day.

I have already given the following advice, but repeat it here. In Saxony, in Surinam, and in Pennsylvania, I have at various times cultivated a garden on a spot which had been previously wild. Besides culinary vegetables and medicinal plants, I also studied a little Botany, and sometimes enjoyed the most agreeable surprises when I adhered strictly to the rule never to destroy any weed except I knew what it was; what I did not recognize I suffered to grow, and even cultivated assiduously until it could answer the questions who, how, what are you?

Why should we not pursue the same course in Literature? It will often be found that the greatest folly is in the highest favor, and then all criticism is only thrown away, or even injures the truth; let the thing grow until it can be seen what it is, when it can be rightfully and authoritatively rejected.

Truth has a remarkable and peculiar power when it is protected and cherished; it waxes great even though it be surrounded by errors; it will sooner or later unfailingly vindicate its claims to reception. But falsehood also challenges reception; let us have patience then, and suffer it to develop; it will shape itself into such a caricature that existence will no longer be possible. Every falsehood dies by its own hands. Therefore let us go on, only collecting materials enough, and by-and-by we shall find out how to dispose of them.

If we have principles upon which we can determine the truth or probability of any fact, let us apply them, but we must first have the material collected. By the same principles we may reject the false and improbable. While in some of these judgments the majority will be unanimous, it is not to be expected that such will always be the case in every in-

stance, and on this account, too, must we have a collection of material as complete as possible, and apart from hasty and one-sided criticism. In such a collection, therefore, completeness and comprehensiveness are the greatest desiderata.

FRANK'S *Magazine*, for example, is an excellent compilation. No one can conceive the intolerable labor of such a task, unless he has himself undertaken a similar one. The exceedingly cautious editor has inserted many things which seem to me destitute of utility; others will be of the same opinion in respect to entirely different articles, but no one need be so silly as to feel hard about it. He has, however, omitted the alleged poisonings by *merulius lacrymans* in Hufeland's Journal, vol. 62, 6,3, and by this omission has pronounced a judgment which cuts off all future investigation. This we have no right to do until authorized to do so by a decisive course of experiments; the cases should, therefore, have been admitted.

I have the rather insisted upon this, because the future construction of a *Materia Medica* involves these principles. When the miner brings his ores to the surface, he can generally recognize what is of value, but many a ton has found its place among the refuse which subsequent generations have learned to appreciate and which they would have forever lost, had their forefathers known how to destroy it altogether.

We know at any rate but little; we are just beginning to know something; we are but little fit, then, for judges. Our duty is to collect, and after that to endeavor to ascertain what should be rejected. And it cannot be too often repeated, that to reject without cause is far more injurious than to receive.

B. When we have exhausted literature, we shall find another source of information in our daily observation. Every physician and amateur philosopher should note everything that happens, record it while it is still new and fresh, and among the mass may be found seed that will become trees wherein the birds of heaven may build their nests.

A painter in *Sepia*, for instance, was sick, and Hahnemann, who was disappointed in the effects of his remedies, conjectured that *Sepia* was the difficulty in the way; he accordingly prov-

ed it, though it had till then been considered as an absolutely inert substance, and with what extraordinary results we well know.

Weinhold noticed that the workmen in a glass factory rubbed the scrapings of a lead pencil upon their eruptions. He mentioned the fact, and Hahnemann proved *Graphites*.

A theological student, a friend of Hahnemann, was playing with a branch of *arbor vitæ* without knowing what it was; he mentioned afterwards that he had subsequently noticed warts upon the *glans penis*. Hahnemann proved *Thuja*, which became an inexhaustible remedy, ever bringing forth something new. Brauns found that it would cure the grease, and Bœnninghausen, reasoning apparently from the eruptive power, that it would cure variola.

Engelhardt and Neumann's cases show conclusively that Hahnemann, in his account of the pathogenetic effects of common salt, which had been hitherto rejected as destitute of authority, was the same master mind as elsewhere.

C. A third and by far the most important field of all for our cultivation, is that of methodical experimentation upon the living.

I. Experiments on plants are not destitute of value, especially as respects general principles, but they teach us nothing special.

II. Experiments on animals instituted with an acquaintance with the animal, and conducted with patience through numbers of various species, may be of much use, but not otherwise. Most of those which have been hitherto made, have been admirably clumsy. Many of the experimenters did not even know the animals. Most of them seem to have forgotten that as it takes time for plants and animals to grow, so it requires a certain period for morbid changes and manifestations to take place. Most of the experiments seem to have been conducted as if one, anxious to ascertain whether pressure would cause corns, had screwed up an animal's leg in a vice until it was mashed, and then reported that pressure, instead of producing indurations, made the parts soft! The

principles upon which such experiments are to be conducted, must yet be laid down and illustrated by examples.

III. Experiments on men are evidently the most important, and those upon the healthy of more value than those upon the sick. It would be worth while to accumulate what has been urged against this mode of experimenting for the last half century, but we have not now the time or opportunity. We can only refer to the most absurd objections.

1. A Dutchman, to the honor of the doctors be it recorded, not a doctor, objects that the whole doctrine depends upon experiments made upon the healthy by themselves; the whole thing must fall to the ground then, according to him, for no one will be such a fool as to make himself sick in order that he may know how to cure others! This was said, *anno domini* 1830!

2. "There can be no experiments on the healthy, for there are none perfectly healthy." And, therefore, there can be no mathematics, because no one can make a point that shall have no extension, nor draw a line that shall have no breadth. No one can drink water either, because rain water contains nitric acid and ammonia, besides ozone, and nobody knows what else besides.

3. "Experiments upon the healthy are useless, because the sick are entirely different." Experiments upon men as healthy as possible, upon men who go about their daily avocations without inconvenience will produce, at any rate, different results from experiments in hospitals. It is plain that the problem is simply to determine whether **M** will produce any effect upon **0**, and if so, what; anything further does not concern us. Every **s** is definitively determined by the constitution of **M**, and the susceptibility of **0**. Whether the determination of this problem is of any service, and how to make it so, will then be seen.

Laying these intricacies on one side, let us take it for granted that when **M** produces effects on **0**, these phenomena may be noted with more or less probability, may be collected, compared, and examined, and thus the general be deduced

from the particular. To express it generally: whenever **M** produces in the vital phenomena of **O**, certain changes, **S**, these may be made to assume the form ϵ **N**, and thus **S** be raised to **S^a**.

A host of new and mighty questions arises here, the most important of which relate to the method of making provings. How shall the substances submitted to experiment be prepared, how used, in what quantity, how often, under what circumstances, how shall the results be recorded, and how collected? Finally, where are we to begin with such a collection, how arrange it, how make it convenient, &c.?

The most important question of all, however, is the inquiry into the method of constructing a science from such a confused mass of materials. Where, and how, out of this confusion shall we erect order? We have seen that the amount of materials already makes severe demands upon the most exemplary patience. In spite of the prophecies of the Dutch sceptic, the provings of drugs upon the healthy have so accumulated, occupy so much space, and threaten such an increase, that it is not to be wondered at that quiet people are terrified. But notwithstanding, the mass increases day by day, books swell into libraries, and no resistance can prevent the accumulation.

We must have fundamental principles, and if these are founded in truth, the whole mass can be arranged and controlled. Let him who cannot evolve order out of this confusion, stand aside; let him who thinks he can, do his best to that end; if he fails, and is laughed at, there is no harm done, if he succeeds, he becomes the interpreter of this chaos of voices and the herald of the truth that underlies this mountain of facts and contradictions.

ARTICLE V.—*A Case of Aneurism successfully treated by Homœopathic Remedies.* By A. S. BALL, M. D., New York.

THE subject of this record, is a precocious boy, *æt.* 7, who, with the exception of occasional attacks of headache, occurring mostly at night, had always been healthy to the present time. He came under my notice about the middle of September last, at which time there was first discovered, a little to the right of the centre of the occipital bone, a tumor about the size of a large walnut. There was nothing unusual in the appearance of the scalp covering the tumor, which was compressible and pulsating, having beneath it a distinct depression in the bone. By pressure the tumor could be easily emptied of its contents, but when the pressure was removed the blood rushed back again with a decided aneurismal thrill. The pulsations of the tumor were entirely stopped by cutting off the circulation in the occipital artery with the finger. To the ear applied to the tumor the *bruit de souffle* was very distinct; indeed the little fellow complained of the noise in his head, which was loud in proportion to his activity in exercise.

I unhesitatingly pronounced the tumor to be an aneurism of the right occipital artery, and regarding it as a surgical case, requiring perhaps an important operation, it was presented, through the medium of a medical friend, to the examination of a distinguished surgeon of this city. He also regarded it as an aneurism of the occipital artery, and advised, should the tumor increase, as he remarked in all probability it would, the ligature of the right common carotid. He had met with a very similar form of disease in the temporal artery which had been tied, but in consequence of a diseased condition of the coats of the artery, even somewhat remote from the tumor, secondary hemorrhage rendered the ligature of the carotid necessary. When this opinion was submitted to the parents of the child, they called upon Dr. Mott, who also pronounced the tumor to be an aneurism, remarking that some operation would be necessary for its removal, but nevertheless counseled delay for a few weeks, to note what changes might occur.

At this juncture I proposed to make use of a few remedies which had the reputation of having been successfully employed in aneurism ; this being acceded to on the part of the parents, I prescribed *sulph.* ʒ, giving a small powder night and morning for four days. At the expiration of 10 days, no improvement was visible, and having less confidence in this remedy than the one which followed, I at once gave *lyc.* ʒ, a powder night and morning for four days. At the expiration of a week the pulsations of the tumor were less forcible, and there was a perceptible diminution in the size. This gradual improvement went on, until at the end of a month there was nothing left to mark the spot of the aneurism but the depression in the bone.

This form of aneurism is rare, but few cases of it having been recorded. Bréchat, a French author, has described the disease under the name of *Aneurisma racemosum*, or *Aneurisma cirsoideum*. The disease lies in the coats of the artery, which gradually gives way before the flowing current of blood. The disease may be confined to a single spot in the course of the artery, and give rise to a single small pulsating tumor and absorption of the bone beneath it, or following the ramifications of the artery, it may dilate it throughout its entire course, burrowing its way into the bone, and forming pulsating ridges of scalp, interrupted here and there with larger tumors or knots, which lie single or in bunches, varying in size from that of a small bean to that of a pigeon's egg. Upon putting the fingers upon the scalp of such a patient, deep depressions or grooves in the bone following the course of the artery are felt. The prognosis in this disease is bad ; the tendency of the aneurism, especially when the result of some constitutional diathesis, is to spread and increase as described above. From statistics in regard to the cure of it, we find that resort to surgery has been attended with but little success. Both carotids have repeatedly been tried, and pressure made upon the tumor at the same time, only in one instance which has come to my knowledge with much success. I am not aware that coagulation of blood by means of electricity has been tried in

any of these cases. I believe also that there is no record of a spontaneous cure of this form of aneurism. Had this been the method of cure in the case above related, we should have had complete or partial obliteration of the artery, solidification of the tumor and a very gradual diminution of the swelling from absorption. Such was not the case; the coats of the artery seemed to contract upon the tumor until they recovered their normal size, since which the artery has continued to perform its normal friction and the boy has been well.

[We need not stop now to inquire whether the recovery in Dr. Ball's case was the result of the remedies administered or not; we are happy to put it on record, and a few more of such coincidences will entitle us, perhaps, to speak more confidently on the matter. In connection with this very interesting subject, we subjoin two cases reported by Dr. LEBOUCHER, and recorded in the *Journal de la Société Gallicane*, vol. 1, page 182.

"CASE 1. A man, 40 or 45 years old, of sanguine temperament, and occupied in manual labor, presented himself with the following symptoms: oppression, throbbings in the upper part of the chest; level with the upper part of the sternum, a tumor is visible which is felt to beat synchronously with the pulse, and the movements of which are distinctly seen by the eye. Compression of the jugular vein produces no alteration in the size of the tumor. We considered it an aneurism of the aorta, and our inexperience being taken by surprise, was so earnest in considering the treatment, that we neglected the means of ascertaining definitively whether it was situated on the aorta, or on the brachio-cephalic, or one of the carotids. We are quite satisfied, however, that it was an aneurism.

Having but little experience in the matter, we selected from the remedies indicated in Jahr's Manual, *lycopodium*. At the expiration of some time, being well satisfied with its operation, we repeated the *lycopodium*. At the end of some months we were happy to see the tumor remarkably diminished, as well

as the oppression. Gradually it became reduced, until it no longer appeared above the edge of the sternum. The patient then left, much to our regret, under the pretence that he was well.

“CASE 2. A large strong woman, æt. 50, accustomed to work in the fields, came to consult us for a rheumatic pain in the knee. While looking at her, we accidentally perceived very decided throbbings in the right inferior portion of the neck. We made a nearer examination, and easily recognized a tumor two inches in length, and double the ordinary size of the carotid in breadth. The patient had scarcely noticed the swelling, and paid no attention to it, notwithstanding our endeavor to impress upon her its dangerous character. We were obliged to have her under the impression that we were treating her for the rheumatism alone, and when that was cured she did not return.

“However, encouraged by our former success, we did not hesitate to give her *lycopodium* from the first visit until she left, allowing, of course, proper intervals. The tumor diminished in size at least one-fourth, but there the patient left.”

We trust that our colleagues will try the efficacy of homœopathic remedies in the cases that come under their care before resorting to a surgical operation, especially in the earlier stages of the disease, and communicate the result, whether favorable or otherwise. The undoubted effects of our treatment in the case of that form of *navus maternus* known as *aneurism by anastomosis*, of which many have been permanently cured by internal remedies alone, lead us to hope that further experience will show that medication will do much more for the relief of other forms of vascular organic disease, than we are at present justified in believing.—ED.

ARTICLE VI.—*On the Employment of Secale-cornutum as a Remedy for allaying Spasmodic Pains of the Uterus, preceding and during Labor.* By GEORGE E. BELCHER, M. D., New-York.

CASE 1. Mrs. P., aged about 18 years, sanguine temperament, generally healthy, and with a well-developed muscular system, was taken in labor for the first time. The pains being incessant a physician who preceded me, had endeavored to give relief by administering a cathartic of *senna* and *epsom salts*, and afterwards *opium*, which, although the first operated as he wished, did not effect the result. When called to her about twelve hours after labor had commenced, she was suffering with extremely violent pains, almost without intermission, and apparently in the last stage of labor; but on examination, I found the *os tincæ* about the size of a half-dollar, thick and somewhat rigid. I prescribed *acon.*, *bell.*, *hyos.*, *nux-vom.*, *coffea*, successively, but with no relief and very slow progress. About six or seven hours after the time I first saw her, I gave her two drops of Tinct. *secale*, and in less than ten minutes she became quiet; had afterwards efficient, but not more than ordinarily severe pains, with distinct intermissions, and was safely delivered in about two hours of a healthy child.

CASE 2. Mrs. V., her fifth child, dark complexion, short and thick set, nervo-bilious temperament; had had some months previously, violent hysterical convulsions; her general health as a whole not good: I was called in haste, and found her just recovering from a convulsion, and with such violent pressing pains that I hastened to make an examination, but was much surprised to find the *os uteri* about the size of a ten cent piece. Her pains scarcely intermitted, and were pressing. I prepared six powders, each containing one drop of Tinct. *secale*, one to be given every twenty or thirty minutes until easier, and left her; in an hour afterwards I called and found that she had taken but one dose when she became quiet and was sleeping. Fifteen hours from the

time I first saw her, she was delivered, with but moderate suffering, of a healthy girl:

CASE 3. Mrs. E., primipara, dark complexioned, with a sickly yellow countenance, of a nervo-lymphatic temperament. She has had congestion (and I was informed, ulcerations) of the womb. During the last four months of her pregnancy, she has had anasarca and troublesome vomiting, so that she has scarcely retained any food. *Merc-corr.* 2, was the best remedy I used for the first, and *nat-mur.* 3, for the last; they, however, rather ameliorated than removed. At the end of the eighth month she was taken with irregular labor-pains, which were relieved by two doses of *opium*, one drop of the tincture at a dose. At the regular period, labor came on, progressed slowly, with irregular wriggling pains, with considerable suffering, depression of spirits and headache. I gave *acon.*, *bell.*, and *hyos.*, but with no decided relief. While the head was passing into the lower strait, she was suddenly seized with a violent convulsion which lasted about three or four minutes. When the violence of it had abated, and she lay in a stupid state with stertorous breathing, and moaning uneasily as if from pain; I gave her two drops of Tinct. *secale*, and in a few minutes her pains became more regular, and with the use of the forceps she was delivered in less than half an hour. There was a steady improvement as regards the nervous condition, from the time she took the ergot. The child was very thin, but lively. Two years afterwards she was confined again; she had suffered from the same general condition during pregnancy as before, and when advanced to about seven and a half months she was taken with labor-pains, wriggling and not distinctly intermitting. The *os tincae* was open and about the size of a shilling piece. She complained of dulness and slight aching of the head, and appeared desponding. I gave *hyos.* 1, one dose with some relief to the head only; afterwards *secale* in one drop doses, to be repeated every hour. After the second dose, her pains decidedly abated, and finally ceased altogether, and she passed the night in quiet sleep. Four weeks

afterwards, she was delivered without any untoward symptoms, of a small, feeble girl.

CASE 4. Mrs. T., has had six children, but none for the last five or six years, and her labors have been usually protracted. When called, I found her apparently in labor, although she had been pregnant but seven months. She was anasarcons, her pains had scarce any intermission, were pressing, and she had fever and headache; on examination I found the *os tinæ* open enough to admit my finger. I gave *acon.* 2, a dose every two hours, which afforded some relief to the febrile symptoms. Eight hours afterwards I gave *bell.* 2, and *secale* 1, alternately every hour until better. Sixteen hours after this I found her relieved entirely of the labor-pains, and she informed me that soon after taking the first dose of *secale*, her pains began to abate, and that she had passed a comfortable night. At the natural period she was confined with a living, healthy child, after a very easy labor.

CASE 5. Mrs. W., a brunette, has suffered from spinal irritation, and from the time she was first pregnant, with spasms. She has had three living children, has had premature labors with loss of child in two instances, and with feeble children that died in a few days in two other instances. During the pregnancy to which I now refer, she has been troubled with hæmorrhoids, varicose veins and occasional discharges of blood from the vagina. She has likewise been anasarcons, which symptom was generally relieved by *merc-corr.* When about seven and a half months advanced, I was called one morning and found her with high fever and headache, for which I gave *acon.* and *bell.* alternately every two hours. In the evening the fever had moderated, but labor-pains had begun; the headache was likewise severe, and by occasional drawings of the fingers, and involuntary movements of the facial muscles, she showed a disposition to spasms. I gave *bell.* and *ignatia* in alternation, but at about half-past ten o'clock she was seized with violent convulsions with frothing at the mouth, &c., followed afterwards by variable spasms. On seeing her I found her insensible, and in clonic spasms,

aggravated at every pain. I gave *secale*, one drop of the tincture, and from that time they gradually abated. In about fifteen minutes she became sufficiently sensible to complain, in reply to questions, of dull frontal and occipital headache, and that the uterine pains were incessant. In three-quarters of an hour she dozed between the pains, and when aroused was dull but conscious; in an hour and a half the pains were perfectly regular but less severe, and at about three or four A.M., after gradually dying away, they had entirely ceased. When I made an examination at seven P.M., the *os uteri* was about the size of a quarter of a dollar; at eleven, of about half a dollar and thick and rigid.

At the regular period she was delivered of a child which evidently must have been dead from the time she was in the state above described. During the labor her pains were intermittent, and she had convulsions whenever the pains became severe, and these convulsions appeared to have the effect of checking the progress of the labor, and consequently of the pains. The *secale* was of no avail in relieving them, nor did any other remedy produce any marked relief, although *hyos.* and afterwards *valerian* (the latter more decidedly) moderated their violence. I gave *hyos.* 1, in solution, and the *valerian* in three drop doses of tincture, repeated at intervals of twenty to forty minutes.

I could describe other cases in most of which the *secale* had produced as striking relief as in the above; but as these are sufficient to show what particular kind of uterine pains are removed by it, it is not necessary. I have not been so minute in the description of the spasms as I might have been, for the reason that in different constitutions the continuous pressing uterine pains, so characteristic of *Secale*, would produce an infinite variety of them.

ARTICLE VII.—*On the Curative Virtues of the Artemisia-vulgaris.* By J. W. METCALF, M. D., New-York.

WHILE, as homœopaths, we strenuously insist upon the necessity of experimenting with drugs upon the healthy human system before prescribing them in disease, as philosophical physicians we cannot be indifferent to the fact that cures are every day wrought by agents, the pathogenesis of which is as yet wholly unknown. Such facts are not only interesting, but when well attested and confirmed by a long experience, they form excellent indications in the selection of remedies for trial, and may shed no small light upon the result of our provings.

In some cases, indeed, clinical experience must be our chief reliance in the administration of remedies, for we cannot expect our provers to carry their experiments to the production in their own persons of the phenomena of cancer, consumption, epilepsy or apoplexy. In such instances, well attested cases of cure, carefully reported and accumulated in sufficient numbers, will be of material assistance; nor need we be at all conscientious in resorting to such means under the proper precautions. If we are firmly convinced that *all* cures take place by virtue of the great law of cure, the homœopathicity of a drug may as satisfactorily be proved to us *a posteriori*, by clinical testimony, as *a priori*, by evidence from its pathogenesis. I do not say that the same amount or kind of testimony should convince us, nor that the former is by any means as safe a method as the latter, but simply that it is easy to conceive a kind and amount of evidence that shall be as convincing in the one way as in the other. In fact, a large amount of the matter already contained in our *Materia Medica* is purely clinical and frequently of the most unreliable character, as being the result of but a single observation; while every physician of extended experience can bear testimony to the fact that the turning point in his own mind in selecting a remedy at the bedside, has often been

that he has previously been witness of its good effects in controlling similar symptoms.

The records of old school practice might be of great service to us in this particular, containing, as they do, the experience of the profession in all past time, were it not for two inveterate, fatal and universally prevalent defects; polypharmacy and prescribing for names. Where more than one drug has been prescribed at a time, as was the constant practice of our predecessors in medicine, the only inference that can logically be drawn if a cure follow, is that *the mixture* cured and the observation is valueless for any conclusion as to the properties of any one of the separate ingredients. This fault vitiates most of the cases recorded by the ancient school.

In some cases, however, a cure has followed where but a single remedy was administered; but in such, the affection for which it was prescribed, is often designated by some comprehensive term such as headache, fever, intermittent, &c., which is considered as quite sufficient to convey the whole character of the disease, notwithstanding daily experience must have convinced the relater that the individual cases thus summarily grouped together in a name, differ as much from each other as a headache does from an intermittent. Thus, to take the case of headache, one patient complains of pain in the occiput, another in the forehead, another in the temples, another in the eyes; one describes it as a weight, another as a throbbing, another as a sticking pain; in one it comes on only after eating, in another after reading, in another on going into the air, in another on entering a room, in another on going to bed; in one it is confined to the forenoon, in another to the afternoon, in a third it lasts from sunrise to sunset, in a fourth from sunset to sunrise; to the allopath, all these different affections are simply *headaches*, and he cares but little to note their peculiarities, while it is morally certain that these latter mark each case as a distinct affection, and are infinitely more important in the selection of the remedy than the mere fact that the pain is in the head.

In the majority of the following cases, which are abstracted

from *Frank's Magazin*, a cure of epilepsy has followed the administration of the root of the *Artemisia-vulgaris* alone. This has long been a popular remedy in Germany for the disease so called, but on account of the want of discrimination to which I have just alluded, very different opinions have been entertained of its efficacy. The homœopathic physician may be able, perhaps, to gather from the following relations, some useful hints as to the cases to which this drug will be found applicable, which may serve him as a guide in the treatment of this troublesome affection, until we shall be prepared to allot to the *Artemisia* its true place, from a study of its pathogenesis in a *pure Materia Medica*.

1. CAMERER relates the case of a child, four years old, having epileptic convulsions mostly in the morning, at intervals of two and four months, preceded by coldness, distress and drawing in the limbs, and followed by stupor, in which a small powder of the pulverized root was given three times a day for fifteen months, and the attacks did not occur during that time, nor for two months after ceasing to administer the remedy.—*Med. Correspond. Würtem. Vereins*, 14, 278.

2. BURDACH relates several cases. 1. A young girl, 17 years old, affected with epileptic attacks of five years' standing, in whom the remedies had had no effect but to reduce the paroxysms to one a day, was perfectly cured by a single moderate dose of *Artemisia*, which was followed by a gentle perspiration. 2. In a strong, well-developed, plethoric girl, 18 years old, who had suffered for two years from epileptic attacks, the paroxysms were reduced from twelve to two a day, after thrice using the *Artemisia*, and after another dose, the author concluded she was well, from hearing nothing further. 3. A man, 29 years old, periodically epileptic for four years, consequent upon a drunken tumble into the water, was perfectly cured after two doses, followed by a critical sweat. 4. A somewhat imbecile man, æt. 36, attacked from childhood as often as twice a week, and sometimes oftener, had his paroxysms reduced to one a month after three doses of *Artemisia*. He then took a strong dose once a month, and had no further

return. 5. A young girl of 16, attacked during her development, and suffering a paroxysm every forty-eight hours, was immediately and radically cured by a single dose.—*Hufeland's Journal*, 58, 81.

3. HUFELAND gives the case of the healthy wife of a soldier, æt. 41, who, after changing an active for a sedentary life, attended by sorrow and menstrual irregularities, was attacked with hysterical difficulties which were soon succeeded by convulsions passing into true epilepsy. After entering the hospital in April, in spite of antispasmodics, she had five or six paroxysms, followed by a perfect though short soporose state; on the 14th of April, medication was suspended, and on the 16th, at 11 P.M., on the appearance of the premonitory symptoms, *Artemisia* was administered, and repeated in seventy-two hours. After each dose there was a profuse perspiration; after the first, at two P.M. of the 17th, two violent epileptic attacks within one hour; on the morning after the second dose, increased urination of yellow unседimentary urine. On the 6th May, having had no further paroxysms, she was discharged.

In ten other cases in which the *Artemisia* was tried, three were more or less rapidly cured; three were more or less improved, and four were unaffected by the remedy.—*Hufeland's Journal*, 58, 83.

4. WAGNER furnishes a case of a stout, active, healthy boy, about 13, who had convulsions when teething, and for three years had suffered from epilepsy after a box on the ear, and whose affection had gradually increased so that for six months he had had from six to eighteen paroxysms by day, besides three to five at night, varying in duration. There was now developed in him a propensity to steal, but subsequently his mental powers seemed gradually to become extinct, and with them the propensity disappeared. The resources of art, both scientific, domestic and quackish were exhausted, and the patient only grew worse, when a powder of *Artemisia* was administered on going to bed; during the night he had three paroxysms and then fell into a very profuse, intolerable, stink-

ing sweat; the same thing occurred after the second dose given the next night, except that he had but one paroxysm, and none in the day-time. After the third dose given on the third night, the sweats and paroxysms ceased, and the patient perfectly recovered his health both of body and mind, for eight weeks, when slight epileptic attacks returned, which did not, however, seem to disturb his intellect. The *Artemisia* was again given, and was followed by the nocturnal sweat, which, as well as the perspiration in a warm room, smelt of garlic, and by a diminution in the number and violence of the attacks, which now took place only once or twice in the twenty-four hours. The *Artemisia* was continued and accompanied by bleeding, and the attacks vanished; some weeks after, slight vertigo came on, which two months afterwards developed into chorea and mental derangement, in which state the patient remained.—*Hufeland's Journal*, vol. 59, p. 26; vol. 81, p. 115.

5. VAN MAANEN relates a case of a man suffering from convulsions occurring in the day-time, consequent upon fever and diarrhœa, in which drachm doses of *Artemisia* were followed by sweating, and seemed to have cured after a previous course of violent and fruitless medication.—*Hufeland's Journal*, 61, 64.

6. WOLFF gives a case of an official person, 42 years old, who had had nocturnal epilepsy for a year and a half, recurring at intervals of from two to three months without apparent cause, and who had not been benefitted by a treatment consisting of leeches to the anus, *Kali-tart.* and mineral waters. A drachm of powder of *Artemisia* root was given for six nights in succession, and then three doses every other night, with the advice to continue the medication for two months. Fifteen months afterwards he had had no attack, and considered himself cured.—*Hufeland's Journal*, 62, 54.

7. GRITZMAN relates the case of a child six months old, whose mother was healthy, but had suffered much from grief during her pregnancy, who had had convulsive paroxysms from four to six times a day for two months, attributable to

no known cause. The attacks began by the infant turning up his eyes so that scarcely a trace of the cornea could be seen, and generally giving a piercing shriek, while at the same instant violent clonic spasms affected all the extremities, lasting ten minutes and sometimes longer, ending in perfect relaxation resembling paralysis, and followed by a sound sleep of half an hour or more, from which the child awoke well. These paroxysms were the only difficulty the child had, and were fruitlessly treated with emetics, cathartics and nervines (!) (*Zinc.*, *Hyos.*, *Mosch.*). *Pulv. Rad. Artem-vulg.*, *Sacch-alb.*, aa. gr. v. *Dent. d. t.* xij S, four times a day. Three days after, it had had only three paroxysms; six days after only two, and much milder, and it was shortly entirely cured.—*Hufeland's Journal*, 62, 88.

8. BIRD records the case of a healthy man of 60, who, after suffering for several years from great care and grief, was attacked with fainting fits generally towards evening, which finally degenerated into decided epilepsy. After in vain employing many remedies, *Artemisia* was administered, and the "frequent nocturnal epileptic paroxysms" disappeared. The patient still felt a faintness on any cause of vexation, which, however, seldom went further.—*Hufeland's Journal*, 65, 68.

9. LÖWENHARD relates a case of epileptic convulsions, accompanied by irregular and deficient menstruation, in which *Artemisia* seems to have been of service.—*Hufeland's Journal*, 65, 81.

10. GEB gives the case of a young man, æt. 20, in whom an epileptic paroxysm had been excited two years before by a fright; six weeks after, another occurred from taking cold, and they continued to recur without special cause every three or four weeks, generally towards noon; came on more frequently and finally as often as every other day between 9 and 10 A.M. Ten powders of *Artemisia-rad.* were administered, one at 7 A.M. before each threatened attack. After the first two, the paroxysms became weaker, and there remained only a troublesome stretching in the limbs followed by lassitude, which disappeared after the eighth powder. The first, second

and fifth to the eighth doses were succeeded by profuse sweat, the last having a fetid odor; the third, fourth, ninth and tenth by less profuse and inodorous perspiration.—*Hufeland's Journal*, 65, 112.

12. GRÆFE became acquainted with this remedy in 1822, through a Major von Greifenberg, who had received it from a noble family in Pomerania with whom it was a hereditary family secret. The roots and especially the little radicles of the *Artemisia-vulgaris* were gathered in Autumn, cleansed, dried in the air and finely pulverized. A heaping coffee-spoonful of this powder was directed to be given to the patient immediately before or after the paroxysm, mixed with tepid beer; he went to bed, and commonly in the course of an hour broke out into a profuse perspiration, at the end of which he put on a dry and warm shirt. The remedy was repeated on the third and fifth day; if no attacks intervened, it was administered towards evening. If, after this, the paroxysms returned, the treatment was begun again. Græfe relates four cases. 1. A young man of 20 had suffered from epilepsy for several years; the first attack was caused by fright, the subsequent ones came on spontaneously without recognizable cause. He was completely cured by the *Artemisia*. 2. A strong, powerful man, 32 years old, of fresh appearance and choleric temperament, had had epileptic attacks for many years, which came on particularly when he got angry, which from the impetuosity of his disposition often happened. He had an emetic, and the next day *Artemisia*, of which he took four ounces and was cured. 3. A lank, choleric man, 45 years old, had frequent attacks of *cataplexy*, sometimes six or more times a day, and which were aggravated by passion. He had tried a great variety of remedies, but on taking the *Artemisia*, the paroxysms suddenly ceased; they returned again, but with much less violence, and finally ceased altogether on the continued use of the drug. 4. A slender woman, æt. 28, of dry skin, and mother of several children was attacked with *cataplexy* on hearing some frightful news. The attacks were of the following sort: She re-

mained in the same position in which she was when they came on, and stared straight before her with fixed eyes; the only muscular movements were twitchings in the face; the eyes streamed water; respiration was entirely suspended and when she suddenly drew a deep breath the attack was over; she was then obliged to sit down and recover herself, being very much exhausted. She had two attacks of from three to five minutes' duration in half an hour, when she applied to Græfe; they were brought on particularly by bodily exertion, or by alluding to the disease. She was perfectly cured by taking four ounces of the *Artemisia* root.—*Journal für Chirurg., &c.*, Band 6, S. 360. Band 9, S. 460.

Chorea.—12. GITTERMAN relates a case of a delicate scrofulous girl, ten years old, so severely afflicted with chorea, that she could scarcely sit, and was obliged to be carefully held in a chair; walking was very difficult, and occasionally swallowing, so that her food escaped from her mouth, which was constantly filled with frothy mucus; she could hardly speak intelligibly.

With the exception that she was peevish and inclined to weep, she seemed mentally well, and had no bodily ailments, except the convulsive movements, and occasional slight colicky pain. After *Belladonna*, *Zinc.*, with *Valerian.*, *Cupr. Ammon.*, and other drugs administered without benefit, *Artemisia* was given. In a few days the improvement was manifest, especially in the afternoon and at night, and in a fortnight she was well.—*Hufeland's Journal*, 62, 62.

13. FRIESEN relates two cases of chorea. 1. A delicate, irritable girl, æt. 10, of developed intellect, was so severely affected with chorea, that she was obliged to remain seated most of the time, and even be supported in that position, as the muscular twitchings were so violent as to throw her from the chair; she could, with difficulty, speak a few words. She was otherwise, mentally and bodily, well; slept well, and had no muscular motions at night. She was perfectly cured within four weeks by *Pulv. rad. Artem.*, a teaspoonful every other night. 2. A boy, æt. 12, who had had a mild chorea for eight

days, whose spine exhibited nothing abnormal, and who was, in other respects, apparently perfectly well, took anthelmintics without any effect, except that of discharging a quantity of lumbrici. He was cured of the chorea by *Artemisia*. *Hufeland's Journal*, 75, 113.

Somnambulism.—14. BONORDEN gives a case of a tolerably robust, apparently perfectly healthy servant girl, æt. 16, not yet menstruating, who, for a year and a half, had been in the habit of getting up in her sleep every night, and attending to her daily avocations, then going to bed again, and the next morning remembering nothing of what had taken place. It was very difficult to arouse her from this sleep; every time it was forcibly done, she was made quite ill by it. The disorder diminished gradually, under the use of *Artemisia* root, and wholly ceased in sixteen days.—*Rust's Magazin*, 18, 338.

Strangury.—15. HEUN states that he cured a child, of an obstinate strangury, which had resisted various remedies, with an infusion of *Artemisia*, the child being also bathed in a decoction of the same.—*Rust's Magazin*, 22, 511.

Epilepsy.—16. HOFMEISTER gives the case of a child, 14 weeks old, who was cured of epileptic fits by the use of *Artemisia* for a fortnight, but injections of chamomile tea and soap were simultaneously used.—*Zeitschr. für Natur und Heilkunde*, 6, 209.

17. KUHN used the *Artemisia* in eight inveterate cases of epilepsy, in which the intellectual functions were very much disturbed, with no lasting good result; it produced, however, very profuse and fetid sweats.—*Zeitschr. für Nat. und Heilk.*, 5, 435.

18. ELLIOTSON also administered the powdered *Artemisia* root to a girl of 17, who had had three or four epileptic fits every day for four months. After giving a drachm three times a day for ten days, the dose was increased to two drachms, and subsequently was repeated every four hours. When she left the hospital, nearly two months after her admission, she had had no fit for twenty-six days.—*LANCET*, 1836, *July 9*.

ARTICLE VIII.—Cases cured by a Single Remedy.

The New-York Homœopathic State Medical Society having requested each member to report at least one curative result from a single drug, the following are among the cases which were presented at the last meeting.

ARSENIC.

CASE 1. Reported by Dr. HUMPHREYS, of Utica. A gentleman of '55, applied to me a year since for an affection of the lower lip, which had given him much uneasiness for three years previous. Upon examination I found a spot of the size of a small white bean on the left side of the lower lip, which was more highly colored than the surrounding epithelium, the papillæ swelled, enlarged, and irritated, frequently bleeding very profusely, when injured by slight accidental causes, and the almost constant seat of burning, lancinating and stinging pain, which extended into the neighboring tissues. This condition had existed with but little variation for many months, and the uneasiness and hæmorrhage had been gradually increasing. *Ars.* 30, one dose. I saw him after a week, and found the pain less, and that bleeding had ceased. The medicine was permitted to act. He received but 4 or 5 doses at intervals, of from two to eight weeks, when every trace of the affection had disappeared.

CASE 2. *Cancerous Ulceration of the Nose*, reported by Dr. HUMPHREYS, of Utica. Mr. F., æt. 60, applied for my aid, twenty-eight months since, for an ulcer on the nose, which had existed eight or nine years. The ulceration occupied the right wing of the nose, extending from the point backwards for about an inch in length by half an inch in breadth, about the size of a Lima bean. It was attended by severe burning and stinging, and every few days formed a thick, black, hard crust, readily bleeding on being detached, and secreting some slight matter when the crust again rapidly formed. *Ars.* 30, promptly relieved the pain, and under the use of various potencies from 30 to 4000, at intervals of from one to four

weeks, the ulcer entirely healed, showing a deep but healthy cicatrix.

CASE 3. *Headache*, reported by Dr. METCALF, of New York. A young lad, *æt.* 11, had been attacked three years before my seeing him with intermittent fever which, notwithstanding repeated doses of sulphate of quinine, recurred every spring and lasted some weeks. During the whole of this time he had severe dull pressing headache, more especially over the right eyebrow and temple, much worse while the intermittent was on, but rarely ceasing for a whole day at a time. Three doses of *Ars.* 30, removed the whole affection, and he has had no return for a year.

BRYONIA.

CASE 4. *Neuralgia*, reported by Dr. HUMPHREYS, of Utica. A gentleman, *æt.* 36, of bilious temperament, dark hair and eyes, quick and somewhat excitable, had suffered for some years, at intervals, from a most violent neuralgia, which had resisted the routine of allopathic practice, as well as the effect of many homœopathic medicines. The pain came on in paroxysms like an electric shock, darting through the part suddenly, and then returning at intervals of from one to ten minutes, occasioning an involuntary screwing and drawing of the face and neck. The pain commenced at the base of the cranium, back of the ear, at a point corresponding to the emergence of the great occipital nerve, and from thence extended up and over to the vertex, and even anterior portions of the head. It was as though a burning needle were suddenly thrust through the part. It was easier when he was quiet, worse during exercise, and in the night. The parts became exceeding sore and sensitive after the pain had continued for a time. *Bryonia* 30 and 6, perfectly relieved it in a few hours, and he has had no return since.

CALCAREA-CARBONICA.

CASE 5. *Chronic Cough*, reported by Dr. GUY, of Brooklyn. Dec. 12, 1852. Mrs. H., aged about 22 years, widow, had

borne one child, now one year old ; from its birth her general health had declined.

Her whole appearance was decidedly phthisical.

She had been attended for some time previously, up to the 8th of Dec., by an allopathist who, at that time, declared that she could not survive over three or four days. At this time a homœopathic physician from New-York, a friend of the family where the patient resided, was called, who saw her two or three times, and prescribed for her up to the time I first saw her, with some modification of her symptoms.

On examination I found the following symptoms : General emaciation ; face pale and cadaverous ; expression anxious ; lips dry and chapped, sometimes bleeding ; strained feeling in the eyes while attempting to read ; difficulty of hearing, and shooting pains in both ears ; dry nostrils with scabs on the internal surface ; pharynx and palate somewhat red and inflamed ; severe fits of coughing, with frothy expectoration ; dry hacking cough at times, with much oppression of the chest, and difficult breathing ; darting pains in the region of the heart, followed by fluttering palpitation, lasting but a moment ; dulness on percussion over nearly the whole region of the right lung ; night sweats profuse, especially over the chest, commencing on first falling asleep, with much itching over the same region on waking.

Prescribed *Calo-carb.* 3, to be taken every four hours. 13. About the same ; continue *Calo-carb.*, as before. 14. Cough slightly modified ; *Calo-carb.* 4, as before. 15. Cough improving ; less oppression of the chest ; strength somewhat improved ; *Calo-carb.* 7, every six hours. 16. All the symptoms improving except the sweats ; *Calo-carb.* 12, every six hours. 17. About the same ; *Calo-carb.* 15, every six hours. 18. Pains in the ears had entirely ceased, and the hearing somewhat improved ; *Calo-carb.* 30, night and morning. 20. Night sweats greatly improved, all other symptoms rapidly improving ; *Calo-carb.* 30, continued as above. 22. The cough has almost entirely ceased, and all the other symptoms have nearly vanished, except the night sweats and a slight dulness on

percussion over the region of the right lung; continue *Calc.* 30, every night on retiring. 28. Patient entirely restored.

CAMPHOR.

CASE 6. *Headache*, reported by Dr. METCALF, of New York. I was called to see a gentleman, between thirty and forty years of age, of stout make and nervo-bilious temperament, suffering from sick headache. He was subject to attacks of a similar character, though not often as severe as the present one. He stated that he awoke in the morning with a dull, heavy sensation in the whole head, especially in the occiput, entire want of appetite, almost amounting to disgust for food. The heaviness increased, and was accompanied by a general feeling of malaise; in the course of the forenoon, nausea came on and a single vomiting of green fluid, forcing him, from pain, prostration, and general illness, to go to bed. At 2 P.M., when I saw him, he had but little nausea, but complained of an exceedingly distressing throbbing in the nape of the neck and occiput, which seemed as though it would burst open his head. The throbbing was described as full, heavy, and synchronous with the pulse; it was momentarily almost removed by sitting up in bed, but soon returned; it might then be again relieved by standing upon his feet, but he did not fancy the experiment, as lying down again was then attended with a very distressing aggravation. The pulse was full, rather quick and soft, skin naturally moist, extremities quite cool, head hot. I gave him two drops of *Sp. Camphor* in a spoonful of warm water, and the bottle of camphor to smell. In ten minutes the distressing throbbing began to subside, and in half an hour he fell off in a sleep of two hours' duration, from which he awoke perfectly relieved. His appetite remained delicate for a day. He has had but one slight return for more than a year.

In a subsequent case of erysipelas, a most distressing throbbing synchronous with the pulse, in the right temple and forehead of a lady, was entirely removed in the course of a few minutes by the same remedy.

LYCOPODIUM.

CASE 7. *Chronic cough*, reported by Dr. BOYCE, of Auburn. A young lady, æt. 18, tall and slight figure, narrow chest and stooping, family affected with consumption, though none of her brothers or sisters have died of it. She commenced coughing last winter, and continued to get gradually worse until September, during which time she was treated with domestic and allopathic remedies. When I first saw her, she presented the following case: Cough, almost continual, night and day; a deep, short cough, with occasional expectoration during the day, of thick gray matter; in the morning it is greenish and more profuse; hoarseness and dyspnoea, with constant desire to clear the trachea; cannot lie on her side, especially the left side; dulness in the upper part of the left lung and mucous rattle during respiration; the upper part is impervious to air except on a full inspiration, when there is a prolonged paroxysm of coughing. Irregular flushes of heat, with circumscribed redness of the cheeks, and slight nightly perspiration; she complains of weariness, the limbs feel heavy; she is easily fatigued and out of breath. Her mind is cheerful.

On the 11th of September I gave her a single dose of *Lycopodium* ʒ, and *Sacch-lac. ad libitum*, a dose every one, two, three or four hours, as the patient thought necessary. There was a gradual improvement of the general health, and diminution of all the symptoms, until the 12th of October, when her state was as follows: Coughs seldom except in the morning, when there is a slight paroxysm until the lung is cleared, with diminished expectoration of gray matter. Appetite and strength improved, emaciation less. She can lie part of the night on either side, but if she remains too long she has a paroxysm of coughing which compels her to change. The hoarseness is scarcely perceptible during clear, dry weather; lung much relieved and filled with air on a full inspiration, which, however, still excites cough; slight febrile flushes.

As there was no improvement during the week ending

October 18th, and the symptoms had only changed in degree, not in character, I repeated the dose on that day, and gave her *Sacch-lac.* at discretion, as before. The dose was followed by an immediate improvement which has continued until the present time, when she is to all appearance well.

PULSATILLA.

CASE 8. *Diarrhœa mucosa*, reported by Dr. METCALF, of New-York. A young, intelligent, mild-looking blonde of sixteen, applied at the Dispensary in December last for relief from a chronic diarrhœa. About three months previously she had had a violent attack of cholera morbus, for which she was allopathically treated, and took calomel. She got her feet wet and ever since has been subject to attacks of mucous diarrhœa, occurring more or less every week, and sometimes lasting a week. She had one of these attacks the night before applying at the Dispensary; the discharges occur nearly every hour; she was obliged to stop on the way down, and has had an evacuation since reaching there; she passes sometimes a tumblerful of slime at once; the evacuations are accompanied by nausea, faintness, and sometimes vomiting of mucus; there is no colic, pain in the back, straining, nor blood; they generally begin to be more severe and more frequent about bedtime. She received *Puls.* 3, for solution, with directions to take a spoonful every hour until relieved. She had no evacuation after the first dose, and continued radically cured.

CASE 9. *Rheumatism*, reported by Dr. METCALF, of New-York. A gentleman, subject to rheumatic attacks, of stout, full-blooded make, called one morning last fall, with his left arm in a sling, and desired me to prescribe for a rheumatism in the wrist which had troubled him for ten days. On examining the arm I could perceive that the region of the wrist was a little swollen, and very slightly reddened. He stated that the pain came on at about three o'clock in the afternoon, continued to increase in violence, and was accompanied by swelling and redness, until about midnight, entirely prevent-

ing sleep. It then diminished and he felt but little inconvenience from it except pain and stiffness on motion, until the next afternoon at about the same hour. I gave him a drop of *Puls.* 6, in six powders. A single dose was followed by an entire cessation of the paroxysms, the arm regaining its natural appearance and motion before the time for the afternoon attack. There was slight threatening on the next day, but it passed off on taking the remaining powders.

- ✓ CASE 10. *Neuralgia rheumatica*, reported by Dr. METCALF, of New-York. A lady of exceedingly mild and gentle disposition, consulted me for a pain in the calf of the right leg, following upon a moderate attack of influenza. The pain was aching drawing, came on in the evening, and was much aggravated by the heat of the bed; cloths dipped in cold water procured some relief, but she had been nearly sleepless from the pain for two entire nights. During the day she was comparatively comfortable. I prescribed *Puls.* 3, in water, a tablespoonful every two hours. The next morning I found she had passed another sleepless night, the pain not at all relieved, and that she had an additional twinge in the right cheek manifesting itself already. *Tinct. puls.* in water, a tablespoonful every two hours, and the pain did not return at all.

SEPIA.

CASE 11. *Hydrometra*, reported by Dr. WELLS, of Utica. 1849, Aug. 14th. Was called to see Mrs. S., aged 35, of nervous temperament. She gave me the following history of her case previous to the time of my attending her. Has had three children, the youngest seven months old. For three or four months previous to her confinement, she suffered from great distension in the abdomen, with pain and soreness which she supposed was in the uterus. One month previous to her confinement, she had pains like labor-pains attended with a discharge of serous fluid. The pains subsided and returned again every three or four days, with discharges of fluid until her confinement, about four weeks subsequent to

the time of the commencement of the fluid discharge. She thinks that at her confinement and during the previous four weeks, she discharged at least three gallons of fluid from the uterus. The child was alive. She continued the following seven months under the treatment of her family physician, (an allopath) without benefit. She has now great distension of the abdomen, which has been more or less the case ever since her confinement, with pressure and "bearing down," especially when standing or even sitting a long time, a feeling as though the contents would issue through the external organs. General soreness through the bowels. Has, since her confinement, had occasional discharges of serous fluid similar to those before it, gushing out with force. Feeling of soreness in the uterus and external organs. Urine small in quantity and high colored, with frequent inclination, and involuntary discharge when coughing or sneezing. Has darting or pricking pains through the hips and sides, sometimes shooting down to the bones of the pelvis. Pains in the back and extremity of the sacrum. General debility. Easy perspiration from the least exercise; also night sweats. Sometimes flushes of heat followed by chills at night. Not much appetite. Bowels loose, with several thin evacuations daily.

On examination, found the neck of the uterus low in the pelvis, the uterus itself being very near or quite as large as at the eighth month of gestation. My first impression was to introduce a catheter, and produce an evacuation of the accumulated fluid; but from the history of the case, this could be only of temporary benefit; I therefore concluded to try first the specific remedies, and relieve the distension afterwards if necessary. Aug. 14th. Gave *Sepia* 6, in water. 17th. No better; continued *Sepia* 12th. 26th. Symptoms no better. As *Sepia* alone covered the case better than any other remedy, I gave *Sep.* 20. During the following ten days there was not the least improvement; but she had several copious discharges of thin, dark-colored serum, preceded by pains like labor-pains, and the accumulation was equal to the amount evacuated.

Thinking that the right remedy had not been selected, I made a careful re-examination and reviewed the case; still *Sepia* was the prominent remedy, and I gave *Sepia* 200.

Two days afterwards I called, and on entering the room I was greeted with "Well, Doctor, you have at last given me the right remedy, for I feel a great deal better; you have hit the case right this time." Gave *Sacch-lac.*, and she continued to improve for two weeks.

Sept. 10th. She complained of a sensation of trembling with chilliness the whole length of the spine; her other symptoms were better. *Sepia* 800. Sept. 27th. Symptoms all better. *Sepia* 1700. It may be remarked that after the administration of the high attenuations, the dose was not repeated while there was improvement, but during improvement *Sacch-lac.* only was taken. Oct. 10th. Strength restored, bowels regular, and the bloating entirely disappeared; she calls herself well. I saw her a year afterwards, and she said she had never been so healthy before.

ARTICLE IX.—*Fragmentary Contributions to Materia Medica and Therapeutics.*

I.—*On the Employment of Euphrasia in Measles*, by C. W. BOYCE, M. D., Auburn.

SOME time last summer I took several doses of *Euphrasia*, in order to ascertain if my system were susceptible to the effects of that remedy. The symptoms I experienced were: fulness of the eyes, with a dread of light, and an irritation and dryness of the nose. The photophobia was intense, and was accompanied by slight redness of the skin around the eyes.

For the last year, and in fact two years, we have had, in this vicinity, an epidemic of measles. The disease was almost universal, and many cases were fatal. At the time I took the *Euphrasia*, I saw several cases of measles, and, from a comparison of the symptoms with my own feelings, I was led to

administer this medicine, and the result was as surprising as it was gratifying. The first case was as follows :

CASE 1. A young lady, 22 years old, light hair, blue eyes, and generally nervous. She had had symptoms of measles for three days when I was called. Intense throbbing headache, redness of the eyes, with photophobia, the least light being intolerable, high fever, and constant dry cough. The forehead and temples showed evident signs of the eruption, and had done so for two days. She had had no sleep for four nights. I gave *aconite* and *pulsatilla* with no benefit, and the next day *bry.* and *bell.* with the same result. On the third day of my attendance, I left a preparation of *euphrasia*, six drops of the first dilution in a glassful of water, with directions to give the patient two teaspoonfuls every two hours. Her symptoms were relieved very soon, and the next morning, when I saw her, the eruption was out completely. There had been no progress in the disease as to the eruption, for three or four days, until she got the *euphrasia*. This result, however gratifying, did not present anything in particular, except that the patient convalesced very rapidly, but it led me to give the remedy again, and I think with great relief.

CASE 2. A young lady of 16, of nearly the same temperament as the first, had been sick for several days when I saw her. The following is from my note book : She was attacked with a chill, followed by fever; pain in the bones (as she said); eyes red and sensitive to light; face and neck covered with dark spots looking like *petechiæ*. She had been sick several days and had gone through the whole course of domestic remedies without any amendment. I gave *euphrasia*, and the painful symptoms were relieved in an hour, with rapid restoration to health.

CASE 3. A child of three years—the friends had given up all expectation of a recovery. The child had actually the symptoms of incipient measles for two weeks, but the eruption did not come out. The little patient seemed to be inclined to a typhoid condition, with danger of inflammation of the brain.

After taking *euphrasia* for twelve hours, the eruption came out and the child got rapidly well.

I have given the *euphrasia* in a great number of cases, but the above are the only ones of which I have preserved particular notes.

II. *Neuralgia cured by Kalmia-latifolia.* Reported by Dr. BALL, New York.

Mrs. G., residing in New-York, had neuralgia of the face, head, and neck in 1849, for some length of time, and was relieved by a single dose of medicine. On the 18th of June, 1852, I was called to see her in another attack, which had now lasted a week, and was growing more painful every day. The attack comes on every afternoon, and lasts, with great severity, through the night. The pain begins in the back of the neck, running up over the scalp, to the top of the head and temples, likewise affecting her face, more particularly on the *right* side. The parts affected are tender to the touch. The pain was described as sharp and shooting, twitching sometimes suddenly in spots, relieved by cold and aggravated by heat. Her teeth are sound but tender. Nothing which she has done gives her the least permanent relief. She is subject to painful menstrual periods, which are regular. *Spigelia*, *bellad.*, *coloc.*, *puls.*, *nux*, *ars.*, *carb-veg.* were all given in various strength, from the tincture to the 6th dil., but without result. *Kalmia-lat.*, 2 gtt. in a half tumbler of water, gave complete relief, a slight return of the pain, which occurred in a few days, being perfectly removed by a few additional doses of the *kalmia*.

III. *Puerperal Convulsions, homœopathically treated.* Reported by Dr. MARCY, New York.

The following case so happily illustrates the superiority of the homœopathic over the allopathic and antipathic practice, that we take the liberty of reporting it.

Mrs. —, aged twenty-four years, of a plethoric habit, and nervous-sanguine temperament, was confined with her first child, at the full term, on the afternoon of the 24th of

January, at 6 o'clock. From the attendants we learned that slight pains commenced on the evening of the 22d instant, which continued at intervals of one and two hours, until the morning of the 24th, when the real pains of labor became fully developed. The pains continued, gradually increasing in severity and frequency until 5 o'clock, when a healthy female child was born. The only circumstance worthy of note connected with the pains of this day, was the frequent occurrence of violent pains in the head, accompanied with flushed cheeks, distension of the veins of the forehead, and visible pulsations of the carotid and temporal arteries, and a *puffy* appearance in the forehead and about the eyes. Towards the termination of the labor these pains became so severe as to draw forth frequent complaints from the patient.

A few moments after the birth convulsive twitchings were observed in the limbs and in the muscles of the face, the finger-nails became purple, the eyes assumed a wild and staring appearance, and immediately afterwards violent puerperal convulsions became fully developed. The face and lips now assumed a livid hue, the finger-nails became still more purple, the veins of the neck and head became very much distended, foam issued from the mouth at every expiration, and the face and body were frightfully distorted by violent and general convulsions. Almost every part of the body was affected by the convulsive twitchings, although they were much the most strongly marked in the face and upper extremities. The attending physician, a highly intelligent gentleman of the old school, at once resorted to the usual allopathic routine of purging, leeching, blistering, sinapisms to the feet, legs, and stomach, ice to the head, etc., but without making any favorable impression against the convulsions, which continued, at intervals of forty or fifty minutes, until 9 o'clock in the evening, when the patient was consigned to my care. Each convulsion had been followed by a comatose sleep, with stertorous respiration, which continued for about twenty or thirty minutes, when there was a partial return to consciousness until the next paroxysm.

On arriving at the bedside we found our patient in a coma-

tose sleep, which had just succeeded to a severe paroxysm of convulsions. The following symptoms were present: lips livid, face pale and somewhat livid, respiration stertorous, pupils dilated, pulse very rapid (130 per minute) and very full, violent pulsations of the arteries of the head and neck, head very hot, skin hot and dry, and every indication of severe congestion of the brain. After about twenty minutes, consciousness was again partially restored, but there were now constant involuntary motions with the arms, and movements of the head, as if in great distress. The expression of the eyes was still wild, the pupils were very much dilated, and the patient complained of severe pain in the head.

To combat these symptoms we prescribed *aconite* and *belladonna* in attenuation, at intervals of half an hour—first dilutions.

The characteristic effects of *aconite* were clearly manifest in a short time, as the pulse became more soft and slow, and the heat of the body gradually gave way to a gentle and uniform moisture. At the expiration of the half hour the *belladonna* was administered, and the patient soon became quite composed, and fell into a quiet sleep. The medicines were continued at intervals of about one hour, until 2 o'clock in the morning—a period of five hours—when another, but less severe convulsion, occurred. This paroxysm was succeeded by a restless condition, confused mind, constant movements of the arms towards the head, frequent yawning and stretching, convulsive twitchings of different muscles of the body, occasional attacks of impeded respiration, moaning, and a sunken and pale face.

Ignatia 3 was now administered at intervals of one hour, until 6 o'clock, A.M., January 25th, when another paroxysm, similar to the last, but much lighter, occurred. *Ignatia* was continued every two hours until 1 o'clock, P.M., when a final and very slight convulsion ensued. A dose of *ignatia* was again given, and the patient slept quietly for a period of six hours, and awoke improved in all respects.

As the pulse was still too rapid and full, and much pain

was yet felt in the head, *aconite* and *belladonna* were again prescribed in alternation, at intervals of two hours, when the lady should be awake.

Jan. 26th. Mrs. — has passed a comfortable night, sleeping a great portion of the time, but waking occasionally and complaining of dull pains, and a feeling of congestion in the head and back part of the neck. At this time, 10 o'clock, A.M., I find the pulse 100 in the minute, but soft, skin in a gentle moisture and at a good temperature, expression of the eyes natural, and but slight tenderness of the abdomen on pressure. Her intellect is still confused, and she complains of considerable pains and fulness in the forehead, and much soreness of the eyeballs on moving them. *Bryonia* 3 was prescribed at intervals of four hours.

Jan. 27th. A steady improvement has taken place up to this time. The bowels have moved freely this morning, the mind is quite clear, except a slight defect of memory, the pain has left the eyeballs and head, and the patient is evidently convalescing rapidly. Discontinue medicine.

Feb. 27th. Mrs. — has continued to improve up to the present time, and may now be considered entirely out of danger, and as well as ladies usually are after confinement.

This case not only illustrates the power of homœopathic medicines over this most frightful malady, but it proves the fallacy of our opponents in supposing that repeated general bloodlettings are indispensable for its cure. It would be difficult to suppose a case in which bloodletting was more strongly indicated, according to the ideas of our opponents, than the one under consideration; and yet the simple specifics enumerated were quite sufficient to remove all these alarming symptoms.

Whether allopathic treatment would have proved successful in this instance, we know not; but if we consider the great mortality of this disease when treated by gentlemen of the other school, the inference must be unfavorable to the latter.

We have had occasion, during a medical practice of fifteen years, to treat a considerable number of cases of puerperal

convulsions. We can call to mind a number, while a practitioner of the old school, similar to the one above alluded to. We but too well remember the bloodlettings, the purgings, sometimes with croton oil when nothing else could be forced into our patients, the cuppings, the leechings, and the mustard plasters we then deemed it necessary to prescribe: and we remember too the rapid sinking of the energies of the patients, while the convulsions became more frequent and more violent, until finally death put an end to the struggle. But these reminiscences afford us no pleasure as we now contrast them with the happier results which ensue from homœopathic treatment.

We take occasion in this place to allude to one symptom which we have always observed to be present in all the cases of puerperal convulsions which have come under our observation. This symptom appears to be so manifestly characteristic and uniform, as to deserve especial consideration. We refer to the highly excited condition of the circulatory system. This exalted action of the heart and arteries usually precedes the paroxysms, sometimes for two or three days; and it is at this early period that remedies may be brought to bear with the greatest prospect of success.

If we refer to the provings of *Aconite*, we shall be forcibly reminded of the similarity of its symptoms with those which precede and accompany the malady under notice, viz.: "*great nervous and vascular excitement; dry, burning heat of the skin, and swollen parts; full, hard, and hurried pulse; rush of blood to the head, with heat in the head, red face, beating headache, or stupefying tightness in the forehead; dilated pupils; bloated and red face; delirium; distension of the veins of the head and neck; congestion of blood to the brain, eyes, face, heart, and lungs; paroxysms of vascular erethism in the head, with anxiety.*"

In view of this excited condition of the vascular system, which is so characteristic of *aconite*, we have always prescribed it for the premonitory symptoms of puerperal convulsions, as well as during the paroxysms, and we have usually

succeeded in making a favorable impression upon the entire group of symptoms, as soon as this vascular excitement has been reduced by the drug. Other remedies will doubtless do good service against various symptoms which may be present, and should always be brought to bear; but we look upon Aconite in cases of this description, as the allopath looks upon the lancet, as the most important remedy.

IV. *Hints for New Provings.* By Dr. METCALF, New York.

Dr. MONZON, in a letter to Dr. PEREIRA, has communicated some information in relation to certain of the indigenous productions of New Granada.

Sandi is a resinous, gummy substance, produced in abundance by a tree of the same name, on making an incision in the bark. It is at first white and liquid like milk, and is called in the province of Barbacoas, "milk of Sandi." In this state it is applied to various medicinal uses in different parts of New Granada; it is applied as a plaster upon lupus, fleshy excrescences of the skin, and cold and indolent tumors in order to produce resolution. Dr. Monzon's father had applied it "with extraordinary success" in the valley of Cauca for the cure of "bocios" or obstruction of the thyroid gland. It is likewise used in the form of a plaster upon the hypogastrium as a remedy for sterility in women.

Aceite de palo (wood-oil) is the product of another tree. "By using it," says Dr. Monzon, "as an embrocation, I have destroyed the epidermis, and have been able to get rid of freckles and superficial stains on the face and other parts of the body. Applied in large quantities, it produces the effect of a strong blister, excoriating and inflaming the skin." Its color is purple, and its taste *sui-generis*.

Canedillo, the name of a cane with a bitter and aromatic bark. It has the reputation of being an antidote to snake bites. Dr. Monzon says: "I consider it the best and safest of all the antidotes known. Put two ounces of this bark in a bottle of alcohol, allow it to macerate for three or four hours

to obtain a tincture. Use two parts of this mixture with common water; a wineglass every two hours until you allay the headache of the bitten person, an infallible consequence of the bite; cupping at the same time and extracting the tooth, which often remains in the part, which is then to be washed and covered with lint wetted with the tincture. By this simple method I have cured hundreds, without the loss of a single life. This antidote is now commonly kept by all the owners of mines as a certain cure for bites of snakes in preference to other antidotes formerly used. It has this advantage over them, that it may be taken in any quantity without danger."

Cedron is another tree of New Granada which claims the virtue of being an universal antidote to snake poison. In Hooker's *Journal of Botany*, M. SEEMAN states that it is a tree from twelve to sixteen feet high; its simple trunk about six inches in diameter, and clothed on the top with long pinnated leaves, which give it the appearance of a palm. Its flowers are greenish, and the fruit resembles much an unripe peach. It is the seed or cotyledon which is medicinally valued; it is intensely bitter, and is also esteemed as a febrifuge. In a former number of this *Journal*, we have alluded to its reputation in these respects. Its properties are well worthy investigation.

Gelsemium sempervirens. In the *New York Journal of Pharmacy*, Vol. 1, p. 368, we find a communication from W. PROCTER, Jr., in relation to this native of our own country, which, if reliable, is exceedingly interesting. We extract the substance of the article.

"Considerable attention has recently been turned to the Yellow Jasmin of our Southern States, from the accidental discovery of certain remarkable effects produced by it when taken internally. A planter of Mississippi having suffered much from a tedious attack of bilious fever, which resisted the usual medicines employed in such cases, requested one of his servants to obtain from the garden a certain root, from which he intended to prepare an infusion for drinking. By

mistake, the person sent collected a different root, and administered the tea to his master, who, soon after taking it, was seized with a complete loss of muscular power, being in fact so completely prostrated, as to be unable to move a limb or to raise the eyelids; yet he could hear and could appreciate what was passing around him. After some hours, during which his friends were watching him with much anxiety and little hope, he gradually recovered his muscular control, and was astonished to find that the fever had left him. Having ascertained from his servant what plant he had collected, he subsequently employed it successfully on his own plantation as well as among his neighbors. The history becoming known to a quackish physician, he prepared from it a nostrum called the "*Electrical Febrifuge*," in which it was disguised by oil of wintergreen. *Eclectic Dispensatory*, p. 186.

"The *Gelseminum* is not noticed by Dr. Griffiths in his Medical Botany, nor in the recent edition of the U. S. Dispensatory, and so far appears to have been used chiefly by the "eclectic" practitioners of Cincinnati, and other parts of the Western States. The accompanying description of the plant is taken partly from a specimen sent from Memphis, Tennessee, where, in common with other parts of the Southwestern States, it is cultivated as an ornamental garden plant.

"The *Gelseminum* belongs to the natural order *Apocynæa*, so remarkable for the great activity of many of its genera, and the name of the genus given by Jussieu is one of the ancient names of the jessamine, and that of the species arises from its evergreen foliage.

"*Gelseminum* belongs to *Pentandria*, *Digynia* of Linnæus, and to the natural order *Apocynæa* of Jussieu. *Generic characters.* Regular, calyx five-parted, (the sepals of this species being furnished with bract-like appendages,) corolla funnel-form, border spreading, five-lobed, nearly equal, capsule compressed flat, two-partible, two-celled, seeds flat and attached to the margin of the valves.—*Eaton*.

"*Specific characters.* The *G. sempervirens* is known at the South under the names, yellow jasmine, wild jasmine, and

woodbine. In Florida, it flowers in March; and in Mississippi and Tennessee, in May and June. Its stem is twining, smooth and glabrous; its leaves are opposite, perennial, lanceolate, entire, dark-green above, paler beneath, with short petioles. The flowers, which are esteemed poisonous, are yellow, about an inch long, and half an inch wide at the top, of a fine yellow color, and having an agreeable odor which perfumes the air when they bloom. It grows luxuriantly, climbing from tree to tree, forming a delightful shade. According to *Eaton*, from whose Botany we glean part of the above botanical notice, there is a variety called *inodorum*, which has scentless flowers. The *Gelsemium* is indigenous to the Southern States, and its beauty has caused its introduction into the gardens.

“*Medical properties and uses.*—The root is the part used, and the tincture is the preparation most usually employed, and, as made, must be a saturated tincture. The roots, in a green state, well bruised, are introduced into a suitable vessel, and covered with whiskey, or diluted alcohol. After standing two weeks, the tincture is separated by expression and filtered. It has a dark red color, and a pleasant bitter taste. The dose is from ten to fifty drops. The following account of its medical properties and effects is taken from a paper in the ‘*Eclectic Medical Journal*,’ August, 1852, page 353, by F. D. Hill, of Cincinnati :

“*Gelsemium* is stimulant, tonic, and anti-spasmodic. By its relaxing effect it produces gentle diaphoresis, and is said to be *narcotic*. Its effect in large doses, or doses too frequently repeated, is extreme relaxation, and general prostration of the whole muscular and nervous system. It will suspend and hold in check muscular irritability and nervous excitement with more force and power than any known remedy. It is of a pleasant bitter taste, and performs its wonder-working cures, in all febrile diseases, without exciting either nausea, vomiting, or purging. When enough has been given to produce its specific effect, the eye is dimmed, the vision clouded and double, the head light and dizzy. When these effects follow the administration of this remedy, no more should be given until the patient has entirely recovered from its influence. ‘It may be used in all species of fevers, nervous and bilious headache, colds, pneumonia, hemorrhages,

leucorrhœa, chorea, ague-cake, asthma, and many other diseases: but its efficacy has been most admired in all forms and grades of fevers.' It should always be used with great care and caution. The root is said to possess a resinous principle, which, when extracted by pure alcohol, will produce death in very small doses. But no such effect need be expected from the proper dose of the common tincture. There is danger of carrying it to such an extent as to suspend involuntary muscular action, and when this is the case, death must ensue. 'It is incompatible with no known substance, and may follow any *preceding treatment with perfect safety*.' The dose is forty drops for an adult, and children in proportion to age and temperament. It is given either with or without quinine. It has been used for *chronic rheumatism*, in doses of forty drops, three times a day, with marked effects. Three or four doses, with a mild cathartic, will remove the redness and swelling attending inflamed sore eyes."

Enough may be gathered from this terrible mish-mash of hypotheses, theories, facts and guesses, to show that *Gelseminum* will probably form a most admirable remedy when its therapeutic sphere shall have been pathogenetically developed. We call the attention of our brethren in the West and South-west to the importance of an early proving of this indigenous plant.

ARTICLE X.—*Some Considerations upon Dietetics and Posology*. By F. A. ESPANET, of Staouëli (Algeria). *Translated for the North American Homœopathic Journal*.*

It is now three years since I fully adopted the improved system of therapeutics presented by Homœopathy, and during that time I have thought much upon those two questions of paramount importance—the regimen of patients and the size of the dose. They seem to me worthy the deepest attention of the friends of humanity, and for that reason I entreat the indulgence of zealous and unprejudiced homœopaths towards the opinions which I am about to express,

* *Jour. de la Soc. Gall.*, 360.

as they may not, at first sight, be such as all may be inclined to accept. The motives that urge me on are the desire of benefitting my fellow creatures and of advancing Homœopathy, the blessings of which seem to be very slowly extended to the lower classes of society. I desire to render them more accessible to these latter, and to diminish the obstacles which stand in the way of most physicians.

I have no doubt that many will share with me in these desires, but will they agree with me in the means proposed to accomplish the end? I trust, at least, that they will not be rejected without consideration, and even that they will be adopted by some, principally among those who are cognizant of the numberless attempts of many homœopaths to soften somewhat the infinitesimal posology, to cure by sensible doses, and to apply the new method to the poorest patients.

I did not hesitate an instant in adopting Homœopathy so soon as it appeared to me logical in reasoning and fruitful in practice; no consideration whatever shall ever compel me to abandon it, and in the same way no considerations of time, persons, self-interest or peculiar views, shall ever induce me to conceal what reflection and experience, love of science and of my fellow beings shall dictate as the truth.

Regimen.—If medicine be intended, in the designs of Providence, for every one, our system, which is true and exact to a degree far above all others, should be especially capable of an extensive application. This it would not be if a rigid regimen were necessary to its success, inasmuch as the greater number of patients could not conform to it. Who can compel an abstinence from tea, coffee, and other medicinal fluids, in those persons who almost worship them? They cannot be induced to abandon them except they are dangerously sick. Who can soberly recommend to the poor to live on delicate meats and expensive dishes when many of them can afford nothing better than bread and vegetables, and these often damaged?

It is proper and useful to indicate to a patient the food and

drink most proper for him, the exercise he ought to take, and to give him sanitary instructions in regard to the air he should breathe, the dwelling and the clothing most suited to his recovery. These are instructions equally proper and equally useful to those who are well, in order that they may preserve their health. It is even the duty of the physician to do this ; but as he will encounter few persons who are sufficiently master of themselves to follow advice which is often contrary to their habits, their instincts, and their depraved tastes, he must make up his mind frequently to treat patients under the influence of vices agreeable to their passions, and of a defective and injurious regimen, endeared to them by long habit and rooted prejudice ; in short, he must take the world as he finds it, and endeavor, as best he may, to work out its physical and moral regeneration.

The physician knows but too well that he must expect all sorts of deviations from his directions at the hands of his patient ; he cannot expect that one who has contracted a disease by such imprudences as we every day witness, is going to submit himself to troublesome inconveniences to obey a direction, of which, explain it as often as you will, he cares to understand neither the use nor the aim.

What are the facts ? Here is an acute or chronic disease which has been treated for some days, more or less, by ponderable (perhaps ponderous) doses of drugs, by medicated baths, by an exaggerated diet, &c., and then it comes into our hands. We prescribe an infinitesimal dose and witness curative results, notwithstanding the organism of the patient may be reeking with *belladonna*, *sulphur*, or *quinine*. Here is another patient who is laboring under profound functional disturbance ; he is full of fluids, abdominal gases, odors, and chemical principles in abundance ; his tongue is thickly furred, and yet a few globules penetrate the midst of this infected mass and remove the whole disease.

There is, probably, no physician who has not observed cures from infinitesimal doses in subjects who conformed to no regimen, or at least who were guilty of great departures.

Some have even written on the subject, and have expressed grave doubts whether the rigor of diet prescribed by Hahnemann and his early followers, were absolutely indispensable. I merely refer to this fact without producing the citations, which would take up too much time and space.

I once knew a very excellent person who consulted a celebrated physician for a chronic malady, the frequent recurrence of which was very troublesome. A Hahnemannian treatment was prescribed, and so many restrictions and directions as to regimen, that he concluded that the treatment was a nullity, and rejected Homœopathy altogether.

The opinion entertained by many that our school place more reliance upon these auxiliaries than upon our remedies, is fostered by, if not founded upon, this dietetic austerity, this aristocratic regimen. Many imagine that our treatment is impracticable except for the wealthy, and hence arise an extreme repulsion and unconquerable prejudices against our system, as we are accused of having no other aim than the accumulation of wealth. I should like to have some of these exceedingly scrupulous and conscientious physicians see some of our country patients; they would then, perhaps, understand the reason of my complaints, and permit me to beg that they who practise exclusively in large cities, whose patients are rolling in wealth, and who witness the misery of the people only in dispensaries and hospitals, would have a little more charity for their colleagues who live in villages and country towns, and who scarce treat any except the poor, and not so highly extol, nor so strenuously insist upon a perfect system of dietetics. It is not, at any rate, indispensable, as I am well satisfied from a practice of three years, and the consideration of numberless facts.

If I seem a little earnest on this point, it is only that I may remove from Homœopathy the unjust reproach of being an aristocratic method, depending for its success upon an expensive and minutely-regulated regimen more than upon medication. It seems to me an important matter for two reasons; that we may extend its blessings to all, even the very lowest

classes of society, and that we may remove a fruitful cause of its rejection by the profession.

In the *Clinique de Staouëli*, the class of patients whom I was called upon to treat during the first two years of my practice, has already sufficiently appeared. Among workmen, soldiers and monks, there was no regimen nor hygienic precaution to be prescribed, and even among the colonists, I could not count upon their abandoning their vicious habits, coffee, &c.

After all, if our infinitesimals are truly independent, insusceptible of combination and imponderable, they must exercise their special dynamic action, in spite of drugs, gases, or whatever other chemical substances may be present in the digestive canal. If this be not so, if it must be admitted that these medicinal atoms are susceptible of chemical combination, that is to say, of losing their individuality, their independence of action and peculiar dynamic force, then, all infinitesimal doses are an illusion, for long before being introduced into the body, whether in dilution or pellet, they must have lost their properties in consequence of having entered into some combination, the unavoidable result of their exposure to the molecules of the different substances present in the atmosphere, or in the vehicle used for diluting them. But no physician of intelligence or experience will admit that this state of things is possible.

I shall not produce a large number of instances to support these opinions; all those which I have already published prove them, and the few which I now bring forward, are quite sufficient without leading my readers into any further tediousness of detail.

CASE 1. A sergeant-major, æt. 50, sanguine and robust, habitually addicted to brandy, coffee and smoking, has a swelling at the outer side of the articulation of the left great toe with the metatarsus. I should judge it, from the patient's story, to be a chronic, syphilitic periostitis. Two or three times a year, in consequence of fatigue, it becomes the seat of a very painful inflammation, which has been treated for

years by the application of leeches and poultices, and has kept him on his back for three weeks and more at a time.

On the 5th of January, 1851, two days after a fatiguing march, I was called, and found a bright redness over the affected spot, with swelling, considerable heat and a piercing pain extending up into the groin. He promised to leave off coffee, spirits and tobacco, and I prescribed four drops of *tinct-sulph.* in two ounces of water, two spoonfuls a day, with a lotion composed of a litre [about a quart] of water, containing twenty drops of the same medicament.

In two days there was a considerable amendment, and the patient resumed his pipe and forbidden drinks. I went on, nevertheless, and prescribed *nit-ac.* 4, twenty drops in solution. He was perfectly well on the fifth day, notwithstanding the brandy and tobacco, and had had no relapse ten months afterwards.

CASE 2. A keeper of a drinking shop, æt. 35, fell ill after a debauch. I found him in bed behind a screen in the lower room, where workmen were in the habit of coming in the afternoon to drink, smoke and sing. He had a constant burning fever, for which his wife administered a purge and various medicines, among others a "febrifuge" powder and tea; he took coffee and warm wine on the evening of April 17, 1851. On the following morning, the fourth day of his sickness, he wanted to be bled; I found him then in the following condition: determination of blood to the head, irregular flushes of heat, skin yellow, red over the cheek-bones, eyes shining and painful, supra-orbital headache, no thirst, bitter taste in the mouth, flatulence, obstinate constipation, urine scanty, lateritious; anxiety; he is worse in the morning; pulse hard, 105. *Nux-vomica*, a drop of the mother tincture in a glass of water, in five or six doses, one every four hours; sugar and water, chicken-broth.

19th. Considerably better all day; he rose at noon, and without the knowledge of his wife, drank wine with a friend.

In the evening he was delirious, skin red and swollen, face distorted. His wife gave him aerated lemonade, of which

he consumed four bottles during the night. On the 20th, I gave him *bell.* 2, as I had given the *nux* and *china* 1, in solution, a single dose of a few drops in half a glass of water in the evening. On the 21st he was almost well, was eating and taking a decoction of linden. He had a second dose of *china* in the evening. On the 22d he got up, drank wine again, had a dose of *nux-vom.* 30 for his remaining constipation, and required no farther attention.

CASE 3. A young officer had a tendinous tumor on his right wrist, which caused him much suffering. All the remedies he had resorted to only increased his distress. When it increased, it reached the size of a hazel-nut; the pains were tearing, extended throughout the arm, and were aggravated by the contact of his clothes. He had likewise disgust of life, and inclination to suicide. He did not smoke, but lived under a tent in an atmosphere of tobacco-smoke produced by his comrades. He drank brandy and coffee, however, and notwithstanding his promise to abstain from coffee during his treatment, he frequently yielded to his longing for it, but was nevertheless cured in two weeks by the aid of *aurum* and *rhus*. *Aurum* 24 was given for eight days, followed by *rhus* 15 for the succeeding eight days, and accompanied by external applications of a lotion formed of a litre of water, containing a few drops of tincture of *rhus*. During its use the tumor disappeared forever. I could not discern any interfering influence from the coffee.

CASE 4. Twenty convict soldiers were employed in ditching in a marshy plain for three weeks in the month of July, 1851. I gave them every three or four days, alternately, *china*, *ipéc.*, and *nux-vom.* I put fifteen to twenty drops of the tincture into a litre of water for every six men: None of them took the fever except two, who only took one dose of *china*. I have no doubt that every one of them would have had it had it not been for the remedies taken, and yet they smoked, and drank, and lived without the slightest attention to regimen.

CASE 5. In the Spring of 1851 I was treating a young man for a violent and very obstinate toothache. He was syphilitic, but it was over two years since he had taken any mercury. He had been tormented with this terrible toothache every night for more than a month, with remissions in the morning, when it sometimes disappeared altogether. He had used all the popular remedies, and came to me with his mouth full of camphor. When he had rinsed it out, I gave him *merc.* 6, which seemed only to produce an aggravation. The next day, having in vain attempted to stop the pain with laudanum, he sought me again, and *aurum* 6 completely relieved him. The affected teeth were the left inferior molars; on this side there was a perceptible enlargement of the jaw, which the patient referred to the date of his mercurial treatment.

CASE 6. Maurice, (whom I name as I shall have occasion to refer to him hereafter, in order that these two cases may be better appreciated by certain physicians who have been acquainted with the subjects of them,) Maurice, a young convict soldier, had been seven months in the Dey's hospital at Algiers; he entered for a miasmatic dysentery, and had been an inmate of several wards in that institution. He came out discouraged, and, expecting his speedy death, his superior had him conveyed to Staouëli that he might be placed under my charge.

March 4th. He was so weak on the morning of his arrival that he could not attend. The following were his principal symptoms: emaciated to a skeleton; legs, scrotum, eyelids, and lower part of the cheeks œdematous; eyes drooping; dirty look of the skin, which is yellowish on the face; dryness of the whole cutaneous system except in the evening, when, after an access of fever, he has a clammy moisture, with pricking; pulse constantly frequent and very weak; continual thirst, especially during the evening exacerbation; great hunger; it seems as if he must constantly be eating, and yet the least thing satisfies him to disgust. Prostration, debility, abdomen inflated, constant tenesmus; from fifteen

to twenty-five mucous stools streaked with blood during the night, and from two to four every day; these latter seemed to contain purulent matter besides. The left iliac region is sensitive to the touch, and is the seat of prickings and dull lancinations; tongue cracked, red at the tip, whitish in the middle, and very foul at the base. Urine red, scanty, and burning. He was scrofulous as a child; had the itch three times since; since the last time, three years ago, has frequently had pimples on the skin, particularly in the spring.

During his seven months' stay in the hospital he took a great quantity of medicine. He sometimes left to try the air and discipline of quarters, but always returned worse after one or two weeks. For the two last months he had had a dose of sulphate of quinine every morning and of opium every night. Without being concerned at this or taking any special pains as to his regimen, or paying any regard to the odors of tobacco and other substances with which he was continually surrounded in his tent, I gave him *sulph.*, five drops of the tincture in solution, a swallow to be taken every morning for four days.

On the 10th of March, six days after he began to take the *sulphur*, his stools were reduced to three or four at night, and one morning and evening; he had scarce any tenesmus, belly flabby, urine copious, hunger moderated, no thirst. The patient gets up, walks and is in action almost all day and has had no evening febrile exacerbation for two days, but has night sweats and a kind of catarrh, with copious mucous expectoration. *Sulph.* continued as before.

Mar. 18th. He has had several fits of indigestion from having eaten too freely of salad and one day got drunk with wine; stools a little more frequent; catarrh gone; itching of the skin, which is covered here and there with little pimples; two boils near the knee. He has had an evening paroxysm of fever for two days past; I caught him smoking. *Tinct. cedron*, ten drops in a glass of water, half to be taken morning and half at night.

22d. *Sulph.* 30.

28th. Doing well; he still has three or four stools in the twenty-four hours; they are solid but streaked with blood with a little pus; still some prickings in the left iliac region. *Calcarb.* 4, five drops in solution, a swallow every morning for five days.

April 9th. His state is about the same, but his complexion has returned, he is gaining flesh and eats a good deal without being troubled by it.—On the 17th I gave him *china* 1, and on the 20th sent him to his quarters, perfectly well.

CASE 7. Laurent, a convict soldier, like the preceding patient, was sent to Staouëli on the same day and for the same reasons. He had just left the hospital, where he had passed the winter and had taken a great deal of sulphate of quinine and opium for an obstinate remittent with dysentery. I found him, on the 4th of March, in a state of extreme weakness; emaciation concealed by the puffed, œdematous state of the skin which is of an earthy cast; seven or eight stools a day, of a yellowish, sero-mucous matter with clots of black and red blood; violent tenesmus, but confined to the moment of passing the stools; no appetite, thirst, abdomen swollen and patty, with dull pains in the umbilical region. He has, every day, towards noon, an access of fever, the three stages of which are quite distinct, the sweat lasting all night. This form corresponding, in my opinion, to *ars.*, I gave a drop of the mother tincture in two doses.

On the 8th the state was the same, except that there were some symptoms of congestion to the head during the hot stage. *Cedron*, 1st trituration, fifteen grains at night, and five drops of *tinct-sulph.*, in a single dose, in the morning.

15th. No more fever, three stools in the twenty-four hours, general improvement, some appetite.

21st. Improvement continues; *sulph.* again as on the 8th. The fellow was so well on the 7th of April that he made his escape, but was retaken a few days afterwards and bore two months of imprisonment without a relapse. He had been treated in his tent like Maurice, had had indigestion several times from over-eating, especially highly-seasoned salad, and

chewed tobacco, which he simply took out of his mouth in order to take his medicine.

These cases are sufficient for my purpose; all the patients whom I have treated have more or less violated the rules of regimen laid down by several masters in our school. Should I therefore have refused to treat them? If so, I should have been obliged to give up Homœopathy; I thought it was better to do what I could; I did not even desert those who openly violated the commonest hygienic directions. I endeavored, it is true, to convince them of their importance; I made them promise to follow my directions, which were the same that I have laid down in the "*Clinique de Staouéli*," but I at the same time, increased the doses, and it is partly this, which led me to give remedies in an attenuated form, but in appreciable doses. Hence the necessity for me to avail myself of every degree in the posological scale.

My efforts have been crowned with success, and Homœopathy has become, so far as I am concerned, rather the system of the poor than of the rich. It has been my object in this communication to encourage physicians to apply it to the laboring and indigent classes. If I have exaggerated I should like to be informed in what respect; if I have laid myself open to criticism, I entreat that it may not be withheld; but I confess that it will be hard to make me believe that we are not to be allowed to relieve the poor and the unfortunate. After all, the cases may not be so very different; if the poor man cannot have the benefit of a generous and nourishing diet, if he cannot remain in bed or at home as long as would be best for him, if he cannot escape the odors of the dung-hill and pipe, and will not deny himself the enjoyments at his command, as his wine and tobacco; the rich man, on the other hand, will heighten his diet by the addition of condiments, will take too much and too little exercise by turns, will turn day into night and night into day, and torment himself with a thousand cares, and expose his organs to the scent of toilet perfumes and of flowers, and his stomach to excesses at the table, &c. Nor are they very docile, when advised to

give up their favorite indulgences ; so that, on the whole, the privations and transgressions of the poor may not, after all, be greater obstacles to successful treatment than the excesses and transgressions of the rich.

But the regimen is not the sole obstacle to the extension, I might say, the success of our therapeutic method ; the question of the dose is also fraught with grave interest, and this I shall now proceed to consider.

Dose. For twenty centuries medicine has been travelling in a vicious circle, and from accumulating facts for or against this or that party, she takes refuge in eclecticism, or in the icy paralyzing arms of scepticism. Physicians live from hand to mouth ; every one is a sect by himself, and the most learned and the least modest found schools. One of them steps aside and adopts one of the old Hippocratic maxims and erects it into a universal law destined to unite physicians into a single school, to guide them in the practice of their difficult art and to open up to them a path of real progress. As his reward, he receives persecution and has but a limited number of followers during his lifetime, it is only after his decease that his doctrine extends its limits and its defenders over the whole face of the globe.

This great therapeutic law was proclaimed at the moment when ætiology was making its most splendid acquisitions, and when medical science was extending the limits of diagnostics ; it came in the midst of serious occupations and multiplied facts, when experiments and observation were admirably conducted ; but where was therapeutics ? Stock-still ! by common consent. And why ? There were two reasons for it ; nothing was known of the action of drugs and there was no law for their application to the sick. Nevertheless medicine is neither more nor less than the art of curing ; patients take thought about little else than whether they shall get well. It is a very fine thing, no doubt, to be able to tell a patient with a chronic gastralgia, that his disease is situated so and so, that it prevents such and such a function from being properly performed, and that he will not die under fifteen years ;

or to say to one tormented with pain, that he has endured it for so long and will have to for so much longer ; or to a dropsical patient that he has been tapped five times and has strength enough to bear it five times more. Such things are very wise and very learned, but surely progress in the direction of curing is quite as desirable.

This latter consists in a thorough knowledge of the medicament and of the therapeutic law which develops its relations to the disease. It is not sufficient to know certain general properties of a drug derived from observation of its action upon the sick, but we must be acquainted with its specific character and special healing power, and these can only be revealed to us by a physiological study of its effects.

There was no law known for the administration of drugs in a given case in which the symptoms could not be directly met by those of a given remedy. I do not know whether this dilemma had been seriously reflected on or not ; the fact is that the law of contraries was differently construed or rejected, while the law of similarity was suffered to remain in oblivion. And it would have been of no avail to rescue it from this fate, until the determination of the characteristic symptoms developed upon the healthy human system by different drugs, for it was only on the presentation of this picture that its similarity to the disease could be ascertained.

This Hahnemann perfectly well understood, and he therefore set to work to render the law of similarity practicable by studying the effects of medicaments upon the healthy body. Thenceforth no physician could without insanity refuse to accept the advance as, in addition to the knowledge of the disease (pathology), it adds that of the drugs (materia medica, pathogenetics, pharmacodynamics), and crowns the whole by the enunciation of a law which completely unites the two. He will thus come in possession of a therapeutic art which is neither illusory nor limited to the scanty results of experience ; his art becomes a science with all the attributes of precision, principles, and a fundamental law giving stability to the whole.

Thus far the advance is actual and it is likewise acceptable, for it shocks no pre-existing opinion and demands no extraordinary study, and thus far, call it Homœopathy, Homœotherapy or what you will, none but a few of the most ignorant, and most suspicious will reject it.

But when we add to this law of similarity and to the pathogenetic science which makes it fruitful, a new mode of preparing and administering medicaments; when we insist upon a novel pharmacodynamics also, not only superficial and curious minds but even those of grave and studious men are repelled; they make a mock of globules moistened with high dilutions, declare them to have no virtue, and condemn, *en masse*, the whole doctrine which has given them birth, disdainfully consigning it to ridicule and oblivion.

Does our posology deserve this treatment? Undoubtedly not; millions of facts stand ready to attest the power of the globules, and no reasonable man who has paid some little attention to works on our science, and has witnessed the administration of our remedies, will be ready to deny that there is virtue in pellets and infinitesimal doses. His reason will be somewhat startled at seeing such a manifestation of power in such *minima* of matter and he will endeavor to quiet it by framing a theory; he will revert to the action of miasmata, of imponderable effluvia, of contagious diseases, of the poison of vaccine, &c.; he will recall the fact that Spallanzani, Prévost and Dumas have fecundated the eggs of a frog with two-millionths of a grain of semen; he will reason and reflect and he will begin to have more faith in infinitesimals, more especially when he investigates the atomic constitution of bodies, Volta's pile and the mode of action of elementary molecules under the influence of physical forces, until at last, fully convinced, he will thank God for having opened a new avenue to the relief of human suffering.

But those serious minds who have suffered themselves to be strongly influenced against infinitesimal doses, will have a thousand objections to bring forward. These persons are of two kinds; they are either physicians who recognize and ap-

prove the law of similarity (for to recognise is to approve it), or physicians who reject it, and lay persons who can see nothing but the minuteness of the dose.

To the first class we owe every attention, and accordingly a number of works have been specially directed to them, but without the effect of removing their horror of the bugbear, *infinitesimality*. Still the effort must not cease in their regard.

As to the second class, often excellent people, I confess my patience fails a little in replying to their doubts, for they are ignorant and uninformed of the state of knowledge on the subject. So, they will say, according to your principles, if you have been kicked, the way to cure yourself is to get another kick; thus manifesting an entire ignorance of the question; for the end proposed, is not to cure a *kick*, but the *effects of a kick* upon the tissues, and with this view to select a remedy which, in its operation upon the vital organism, will produce dynamic disturbances similar to those produced by a kick, such as ecchymoses and congestions; curing one kick by another is as far from being in consonance with the homoeopathic as it is widely removed from every other law of cure. Then again they will ask you whether you would charge a thirty-six-pounder with a single grain of powder? but, unfortunately, this thirty-six pound ball adds but little weight to the objection. They have not considered that there can be no comparison between a force acting upon dead, inert matter, and a force acting upon another, living force. To raise a dead body, I should employ a force proportionate to its weight, but to modify the vital force of a diseased body, I should use a medicinal power which is immaterial, for if it were not so, it could no more produce a modification in a body, than one motionless cannon ball could give rise to motion in another. So they will ask again whether you observe the infinitesimal rule in your eating and drinking, not reflecting that the cases are not parallel; that we eat and drink to supply the unceasing loss of material suffered by the body, while we take medicine only to modify its vital force; the medicine, therefore,

should be in such a state of solution, division, or dynamization, as to enable it to develop its medicinal virtue, its miasmatic force.

I have also heard it said that it is no insignificant cause that produces disease; we must have the whole atmosphere dry and electro-positive to give rise to inflammations, or filled with pestilential effluvia to cause the plague. Neither is there here any resemblance. The human body, in a state of health, like all other bodies in nature, has its own appropriate hygrometric and electric condition, which brings it into harmonious relation with the state of the atmosphere and surrounding objects in those respects, so that it scarcely perceives those changes which take place in it, as they constantly preserve it in harmonious action. Further, when a man contracts a cold or a fever from cold water or a draught of air, he is the subject of a disease which is the result of a purely physical or chemical cause, the intensity of which is measured by the relative feebleness of the organism and strength of the morbid cause, almost as the effects of a blow are determined by the violence of the stroke and the strength of the structure attacked. But there is here no question of a dynamic cause; it is not necessary in order to get cholera, that a man should come in contact with the whole atmosphere, nor need we cover an infant with vaccine in order to produce cow-pox; a single point of contact with a vitiated air, may produce an attack of cholera, and a single prick with an atom of vaccine is all that is necessary to protect the system from smallpox. There is no more analogy, then, between the action of the atmosphere and that of miasmata and virus upon the human body, than there is between the effect of an external blow and that of a drug taken internally.

These and such like objections have been now alternately put forward, and triumphantly, though generally modestly, answered for half a century; yet they still recur, having a foundation in early and inveterate prejudices too deeply rooted to be easily destroyed. We should seek, then, to keep out of sight as much as we conveniently may, this stumbling

block which deters so many, even earnest and respectable men, from adopting so desirable a therapeutic reform as is presented by the law of similarity. It is not rejected on account of any inherent defect, nor because it is new; every man not blinded by passion or prejudice, will gladly embrace every thing which extends his knowledge of disease or of drugs; but our particular science is so connected with an infinitesimality which shocks all the received ideas about the action of drugs, that it is at once rejected without serious examination.

To insist upon this obnoxious point, on the other hand, and to make it an essential law in Homœopathy, when it is only a remote consequence of the law of similarity, is to isolate our method from all others, to cause an unnecessary shock to prejudices, which, at best, will only yield to time and the accumulation of facts, and to give good reason for the charge of eccentricity and singularity, which alone is sufficient to create repugnance in many minds.

Our adversaries will readily admit, that a knowledge of the physiological effects of drugs is as important as that of the symptoms of disease, in order that the choice of the remedy may be founded upon the similarity; far from being shocked at this idea, any one having the least notions of medicine will at once assent to it; it is even easy to prove from the past, and to establish, under the guidance of the new pathology, that the greatest number of cures, past and present, that have ever been wrought, have been effected by virtue of the application of the law of similarity, either accidental or intended. There are many physicians who, in this respect, declare themselves as of our opinion; they confess that they employ *quinine* in intermittents, *mercury* in syphilis, *iodine* in tertiary syphilis, *aurum* in scrofula, *iodine* in goitre, *belladonna* in hydrophobia, *conium* in swellings, *aconite* in rheumatism; but, say they, we use them in appreciable doses, and here they part from us without so much as inquiring whether we have any reason for using infinitesimals.

Nevertheless, so little is this feature essential to therapeu-

tics, that it is nowhere heard of anterior to Hahnemann; there are evidences enough in antiquity, of the employment of specific medicines, but always in ponderable doses, powders, infusions, &c., and this of very ancient date, since we find in Genesis, *mandrakes* successfully employed against sterility, on the authority of tradition.

I am very fond of exiguous doses, of infinitesimals; I like the facility with which they can be used, and their harmlessness; I am even persuaded that they are a gift of Heaven to man, at a season when he is subject to a host of diseases, worn down by hereditary disorders, when his organism, weakened and shattered by a series of excesses, can less easily bear large doses; nay more, I believe these infinitesimal doses indicated by nature, and I am astonished that a multitude of daily facts has not long since led physicians to the same conclusion. Not only are such diseases as the plague, cholera, smallpox and syphilis, the result of infinitely small doses of miasm or virus, but we see every day that slight emanations from *lead* will produce saturnine colic and paralysis, and imponderable doses of *mercury*, very serious constitutional disorders, while the workmen in match factories are poisoned by *phosphorus*. In all these instances, it is true, these accidents are produced by very active substances; but in how many other cases do not equally severe consequences result from the action of bodies reputed almost inert? Nevertheless, watch the practice of these physicians who blindly denounce Homœopathy, and you will find them combatting this poisoning by *phosphorus*, &c., by giving one or two grammes [15 to 30 grains] of *hydriodate of potash*, &c., daily! What sort of proportion is here? and these are the people who are constantly appealing to observation!

Let us, too, appeal to the same authority, not simply to show the powerful effects of miasmata, of virus, of emanations, but also of infinitesimal or miasmatic doses. We who have witnessed their wonderful healing efficacy, and who daily continue to witness it, can never abandon the doctrine of infinitesimals; but could we not keep it more quiet, reserve

it as a precious resource, and do with it, what the Egyptian priests did with their mysteries, conceal it, lest it should be defiled by the incredulity of fools?*

Since thousands of facts attest that syphilis may be cured by large doses of *mercury*, ague by *quinine*, and goitre by *iodine*, might we not yield a little to vulgar prejudice, and give triturated *mercury* (dynamized, first trituration) for syphilis, even in gramme doses [fifteen grains], and *quinine*, *arsenic*, *nux-vomica* and *cedron* for intermittent in similar quantity? *Arnica*, *nux-vomica* and *belladonna* are every day successfully employed in massive doses, in cases in which there can be no doubt of their exact homoeopathicity; physicians are constantly abandoning the old routine, borrowing from our therapeutics, and curing, without limiting themselves to our doses, while a still larger number secretly plunder from us, and much to their own satisfaction, though they will have nothing to do with infinitesimals. We ourselves, when commencing, generally make use of tinctures and triturations; scarce any one of us has entirely abandoned the practice, and some, under the constant guidance of the pathogenesis of the remedy and the law of similarity, are in the habit of confining ourselves to ponderable doses.

It is true that it is a great cause of congratulation and source of glory to Homoeopathy, that it has demonstrated the utility and the value of drugs dynamized or divided by means of an inert vehicle; the necessity of abandoning the old mixtures, and of exhibiting but one remedy at a time. In this way, medicine is successful, where before it met nothing but disappointment; and with this salutary reform we should be content, stripping it of its unnecessary posological balloon, instead of soaring with it into those lofty infinitesimal regions where there are no longer any landmarks, and where we shall be beyond the reach of so many earnest inquirers.

* The time is long past for such jugglery as this, however well intended. The *light* have succeeded to the *dark ages*, and the greatest benefit to truth is effected by its most open display.—Ed.

Is it not perfectly plain that if we confine ourselves to the essential principles of our doctrine, we secure its diffusion and its establishment on a scientific basis? If the law of similarity is not independent of the dose, it is not essential; and if not essential, it is not a law at all; hence, infinitesimal doses are not a necessary condition of cure; hence, we may pursue the medium course, and administer triturations and mother tinctures without treason. Every body, on the other hand, will perceive that a single grain or drop of a remedy suitably prepared, and properly attenuated may, and must be much more efficacious in arousing the vital force, which, after all, is the only curative agent: *Natura morborum medicatrix*, says Hippocrates.

Let us make these concessions, and adopt them in our ordinary practice; too sudden changes to too great extremes are always dangerous. Let the masters in Homœopathy, the experts in pathogenetics, continue to cure by globules and high dilutions; they will in this way more certainly attain a larger success, and will preserve the sacred trust of the medicinal power of atoms; but let them suffer the little ones, who are just beginning, to reach their position by gradual steps, commencing by ponderable doses; let them propitiate the ignorant public by palpable drugs, and very soon Homœopathy will be universally extended, insinuating its curative virtue into every household; then, convinced by the argument of facts, habituated to the law of similarity, and freed from the embarrassments of the Galenical pharmacopœia, physicians, themselves, will insist upon the benefits of our posology. Small doses will repel no one, for they will appear as the natural result of a true scientific development.

That is all very well, says a rigid disciple of Hahnemann, but what will you do with the aggravations? Aggravations, however, are the result, according to him, not of quantity, but of *potency*; the less the drug has been triturated and diluted, the less activity and power does it display; the nearer it comes to its primitive atoms, the more active it becomes, and consequently the more likely to produce aggravations. And he is right, if it be true, that the medicines thus infinite-

ly divided, are removed from the ordinary track of the ingesta, and carried along in the nervous or bio-electric currents. With this view it is easy to see that the more massive the dose, the less of it will enter into the dynamic circulation, and the more will be subject to the ordinary digestive alterations, and thus the thirtieth dilution will have more dynamic (not chemical) power than twenty grains of the crude drug, or a grain of the first trituration.

Ponderable doses, although divided by an intimate admixture with some inert vehicle, are still subject to too many chemical transformations to be capable of acting in their totality; their effect is more material, less extensive, and less profound, and in consequence, they must be more frequently repeated, in order to sustain the effect. I do not know but we may say that by dynamized remedies we produce more secondary effects, and by cruder drugs, those of a primary character; but we may presume that massive and ponderable doses act upon the vital force through the agency of the organs of sensibility, and further, that by means of various chemical or vital alterations, they enter into combination with the tissues and fluids, and thus effect a change in the organism, and in the vital functions. It is in this way that *quinine*, *iodine*, and *iron*, although given in massive, I had almost said alimentary, doses, yet produce excellent effects, as we have occasion to witness every day. A kind of medication so capable of modifying both the *continentia* and the *contenta*, is far from being absurd in itself; no reflecting man can fail to recognize its value, though it may be very difficult to point out its appropriate cases, or to assign its limits. It is not at all desirable, then, in my opinion, to lose sight of a renewing, restoring, alterative, alimentary medication.

I could cite, in support of this idea, several well-known instances, such as simple chlorosis, which is perfectly removed by massive doses of iron taken either at meals or fasting. I shall content myself, however, by giving a few cases of cure effected by dynamized but ponderable doses.

CASE 1. A girl of twenty-five, lymphatic, but enjoying

habitual good health, was seized during the summer of 1851 with a violent inflammation of the left breast. The application of twenty leeches, various poultices, and plasters of Burgundy pitch, procured no alleviation of the very acute and constant pains which tormented her. I was called on the seventh day, and found an enormous swelling of the breast, which was bright red, hot, and the seat of lancinating pains; below, to the left, there was an opening, from which issued pus streaked with blood; no appetite; constant thirst and sweats. I prescribed an infusion of about four drachms of *elder-flowers* in a quart of water, a glassful to be drunk during the day, and the breast to be covered with compresses moistened with the same.

She slept well during the following night, the pains remitting for the first time. The next day thirty grains of the tincture of *hepar-sul.* in a quart of water were directed to be applied to the breast as before, and a spoonful morning and night of a solution of twenty drops of the same tincture in four ounces of water. The patient recovered after six days of this treatment, except that the fistula remained a few days longer.

CASE 2. At the same time and in the same village with the last case, was a scrofulous young man, who had suffered for five months from ophthalmia. There was a pellicle upon the left cornea which injured his sight; his eyes were only free from pain when closed, the swollen lids could with difficulty be separated, the corners were filled with a thick and white muco-pus, and a turbid serosity was continually discharged; the palpebral and ocular conjunctiva was of a livid red, except around the right cornea. I gave him twenty drops of tincture of *sulphur* in four ounces of water, a spoonful morning and evening.

Eight days afterwards he had a similar dose of *calo-carb.* The state of the eyes was radically changed within a few days, and on the fifteenth day they were well, with the exception of the opacity of the left cornea, for which he declined to be treated.

CASE 3. In January last I was called to see an old man, who was very active and attending to his business, but tormented for eight years past with a paralysis of the rectum or anal sphincter, which rendered it impossible for him to expel his excrements without the aid of injections and the use of a spoon or his finger. *Phos. 24*, in globules, in repeated doses every day for fifteen days, produced no other result than to occasion frequent erections and awaken the genital functions during the night. During three succeeding weeks I gave him some doses of *opium*, *lycop.*, and *graph.* I then gave him twenty drops of *tinct. phos.* in a hundred drops of pure alcohol, and directed him to take one drop of the mixture on sugar in the morning, and another in *eau-sucrée* at night. In fifteen days the energy of the rectum and sphincter was restored, and the patient has continued from that time to pass formed stools unassisted.

One particular in this case deserves mention, as demonstrating the efficacy of appreciable doses. Towards the latter part of his treatment he showed me a furfuraceous herpetic eruption around his lips, attended by burning, and several cracks or *rhagades* occupying the fold of the lips and the commissures, and forming small, elongated, and suppurating ulcers, which interfered exceedingly with the movement of the mouth. He had for several days been fruitlessly employing salves of lead and red precipitate without discontinuing the *phosphorus*. I gave him a preparation of one part of the first trituration of *graph.* to five of lard, three applications of which completely removed the affection in three days.

CASE 4. A female domestic, *æt.* 40, complaining of a chronic uterine trouble, for which she had tried bleeding, leeching, fomentations to the hypogastrium, and baths, applied to me for relief, and I prescribed only general remedies, as soothing drinks, baths, and injections. The following week she presented no alteration; she complained of pains as from a band about the epigastrium; similar pains with sensitiveness to the touch in the hypogastrium; heat in the vagina and hypogastrium; frequent feeling of bearing down

at the neck of the uterus; vesical tenesmus; hot urine and constipation. She was bilious in temperament, arid in constitution, yellowish complexion, and of an impetuous character.

Six drops of *tinct. nuc-vom.* in six ounces of water, a spoonful morning and night, completely relieved her.

CASE 5. Two months ago I was consulted by a young man twenty-eight years old, sanguine habit and strong constitution, for an affection of the heart, which had already been under the care of several physicians. He had had tinea when a child, glandular swellings in the neck at puberty, epistaxis, palpitations since he was eight years old, which he did not remark particularly for several years after puberty, but some years since, in consequence of excessive labor and drinking, they have returned with an intensity that does not abate; the pulse beats with the heart, which moves tumultuously, sharply, and elevates the ribs. Six ounces of water containing ten drops of *tinct. acon.*, a spoonful morning and evening, so completely removed this distressing difficulty that the patient wrote me a month afterwards: "I emptied the vial in five days; I was well while taking it, and have never been in better health in my life than since."

CASE 6. Madame V., a delicate blonde, twenty-five years old, affected from childhood with scrofula, has for several years had a nasal obstruction ending in a polypus in the right nostril, which was removed a year ago. Shortly afterward the nose swelled, the bone on the right side enlarging, and the swelling extending to the cheek and cheek-bone of the same side; the lachrymal canal became closed, giving rise to constant lachrymation and a chronic inflammation of the right inner canthus. I detected an elongated, red, soft tumor deep in the nostril, attended with itching, discharge of mucus, redness, and superficial ulcerations of the investing mucous membrane. Jan. 22. I prescribed twenty drops *tinct. phos.* in a hundred drops of alcohol, two or three drops to be taken morning and night in water or on sugar. On the 9th of February there remained only a small ulcer in the interior of the nose, the nasal duct was free, the lachrymation had

ceased, and the congestion of the canthus disappeared. The bones of the nose, however, especially on the right side, were still swollen and uncomfortable, and the cheek a little tense and shining, though not red. *Bry.* 1, four drops in four ounces of sweetened water, was administered, and a week afterwards *phos.* as before. In a month she announced herself as perfectly well.

It seems to me, in short, that a homœopathic physician should treat every patient who presents himself to his care, whatever his condition or state. I believe also that patients may be treated with remedies attenuated as far as need be, but still in doses cognizable by the senses, having care to repeat them more frequently. I think that the various dilutions are superior in efficacy to massive doses in by far the greater number of chronic diseases; that the use of them should be reserved for those who have deeply investigated the science, and are convinced, by experience, of their real and incomparable efficiency. I am of the opinion, finally, (a point of no slight importance) that our pharmaceutical preparations, especially the triturations, should, under no circumstances, be provided by those who do not devote themselves exclusively to the Hahnemannian method. I have seen too many examples of the negligence arising from a want of faith in our attenuations, ever to be willing to confide in any other than a homœopathic pharmacist.

If we will thus reduce our regimen and posology to their simplest expression, entrust the preparation of our remedies only to competent hands, and insist upon the law of similarity as the fundamental and essential law of our art, we shall, in this way, insure the spread of our doctrines, enlist advocates, and prepare the way for a future in which the necessity of dilutions shall be fully recognised from the infallible teachings of experience. Our ignorance of idiosyncracies, and differences of susceptibility, and our as yet defective knowledge of drug characteristics, are two additional reasons for such a course.

As for myself, I shall never cease to employ the dilutions,

because I cannot conscientiously refuse to employ the most powerful therapeutic means within my knowledge, which I consider these, if I may so call them, *miasmatic* preparations to be. Neither, on the other hand, shall I bind myself not to give occasional doses of remedies well divided and attenuated, but still in measurable quantity. I cannot even renounce the employment of massive doses in certain cases, as of iron in chlorosis, when they seem to offer the chances of a more rapid cure without any inconvenience, and where, in dose and mode of action, they are perhaps rather to be considered alimentary or alterative.

In these matters we are, as yet, very much in the dark. Some diseases may be due to the effect of a miasm upon the system, a want of balance in the general powers; others may arise from a disturbance of the vital force from an unknown, perhaps moral, cause; there may be others, again, which may be attributable to a want of harmony among the constituent principles of the organism, or even to a diminution or alteration of some one of these principles. If, for instance, the recent investigations on the subject of iodine are reliable, goitre is ascribable to the absence of iodine in the air, water, and food of the localities where it prevails. It would be an essential to its cure, then, that iodine should be given in ponderable, alimentary doses, without the least reference to the law of similarity which is not applicable to such cases.*

In conclusion, I revert once more to infinitesimal doses, that I may show by three quite recent cases, that in spite of my adherence to tangible doses in some instances, I prefer the former, although experience has convinced me that the latter are not without their advantages at the proper time.

CASE 1. I was shown last February a child fifteen months old, whose mother had a large wart on her cheek, while the infant had an erectile tumor upon the right temple. It was

* It is not our business to criticize in detail the arguments and statements of our ardent colleague, but we cannot avoid saying in this place, in reference to these latter jumping conclusions, that there is a good deal to be said on both sides of such questions.—Ed.

quite well in other respects; the excrescence was as large as a pea, and constantly exuded a serous fluid and often bled on the slightest touch. An application of nitrate of silver had only irritated the tumor, and a subsequent trial of the Vienna caustic had led to the formation of a sore at its side. The child began to be sleepless in consequence of the continual itching and the annoyance of the bandage which was kept on to prevent its scratching.

Three globules of *sulph.* 30, were placed dry upon the tongue; a week afterwards, four globules of *calo-carb.* 30, were dissolved in four ounces of distilled water, and a spoonful given morning and night. In three weeks not a trace of the existence of the tumor remained.

CASE 2. A commissioner, forty years old, subject to catarrh, had previously removed from his back two little pediculated tumors, and now exhibited several warts upon his hands and face, and one which he had had for four or five years upon the abdomen a little above the inguinal ring. It had gradually increased to the size of a filbert, was brown, rough on the upper surface and painful to the touch, it was sometimes the seat of lancinating pains, and at four centimetres around it, there was a scaly, moist, itching eruption. Two distinguished physicians whom I have the honor of knowing, stated on being applied to, that there was nothing to be done. Nevertheless, as the excrescence was troublesome, he consulted me and received eight doses of *lycop.* 30, containing five globules each. He took them dry in the morning, and with a little water at night. At the end of the third week, the two doctors and myself satisfied ourselves by a personal examination, that there were no remains of the excrescence.

CASE 3. A laborer, forty years old, of arid, bilious temperament and fresh complexion, having always suffered from cutaneous diseases, applied to me after he had suffered for three months from a general eruption of furfuraceous or red plates, giving rise to pimples and vesicles, followed by greenish scales, frequently very thick. He was obliged to relinquish his work

in the country toward the middle of February, and I found his whole body covered with these large plates; his legs were swollen, red and covered with great scales, which at the bend of the knee and lower part of the leg had given rise to deep and very painful rhagades. He had constant itching, followed by acute smarting after scratching, which he did for relief. Several popular remedies had been used without effect. I prescribed lard to be applied to the rhagades of the legs only, and gave him four doses of *sulph.* 30, four globules.

Four days after, the itching had ceased, and I suffered the remedy to act for twelve days, when the skin was found clean; the leg which was most swollen was still a little so, and there were still a few scabs upon it. Four doses of *calc-carb.* 30, of four globules each, concluded the cure in a week. I then gave a single dose of *nit-ac.* 30, followed in a few days by four globules of *calc-carb.* 30, as a prophylactic.

I have now concluded my task, and submit my labors to the indulgence of my colleagues, holding myself always ready, and esteeming it both an honor and a pleasure to receive their counsel and to commend myself to the tribunal of their experience.

Bibliographia.

ARTICLE XI.—*Notices of Recent Publications.*

- I. *Elements of Homœopathic Practice of Physic.* By J. LAURIE, M.D., Licentiates, &c. *Second American Edition, enlarged and improved.* By A. GERALD HULL, M.D., and an *Appendix on Intermittent Fever*, by J. S. DOUGLAS, A.M., M.D. New-York: Radde, 1853: 8vo., pp. 939.

THE time is rapidly going by when the American Student of Homœopathy could complain of a want of convenient and comprehensive text-books on the subject of the new art of healing. That there is a healthy and growing demand on the part of the public and the profession for works of this character is satisfactorily evidenced by the zeal of publishers in

issuing treatises which, but a very few years since, would have begged in vain for a hearing. The present edition of Laurie's Practice is a sufficiently formidable undertaking, making as it does, a volume of nearly a thousand pages of irreproachable typography and paper. It is intended of course as a work for professional use, and our colleagues are too familiar with its character to need any additional words on our part. The Treatise on Intermittents, added at the end of the work in the form of an Appendix, is an enlargement of Bønninghausen's pamphlet on that disease, with the addition of the new remedies and such other indications as the experience of its Western Editor, Dr. Douglas, of Milwaukee, has furnished.

II. *Homœopathic Domestic Medicine.* By J. LAURIE, M.D., *Member, &c. Arranged as a practical work for students, containing a glossary of Medical Terms. Sixth American Edition, enlarged and improved.* By A. GERALD HULL, M.D. New-York: Radde, 1853: 12mo., pp. 826.

As the former work was intended to supply the wants of the profession, so this is provided for the use of families and students. That it has reached its sixth American Edition, is evidence enough of its popularity.

III. *Homœopathic Domestic Practice, containing also Chapters on Anatomy, Physiology, Hygiene, and an abridged Materia Medica.* By EGBERT GUERNSEY, M.D. New-York: Radde, 1853: 12mo., pp. 581.

Much has been said *pro* and *con* upon the expediency and utility of works of Domestic Practice. Our own opinion is sufficiently decided in favor of their extensive use and diffusion, but were it otherwise, their constant multiplication and the successive appearance of new candidates for public favor show that any protest against them would be time and labor misspent. The lay advocates of Homœopathy, intelligent fathers and anxious mothers, imperatively demand them; the mercantile spirit of the age will not fail to furnish a supply for every profitable demand, and the commonest principles of political economy will teach us to welcome every new comer that does not positively disgrace us, as it enlarges the purchaser's field of selection, and by constant competition most surely secures the ultimate perfection of the product.

The work of Dr. Guernsey, while it could not be expected to present any thing new in a path already so well trodden,

seems, so far as we have examined it, to be perfectly unobjectionable, and to give the usual full and practical directions for the discovery and treatment of disease on homœopathic principles. The preliminary chapters on Anatomy and Physiology, accompanied with plates, are judiciously succinct, and the glossary and index full and convenient. Those who are about purchasing a domestic guide, will be gratified in looking over Dr. Guernsey's book among the numerous manuals presented for their inspection.

IV. *Homœopathic Manual of Obstetrics, or a Treatise on the aid the Art of Midwifery may derive from Homœopathy.* By Doct. C. CROSERIO, &c. *From the French.* By M. COTÉ, M.D. Cincinnati: Anderson, Wilstack & Keys, 1853: 12mo., pp. 153.

Our opinion of the little *Manuel d'Obstétrique* by Dr. Croserio has been already expressed, and although the treatise is incorporated in the work of Mr. Leadam on the Diseases of Females, we are not sorry to see it in an independent English dress. We welcome it more heartily in that it proceeds from a Western press, from which quarter we look hereafter to receive rich contributions to our homœopathic literature. There is probably no spot on the globe in which Homœopathy has made such advances in so short a time, and where it now exercises such an influence on the public mind, as in the great Ohio Valley. We have heard it asserted indeed, by cautious, observing men, that at least one half of the population of the whole State of Ohio were under homœopathic treatment; but whether this be strictly true or not, it is unquestionably no very exaggerated estimate. Possessing such advantages, the practitioners of that great region of country owe it to Homœopathy to commit some portion of the results of their experience to the press, that they may not be found wanting to their generation.

The translation before us has been fairly made by Dr. Coté, who has erred, if at all, on the side of too faithful an adherence to the original text, thus giving somewhat of a stiff, idiomatic air to the author's familiar and even colloquial language. We do not doubt but that the work will be acceptably received by our colleagues.

V. *Medical Report of B. F. BOWERS, M. D., to the Protestant Half-Orphan Asylum. Submitted, &c., &c., on the 21st Dec., 1852, and on vote, ordered to be printed.* New York, 1853, pp. 11.

The Protestant Half-Orphan Asylum in the City of New-York is a charitable institution, which has been in existence for seventeen years, during the last ten of which, it has been under exclusively homœopathic treatment. At the last anniversary, Dr. Bowers, the present physician, took occasion to present a Medical Report, which has since been printed in a small pamphlet. From this, we learn that there has been an average number of 169 children in the Institution, and during this period, in the words of Dr. Bowers, "there has been no bloodletting in any form, venesection, leeching nor cupping; no emetic, nor cathartic, nor blister; not a grain of calomel nor opium, not a drop of laudanum nor paregoric has been used, and not more than half a pint of castor-oil. The eight-gallon jug that used to be filled with castor-oil is now used for lamp-oil, and the old medicine case is converted into a wardrobe."

This is certainly an agreeable change from the practice of the preceding seven years, nor have the results of it been less pleasant. The comparison between the two periods during which the Institution was respectively under allopathic and homœopathic treatment, is thus stated in the Report.

"In the first seven years, under the old practice, there were of smallpox fifteen cases and two deaths; also two deaths from Scarlet fever the same season, which appears to be the only time when there were any cases of the dangerous contagious diseases. The average annual number of children in the Asylum was 106. The total number under care was 1063. There were 22 deaths, or 1 in 58 of the whole number under care, and 1 in 33 of the average annual number. During the last ten years there have been of

Typhus Fever,	98 cases	4 deaths.
Cholera and Diarrhœa,	207 "	
Asiatic Cholera,	42 "	10 "
Dysentery,	150 "	
Mumps,	20 "	
Hooping Cough,	86 "	
Measles,	42 "	
Erysipelas,	30 "	
Scarlet Fever,	70 "	1 "
Croup,	25 "	
Varioloid,	27 "	
Smallpox,	19 "	

So that for ten years, under the new practice, there has been no death in this Asylum from Diarrhœa, Dysentery, Mumps, Hooping Cough, Measles, Erysipelas, Croup, Varioloid, Smallpox, and only one death from scarlet fever, out of an aggregate of 676 cases of these diseases which have been treated. In the last five years there have been of scarlet fever, 59 cases and no death. In the first and second of the last five years, there were four deaths from typhus fever, and ten deaths from Cholera. Since February, 1850, almost three years, there has been no death."

The report being intended for a lay audience, is rather meagre in the details of practice interesting to the profession, which we trust will be furnished by the author at some subsequent opportunity.

Collectanea.

MATERIA MEDICA.

Aconitum.—Dr. PETERS has furnished us with the following collection of facts in reference to the action of the *Aconitum-napellus*.

1. SCRIBONIUS LARGUS, ETIUS, and AVICENNA, say that *Napellus* causes inflammatory swelling of the lips and tongue; the eyes are forced out of their sockets; vertigo, swooning, sinking together of the legs.

2. PETER DE ALBANO: Swooning, pulselessness; gradually all the limbs become black, the whole body swells, the eyes project, and the tongue hangs out of the mouth.

3. CLADIUS RICHARD poisoned a robber, who had been condemned to death, at the command of the Emperor of Austria, in 1524. Dose, 1 *drachm*. Immediately oppression of the chest set in; stomach-ache; vertiginous dimness of vision, without alteration of the pulse; great weakness; vomiting attended with anxiety; pain in the occiput and neck; transient delirium, during which he whistled upon a leaf. When the delirium passed away he complained of pain in the stomach and head, in the jaws, chest, and here and there in the joints; after the lapse of 7 hours *all his joints were painful*. The abdomen swelled as if tympanitic or dropsical; the hypochondria were tense, hard, and painful to touch; stitches in the kidneys, with retention of urine. One arm and leg become paralyzed; the pulse was *often intermitting* and febrile. During the day he vomited and purged several times, and complained constantly of *aching and coldness* in the stomach, as if a stone lay there. To the astonishment of all, he was finally attacked with so frightful, painful inflammation of the eyes, with lachrymation, that he rather wished himself dead than to be forced to endure such agony long. In the course of 8 hours more, all signs of poisoning ceased, and the next morning he was quite well, and remained so.

4. In 1561 MATTHIOLUS was ordered to poison a condemned robber with Aconite. Dose, 2 *drachms*. In 3 hours complained of a bruised and festered feeling of the whole body, excessive powerlessness, heaviness about the region of the heart; although he retained his consciousness, had a bright look, and spoke firmly, yet a cold sweat broke out upon his forehead, and the pulse was scarcely perceptible; soon his eyes turned up, his mouth was drawn to one side, his neck became stiff, and he swooned away; he had several stools while unconscious. When he came to, he complained of coldness, vomiting offensive, blackish, bilious matters with great relief; finally he became silent, and died without any other occurrence, except that his face became blue, as from strangulation.

5. Shortly after, MATTHIOLUS poisoned another robber with 1 *drachm* of *Napellus*. It caused a peppery feeling in the mouth; in an hour he vomited green bile, felt as if a cold ball lay in the stomach, then ascended from thence and spread a cool air over the vertex and occiput. Afterwards the left arm and thigh felt as if paralyzed, he lost all power of moving them, but could move his left hand a little. Next he recovered the use of his left side, and the right became affected in the same manner. This paralysis was transient, and affected either side alternately; thus, when he could lift the right arm he could not move the left, and vice versa; finally he recovered the use of both arms. Felt as if *all the blood in his veins was frozen*; then became dizzy, *with burning in the head, as if the skull were filled with*

boiling water. Convulsions of the eyes and mouth, and such violent pains in the jaws that he held fast to them in the fear that they would fall off. His eyes bulged, his face became blue and his lips black, while the abdomen was swollen as if from dropsy. His pulse and spirits varied with the intensity of the symptoms; at times he was in despair, at others he thought he would recover; at times he was perfectly conscious, at others delirious; at times he wept, at others he sang; his speech remained free all the time. He was perfectly blind three times, and recovered his sight; three times he thought he was about to die, but at the end of seven hours all signs of poisoning ceased, his pulse and skin became natural, and he recovered his strength in a short time.

6. VINCENZ BACON was called to a person who had eaten Aconite in mistake for celery. He soon became unwell, vomited the larger portion of his meal, but still the symptoms of poisoning increased. Bacon found him in bed, his eyes fixed, teeth closed spasmodically, his hands, feet, and forehead covered with cold sweat, his pulse scarcely to be felt, his breathing short and almost imperceptible; his head was bent backwards. Spirits of Hartshorn induced coughing and vomiting, the latter followed by swooning, which could not be prevented. Other medicines made him vomit and purge, after which his stomach and bowels felt better, but his head was so heavy, and his strength and spirits so exhausted, that he was forced to lie down again. His pulse now became more perceptible, *but was still intermitting and irregular*; at times two or three beats followed each other quickly, and were succeeded by as long or a longer intermission. He gradually improved, felt cold and chilly, covered himself up warmly, thus causing a pleasant warmth over his limbs, followed by a moderate sweat, after which he slept quietly for four or five hours and awoke quite refreshed.

This patient first felt *a tingling heat in the tongue and jaws*, with such alteration of sensation in his face, that *neither his friends nor the looking-glass could convince him that his face was not enlarged to twice its natural size.* This tingling sensation gradually extended farther until it involved the whole of the body, especially the extremities. He felt weakness and unsteadiness of the joints, especially of the knees, and a jerking of the tendons, which scarcely allowed him to walk across the room. He thought he noticed *a cessation or intermission of the circulation of the blood*; he felt no circulation at all from the wrists to the tips of the fingers, nor from the ankle to the toes. He had no inclination to vomit until after he had taken oil. At a later period he became dizzy, had darkness before his eyes, his look became wandering, had an incessant roaring and hissing sound in the ears, till finally the above described state of unconsciousness set in.

7. A healthy woman took, for a slight syphilitic affection of the nipples, 11 drachms of extract of Aconite in the course of four days, when her appetite, which had been quite good, failed, and *her skin became slightly yellow.* The next day she took an entire ounce of extract of Aconite, and *the jaundiced condition became still more evident.* On the following day she took another ounce; the yellow color of the skin became darker, she complained of nausea, vomiting, and loss of appetite; she was forced to take to her bed. During the night she had nausea, vomiting and delirium; her features were much altered, she became blind, and could hear with great difficulty; still her physicians administered another dose of half ounce. She now became very restless and excessively anxious, left her bed several times, and was unable to lie down again without assistance; she was tied down in bed, but no more Aconite was forced upon her

The same day she lost all power of speech, lay in stupefied state with her eyes closed, the muscles of her face convulsed, lock-jaw, *slow and difficult respiration, pulse quick and irregular*, the skin burning hot. She was bled sixteen ounces; the jaundice diminished somewhat, but the other symptoms increased, and the abdomen became swollen. She was bled a second time, the blood drawn had a *yellow surface* with soft crust. She bled a third time and received forty-eight grains of Antimony, but she grew worse; the soporose condition and difficult respiration, with rattling in the trachea, continued until death.

The brain was found filled with blood, none of which, however, was extravasated; the stomach covered with black, gangrenous spots.

8. PALLAS details five cases in which five persons each drank a glass of whiskey, by mistake, in which Aconite root had been macerated. Three of them died in the course of three hours, after experiencing a burning sensation in the throat and abdomen, inclination to vomit, followed by vomiting and purging, with pains in the stomach and abdomen; their faces were bloated, their abdomens swollen.

Post-mortem.—Throat, stomach and bowels were very red and inflamed. The blood vessels, especially the veins of the abdomen, were remarkably distended with blood. The omentum was very much inflamed, and a great deal of serum was found in the cavity of the peritoneum. The lungs were heavy, blueish, of a violet color posteriorly; they crepitated but little, and were filled with blood (venous congestion of the lungs, rather than inflammation). The brain was much injected; some of the blood was coagulated and some fluid.

9. A little boy, aged one year, swallowed a piece of the root of Aconite. It caused vomiting, with great inclination to stupor; the child seemed to be in pain; *its pulse was slow and intermitting*; its pupils dilated.

10. BALDIANI in a letter to PROFESSOR GIACOMINI, of Padua, details the phenomena of twelve cases of accidental poisoning with three ounces each of juice of Aconite. One patient, aged 60, experienced great anxiety and oppression of the chest, with vomituration; the anxiety increased rapidly, his strength succumbed quickly, and patient soon died. Two elderly women had great oppression of the chest, then fell into convulsions, followed by almost paralytic weakness; death in two and a half hours.

Post-mortem of the three.—Distension of the abdomen; marked blueness of the nails of the fingers and toes. The vessels, especially of the pia mater and arachnoid much injected; serous effusion beneath the meninges and at the base of the brain; no fluid in the ventricles. The lungs, especially their lower lobes, filled with *black* blood; the heart flabby, and containing but little *black, fluid* blood; the large blood vessels almost empty; liver normal; gall bladder contained but little watery, yellowish bile; spleen lax and softened; stomach distended, and containing a moderate quantity of viscid, blackish-green substance; its mucous membrane irregularly reddened at several places, especially at its fundus and greater curvature. Duodenum and small intestines contained a considerable quantity of the same viscid, greenish matters, and exhibited similar red spots in various places; the kidneys somewhat congested; the bladder almost empty.

The nine other patients experienced *rapid* sinking of the physical powers with simultaneous depression of the mental; the face was remarkably pale, with alteration of the features, blue circles around the dull eyes, and dilated pupils; vertigo with drawing, dull headache, especially in the occiput; some painful tension of the abdomen with rumbling, vomiting of

greenish matters, and in one, diarrhoea of the same character; feeling of oppression and anxiety in the chest; general coldness, which increased rapidly, especially in the limbs, and attended with blueness of the finger and toe nails; some cramps in the calves of the legs; *pulse so small and weak, that in some it was not to be felt at all.*

The unusual exhaustion, the great paleness and coldness of the body, the feeble, almost imperceptible pulse, &c., led to the use of stimulants, and all nine recovered; the pulse rose gradually, general warmth returned, strength increased, the anxiety ceased, respiration became freer, and in a few hours all signs of poisoning had disappeared, without the occurrence of any violent arterial or febrile reaction.

11. DR. SHERWIN witnessed and details a case of poisoning in a servant girl, with the tincture of the root. She first felt *piercing and prickling* in the arms and fingers; then numbness in the shoulders, tongue and mouth; finally also in the thighs and feet. Next she thought that her face was swollen, so that she looked in the glass and found her face to be blue and distorted; her throat grew tight; next her legs failed her, and she fell down upon the steps, where she was found and carried to bed. When Dr. S. arrived, she was lying on her back, with fixed eyes, contracted pupils, livid countenance, stiffness of the jaws, *coldness and pulselessness of the limbs, short, imperfect, difficult respiration, feeble beating of the heart.* At times sighing, tossing of the arms, rattling and vibration in the trachea set in.

An emetic of half a drachm sulph. zinc, caused a fit of convulsions in which the eyes were turned up under the lids, the fists pressed against the chest, the teeth clenched, and thick frothy saliva was forced between the lips; twice after vomiting her sight became better and pulse stronger; but after a bilious vomit, the pulse again became imperceptible, the patient complained of great oppression of the heart and præcordia, jugular veins were distended. Was bled 20 ozs.; scarcely had 10 ozs. been drawn before she felt better, her countenance became natural, breathing more free, she said it seemed to her as if she had been brought out of a small, dark, hot room, into a large, light one; slight vomiting again set in, the pulse became fuller, *but was only 58, and intermitted every 4th beat; gradually it rose to 70, and finally to 100, the skin becoming hot and dry.* On the following day her pulse still remained small, she slept but little, tongue was coated, headache, numbness of the hands, &c.

12. DR. PEREIRA of Bordeaux, treated a man who had chronic rheumatism of seven months' standing, with 5 grs. of old extract of Aconite, night and morning, with considerable benefit. Five grains of fresh extract caused in a quarter of an hour, as was usual, a peculiar trembling and crawling in the limbs, attended with piercing pains; but these, instead of ceasing in the course of half an hour, as was customary, became more violent, and the trembling of the limbs increased to true convulsions. In the mouth and throat the patient had an acrid, peppery taste; he soon vomited freely. During the convulsions he lost his consciousness; when he recovered it, his eyes were blinded, and he had a fixed headache, as if a hot iron were bound around the head. The convulsions were followed by *profuse sweat.* The pulse was *irregular and slow.* Five hours after, his face was pale, with an expression of anxiety and restlessness; his eyes moved rapidly; he was impatient, tossed about, and changed his position frequently; spoke readily and quickly; his tongue was cold, as in cholera-patients; had burning in the throat; vomiting of slimy matters; orthopnoea;

respiration 25; pulse 54, *unequal, soft and full, as if the blood did not fill the arteries*. Mucous rattle at posterior portion of lungs. The heart presented several remarkable symptoms; its apex struck the walls of the chest only once, while the pulse gave three evident beats, and still the contractions of the left ventricle were simultaneous with the pulse beats. The right auricle seemed to be in a constant convulsive state, for its actions were quick, irregular and disproportionate to the beats of the ventricles. His limbs gradually began to grow cold. Stimulants were given with a view to excite and sustain reaction of the circulation and respiration. The attempt succeeded, and the next day the patient was well, and without a trace of his rheumatism.

Another patient died in four hours after taking five grains of fresh extract; severe pains, gradual cessation of circulation and respiration. The most prominent symptoms were, intense burning pain in the throat, vomiting, cold sweats, fearfulness, anxious tossing about, swoonings, gradual cessation of circulation and respiration, small pulse, &c.

Post-mortem.—Expression of fright on the countenance; veins of the cerebral membranes much injected; the brain itself covered with *blackish* points: the lungs choked with *black* blood, and almost without crepitation; and almost empty, the right (venous side) filled with thick, currant-jelly-like, gelatinous mass of blood. Stomach exhibited traces of considerable congestion, of brownish color. The liver and spleen gorged with *black* blood.

13. DR. DEVAY, of Lyons, witnessed a case of poisoning with 32 scruples of Tinct. Aconite. Immediately the patient experienced warmth and contraction of the throat; 1 grain of emetine did not cause vomiting; became excessively anxious and restless, could not remain quiet in one place for a moment, and complained incessantly of his throat, and of burning along the oesophagus. His anxiety was so great that he could not remain still; if ordered to sit down, he arose immediately and the doctor was forced to follow him around the room. His mental and sensual functions were undisturbed; his tongue whitish; nausea; no pain in the bowels. The primitive action of the drug seemed to fall upon the lower limbs, which were in incessant motion, even while sitting; when he walked, his legs trembled so as to give him a peculiar staggering gait; he had violent pain in the throat, and exhibited excessive restlessness and fear of death. Two and a half hours after, he could not hold himself upright, and was attacked with a peculiar variety of convulsions, viz., the upper and lower extremities were forcibly drawn inwards, the fingers clenched and thumbs turned in so as to form a fist; the legs were in a state of persistent adduction; all this time there was not the slightest concussion; the face was covered with a cold viscid sweat, the eyes turned up so that only their whites were to be seen. *No pulse was to be felt in the radial or temporal arteries*; the paroxysm lasted about three minutes, was attended with cracking of the joints and succeeded by exhaustion. He experienced and expressed very great anxiety; thought that his last hour was come; his intellect was generally unclouded, except at intervals when he fell into a state of stupefaction, closed his eyes, let his head sink, and then rose up again with a motion similar to that made by one who has fallen asleep in a waggon and then suddenly awakes; but he was perfectly blind and could distinguish neither persons nor objects around him. He again vomited, had constant nausea, and was again attacked with convulsions. In two hours more the patient had recovered his sight, but the convulsions were as frequent and more severe than before; the temperature of his skin sank lower every moment; he experienced several

shuddering and soon after became icy cold, with hippocratic countenance and violent retraction of the head backwards; respiration stertorous; mucous rattle heard at a distance, still notwithstanding his agonizing condition he heard everything that was said to him, and had not the slightest pain in abdomen; soon after the first attack of convulsions, *the palms of his hands became so insensible that he did not feel deep pricks with a needle.* He remained in this condition for two hours longer, when the heart and pulse beats again became perceptible; warmth and general comfort returned; in an hour more his appearance had improved, a profuse, warm sweat broke out, pulse rose to 125, sensation had returned in both palms of the hands, and respiration was free and easy. After a short sleep patient awoke with a general bruised feeling; injections brought away black and very offensive fæces; urine was scanty and very turbid; abdomen not at all painful; tongue moist and white. For several days the patient's features bore the marks of fright and stupidity.

14. WEPFER poisoned a small dog, three weeks old, with half a drachm of fresh Aconite. Death in three or four hours.

Post-mortem.—Stomach contained coagulated milk; pale, frothy and viscid mucus; its internal surface was white and did not exhibit the slightest trace of inflammation. Both the venous and arterial blood was very fluid; the cavities of the heart were empty; the bladder distended with urine.

15. WEPFER also poisoned a young wolf, six months old, with 4 drachms of Aconite root. Death in two or three hours.

Post-mortem.—Œsophagus so much distended with flatus as to compress the larynx and trachea; lungs pale red, soft, and completely collapsed; the whole internal surface of the stomach, with the exception of the cardiac and pyloric orifices, was inflamed, as was also the case with the larger portion of the mucous membrane of the bowels; the veins of the abdomen were over-filled with blood; the liver blackish red; the gall bladder distended with bile; the spleen somewhat paler than the liver, and its surface wrinkled; the bladder completely collapsed; some fluid and a great deal of coagulated blood in the right side of the heart, while the left side was almost empty.

16. ORFILA poisoned a dog with 2 drachms of the watery extract of Aconite. Death on the third day.

Post-mortem.—Brain and alimentary canal natural; the lungs dense, brownish, filled with blood, and less crepitating than natural. Either pulmonary apoplexy, or pneumonia.

17. ORFILA applied 1½ drachms of watery extract of Aconite to a wound in the thigh of a dog. Death in three hours.

Post-mortem.—The wound was scarcely inflamed; alimentary canal natural; heart lax, and containing dense black blood; the lungs rose-red and crepitating.

18. Dr. LOEWY of Vienna, poisoned a rabbit with 610 drops of tincture of Aconite. Death on the fifth day.

Post-mortem.—The internal surface of the skin presented a very evident arbriform injection of its veins; the brain and its vessels were congested; the tongue had a yellow coating; the throat was in a state of punctated red injection; the œsophagus traversed with congested vessels; the surface of the lungs was covered with dark red spots, which extended into its substance, the cut surface of which effused a reddish-brown viscid fluid (re-

minds one of the rusty expectoration of pneumonia and splenization); the ventricles and auricles of the heart were filled with *black* coagulated blood; liver large, and covered with similar spots to those found on, and in the lungs; stomach and bowels not inflamed, the former containing chyme, the latter, fluid substances; spermatic chord and testes congested.

19. Dr. LOEWY poisoned another rabbit with 520 drops of the tincture of Aconite.

Post-mortem.—Internal surface of the skin presented a remarkable degree of arbriform injection, at the terminal branches of the large veins formed numerous anastomoses; membranes of brain congested; root of tongue had a yellow coating; pharynx exhibited a brownish-red, punctiform injection; œsophagus traversed with congested vessels; the whole surface of the lungs was marbled with cinnabar-red and brownish-red spots, which marbled appearance was also found throughout the whole substance of the lungs, except that the cut surface of the spots was *darker, yea, almost black*; a considerable quantity of *blackish fluid* flowed from their cut surface; the ventricles and auricles of the heart, and the large vessels quite filled with *dark* blood coagulated; liver congested, soft in some places, otherwise natural; stomach distended, *bluish* externally.

20. Dr. LOEWY poisoned another rabbit with 3 drachms of extract of Aconite.

Post-mortem.—Hind and fore legs drawn spasmodically to the body; the abdomen tympanitic; vascular injection of the internal surface of the skin; arbriform congestion of the pia mater; substance of the brain and spinal marrow and its membranes natural; lungs much reddened, œdematous, filled with blood, its surface covered with numerous ecchymoses; the mucous membrane of the trachea much congested; the heart and large vessels filled with *very black* coagulated blood; liver large, filled with blood, soft, mellow, its surface and substance thickly covered with small red points; injection of the *veins* of the smaller curvature of the stomach, its mucous membrane not reddened; the vessels of the peritonæum and mesentery crowded with blood.

21. Dr. LOEWY also poisoned a guinea-pig with about two tablespoonfuls of the tincture of Aconite, in divided doses. Death in four days.

Post-mortem.—Equiform redness of the abdominal peritonæum; arbriform redness of the peritonæal covering of the intestines, especially of the small bowels; punctiform redness of the surface and substance of the liver, the latter of which was mellow, fragile, friable, very much congested, and as if granulated; the surface of the lungs marked here and there with cinnabar-red spots, their edges œdematous, their substance pale reddish and aerated, with the exception of the lower lobes, which were darkened; tracheal mucous membrane somewhat redder; the coats of the stomach pale.

22. Dr. LOEWY also poisoned a large dog with four tablespoonfuls of the tincture. Death in ten hours.

Post-mortem.—Tracheal mucous membrane pale; the lungs of a chocolate brown color externally, and dark red internally, not at all œdematous; all of their lobes were filled with blood, not thick; both ventricles of the heart filled in part with *darkened* fluid blood, in part with coagula; the liver dark reddish-brown, dense and fragile; the bile of a light yellow color, and rich in albumen; œsophageal and gastric mucous membranes pale; the bowels slightly injected; bladder empty; brain natural.

23. In PEREIRA'S *Materia Medica*, vol. 2, p. 742—3, we find three cases of poisoning with the root or its tincture detailed:

1st. A gentleman, aged 58, ate eight and a half roots of *Aconitum-napellus*, about the size of a small English walnut each, by mistake. In three quarters of an hour, he complained of burning and numbness of the lips, mouth and throat, which sensation soon extended to the stomach, followed by vomiting, first of his dinner, then of frothy mucus, but not of blood at any time; his limbs were cold, chest warm, head bathed in a cold sweat, eyes glaring, violent pain in head, excessive trembling, lips blue, mental faculties not disordered, he was neither delirious, nor sleepy, but quite conscious until within a few minutes of his death; neither had he cramps, spasms, or convulsions, the only approach to them was trembling; he frequently put his hand to his throat; though exceedingly weak, he did not lose his control over his limbs, for within a few minutes of his death he walked across the room with assistance; bowels not affected; breathing apparently natural; death in four hours, in a fainting state.

2d. His wife ate half of a root and was affected in a similar way; she had the same burning and numbness of the lips, mouth, throat and stomach, also violent vomiting, curious sensations of numbness of the hands, arms and legs; she lost the power of articulating, so that her attempts to speak were followed by unintelligible sounds only; great muscular debility, she was unable to stand, and in this she differed from her husband who could both stand, and walk; stiffness and difficulty of moving her limbs; no cramps, spasms or convulsions, the only approach thereto was stiffness of the muscles when she attempted to put them in action; although her eyes were wide open, her sight was dim and objects were seen indistinctly; her hearing was unaffected; the sensibility of her body was greatly impaired, so that her face and throat were almost insensible to touch; very giddy, but neither delirious nor sleepy; for the most part she was conscious, but at times scarcely knew what was passing around her; her body and limbs were cold; she was frequently pulling at her throat, but she knew not why. In five or six hours she began to recover, and natural warmth returned, under the use of stimulants.

3d. A child, 5 years old, was similarly affected, but more slightly, except that it evinced a slight tendency to sleep; like the others, it was constantly pulling at its throat.

24. In TAYLOR'S *Medical Jurisprudence* we find two cases of poisoning:
1st. Experienced, sharp taste, vomiting of greenish substances, diarrhœa, restlessness, incoherence, lock-jaw, clenching of the hands. Death in three hours. The stomach was found of a light reddish brown color.

2d. A man who merely tasted a mess of greens in which the root of *Aconite* had been mixed, felt in the course of two minutes, a burning heat in mouth, throat, œsophagus and stomach; then a sensation of swelling of his face, and a general feeling of numbness and creeping in the skin; he had restlessness, dimness of vision and stupor almost amounting to insensibility; in about an hour he was found speechless, frothing at the mouth and nose, hands and jaws clenched; occasionally he seemed to be dead, but revived. Vomiting, purging, tenderness of epigastrium, cramps, tingling of the flesh and a burning taste in the mouth followed. He did not recover until after the lapse of five weeks.

Miscellanea.

PROCEEDINGS OF SOCIETIES.

Homœopathic Medical Society of the State of New-York.—The annual meeting of this flourishing Association, for the year 1853, took place in accordance with the provisions of the Constitution, at the City of Albany, on Tuesday, the eighth day of February last. We have rarely been more gratified in attending a similar meeting. The number of members present was large, the interest in the proceedings general and sustained, and the unanimity of sentiment remarkable; they seemed to feel that the worst of the struggle with old abuses was past, and that our cherished doctrine has obtained such a foothold in every part of the State, as to set at defiance all the efforts of our adversaries to do it harm.

The Society met in the City Hall, and at ten o'clock was called to order by the President, Dr. LYMAN CLARY. About forty members answered to their names at the calling of the roll.

The minutes of the previous meeting having been read and approved, about twenty new members were elected.

Some other preliminary business having been transacted, it was moved and carried that the next order of business (reports from committees) be postponed for the present, in order to receive communications in answer to the resolution passed at the last meeting, requesting each member to report at this meeting, at least one case cured in his practice by a single remedy.

Reports of cases were then read by Drs. HUMPHREYS, METCALF, GUY, L. B. WELLS, WEEKS, H. D. PAINE, A. C. HULL, and BOYCE. Many other verbal statements were offered, but not being in writing, were considered as not coming within the rule.

These communications were, on motion, referred to the Bureau of *Materia Medica*.

Dr. METCALF gave, for the information of the Society, an account of the effort now making for the establishment of a Homœopathic Hospital in the City of New-York.

These proceedings having occupied the attention of the Society till the hour of dinner, a recess was taken till half-past three, P.M.

Afternoon Session.

The Society having again met at the hour designated, the regular order of business was resumed.

The Bureau for the enlargement and improvement of the *Materia Medica* presented, through their chairman, Dr. HUMPHREYS, an elaborate report, giving the results of the provings that had been conducted under their supervision, and in accordance with their suggestions, during the past year. More or less thorough trials had been made of the following drugs, viz: *Apis-mellifica*, *cimicifuga-racemosa*, *urea*, *titanic-acid*, and *uranium*.

The report was accepted and the committee requested to continue their labors.

The following resolutions, which were passed at the last meeting of the Society, were again offered, and after some discussion, adopted.

Resolved, That each member of the Society be requested to make a proving of at least one drug upon himself during the year, and to report the result of such proving to the Bureau of *Materia Medica* before the first of January next.

Resolved, That it be recommended especially, that further provings be made of the following, viz.: *Apis-mellifica*, *plantago-major*, *cimicifuga-racemosa*, *urea*, *uranium*, *titanic-acid*, and *geranium-maculatum*.

Resolved, That each member be requested to report in writing, at each meeting, at least one case cured in his practice by a single remedy.

Dr. GUY, from the committee appointed to consider the proper mode of conducting drug provings, read an interesting and able report, but as the committee still considered it incomplete, it was, upon motion of Dr. METCALF, referred back to them, with the request that they would continue the consideration of the subject and report at the next meeting; and on further motion of Dr. HUMPHREYS, Dr. METCALF was added to the committee.

Dr. H. D. PAINE, from the committee appointed to consider the expediency of procuring an act of incorporation for the Society, reported that the general law appeared to meet all the necessities of the case, and offered a resolution authorizing the President and Secretary to take the necessary measures for that purpose, which was adopted.

The committee on the subject of a Homœopathic Medical College, presented an elaborate report, which, in the absence of the chairman (Dr. BALL) was read by Dr. HUMPHREYS.

The report, after viewing the subject in various aspects, came to a conclusion favorable to the establishment of such an institution in the City of New-York, and recommended that early steps be taken to secure that object; in accordance with which, the committee offered the following resolution.

Resolved, That a committee of seven be appointed, whose duty it shall be to nominate a board of trustees, procure a charter, and raise the funds, for the establishment of a Medical College in the City of New-York.

The report, and its accompanying resolution, gave rise to considerable debate, in which Drs. KIRBY, METCALF, PERKINS, GUY, WEEKS and others participated.

The resolution was, however, finally adopted, and the following members appointed on the committee: Drs. BALL, BEAKLEY, HUMPHREYS, CHILDS, METCALF, CLARY and KIRBY.

After the transaction of some other business not of general interest, the Society proceeded to the election of officers for the ensuing year, with the following result:

A. S. BALL, M.D., of New-York, *President*.

N. H. WARNER, M.D., of Buffalo, *1st Vice President*.

S. S. GUY, M.D., of Brooklyn, 2d Vice President.

L. B. WELLS, M.D., of Utica, 3d Vice President.

H. D. PAINE, M.D., of Albany, Secretary.

The President then announced that he had appointed Dr. B. F. JOSLIN, of New-York, to deliver the annual address before the Society, and also that the use of the Assembly Chamber had been granted to the Society for the evening.

After consultation, it was decided to hold the semi-annual meeting in the city of Utica, on the first Friday in June.

Dr. GUY moved that the thanks of the Society be presented to Dr. CLARY for his able and impartial conduct as President, which, having been unanimously carried, Dr. CLARY responded in appropriate terms.

The meeting then adjourned till seven o'clock, P.M.

Evening Session.

At the hour appointed, the Society met in the Assembly Chamber of the Capitol. There were also present a highly respectable audience of ladies and gentlemen, members of the Legislature, &c.

Dr. JOSLIN, having been introduced by the President, proceeded to deliver his address.

After which, Dr. SPRINGSTEED moved that the thanks of the Society be offered to Dr. JOSLIN for his able and lucid address, and that a copy of the same be requested for publication.

The motion was unanimously adopted.

On motion, it was ordered that 1,500 copies of the Address, together with the proceedings of this and the previous meeting, the Constitution and By-Laws, and a list of the members, be printed for the use of the Society.

The Society then adjourned *sine die*.

At the conclusion of the Address the members of the Society adjourned to the residence of Dr. H. D. PAINE, in State-street, where they and a number of the prominent citizens of Albany, members of the Legislature, &c., were hospitably entertained until a late hour in the evening.

On the whole, the meeting was a most profitable as well as agreeable one, and will be remembered by all present, as one of the pleasantest occurrences of their social professional life. The effect of such gatherings is excellent; not one but felt his confidence in the goodness of our cause and in its final triumph strengthened by an interview with his colleagues, while the information as to the local state of Homœopathy in various regions was exceedingly encouraging and exhilarating. In all parts of the State it is extending with a rapidity that seems to increase in a geometric ratio with the time, and in some, the number of its lay adherents is so large as to include by far the greater part of the wealth, respectability and intelligence of the population. The demand for physicians seems everywhere to exceed the supply. We cannot frame a better wish for Homœopathy, than that the State Medical Society may live long and flourish!

The New-York Society for Medical Conference, met October 25.

Dr. WILSEY related a case of chorea occurring in a little girl, aged 11, who recovered in six weeks under the use of *cupr-acet.*, but afterwards obstinately relapsed.

Dr. PETERS mentioned a case of three years' standing, in a girl of 10, which had resisted *arsenic* given by old-school physicians, and which yielded to *plumb-acet.* 1, after the left arm had become partially paralyzed.

Dr. METCALF reported a case of fatal bleeding from the umbilicus, in a new-born infant. The child was quite feeble when born, the cord did not pulsate, nor did the child cry vigorously; the next day petechiæ were discovered on the face and back; the bandages were found saturated with blood, and the whole surface became intensely yellow. Screeching, slight spasms and crowing inspirations occurred at intervals, and the child died at the expiration of 72 hours from the birth. The bleeding from the cord was not from the cut surface, but from the sides and base.

Dr. BARTLETT reported the case of a child, which had bled at intervals for three years from the umbilicus, and had been repeatedly treated by physicians, cauterizing being apparently of no avail. On examining the navel carefully, a small pediculated fungus, about the size of the end of the little finger was discovered within the navel, to which a ligature was applied, with the effect of separating the fungus in 24 hours, and effecting a perfect cure in a month.

Dr. BALL related a case of chronic diarrhœa with colic, which had long been treated allopathically without result, and had finally been given up to *opium* as the last resort, from fifty to eighty drops of *laudanum* being taken in the 24 hours. The patient was a lady; the diarrhœa occurred after every meal, and sometimes consisted of undigested food; from three to five evacuations occurred every day in spite of the *laudanum*. *China, sulph.* and *ars.* completed the cure in a few weeks.

Dr. HALLOCK had been called to a case, in which *tartar-emetiç* ointment had been applied behind the ears, with the effect of producing nausea and a papular desquamating eruption over the whole body. The eruption over the seat of the application was pustular, and the inflammation involved the whole ear.

November 1. Dr. HALLOCK reported a singular case of hæmorrhage after miscarriage. The lady had been treated by a surgeon, who had applied the tampon, but the hæmorrhage continuing for several days, and fainting and vomiting setting in, Dr. Hallock was sent for. On examining the uterus, he felt a soft substance projecting from the os, and by the aid of the speculum, extracted from the cavity of the uterus three pieces of sponge, which had evidently been forced into it at the time of the application of the tampon. The three pieces formed, when moist, a mass nearly as large as the lady's fist. She recovered slowly.

Dr. BOLLES reported a severe case of ophthalmia in a boy, in which he had administered *Puls.* 30, one of the chief indications for which was,

that the pain was relieved by cold applications. The effect was immediate and successful.

Dr. WILSEY stated, that he thought he had often derived great benefit in the treatment of rheumatism, from insulating the bed of the patient by means of glass supports. A boy of 7, who had rheumatism of the heart, was enabled to go about the house in five days; his bed was insulated, and he took *spigelia*.

November 22. The case of a stout, fleshy lady was reported by Dr. BALL, who had flowed excessively after confinement, and was subsequently attacked by the following symptoms. Pressure and tightness in the vertex and temples; neuralgic pains passing from the head down into the face, jaws and teeth; coldness on the top of the head, as if cold air were blowing upon it; scalp tender to the touch; the pain sometimes suddenly leaves the head and passes to the stomach, chest and right arm, and the head then feels light; occasional numbness of the right side; sweats easily, especially about the head and face; teeth feel as if too long; throbbing in the whole body; ringing in the ears; deafness; eyes sensitive to light; sleep restless, full of frightful dreams; thirsty at night; great languor with slight chills, yawning and stretching; pulse soft and slow; face pale, never flushed; mind stupid, unable to think, confused and dejected; feet cold and sweaty. All these symptoms existed in some degree before her confinement, and the whole group was relieved by a few drops of *tinct-china*, in half a tumbler of water, in teaspoonful doses.

Dr. BELCHER reported an interesting case of mania in an infant of about 15 months, which occurred some time ago in his practice. The attack commenced with fever and headache; the child seemed to improve, however, except that it was entirely sleepless, and three days after began to mouth and make faces; became restless, grasping about in the air, and acting like one in a delirium. Dr. McDonald saw it, and considered it decidedly a case of mania. The child being under allopathic treatment, had adult doses of *opium*, *hyosciamus* and *conium* without the slightest result in procuring sleep; it was bled in the hand without benefit, and a seton was put in the back of the neck, and purgatives administered. Stupor then set in, and a protuberance was discovered on the occiput, as though the bone were enlarged. Slight spasms occurred, but the child improved slowly until it could walk about, but continued demented. The protuberance on the occiput diminished, but the spasms increased to four or five a day, each attack lasting about half a minute. After the child had been sick some five or six months, *tinct-bell.*, four drops to an ounce of water, was administered, a teaspoonful every night. The next day the spasms ceased and never returned, and the child is now ten years old, and though very dull of intellect, is by no means idiotic.

New Homœopathic Society.—We have received from Dr. HUSON the following notice of the formation of a new society for the propagation of Homœopathy in the State of New-York. We trust they will do efficient service in the cause, and would only suggest whether a little less comprehensive title would not be better suited to the purposes of an association professedly local.

The Homœopathic Physicians of Yates, Ontario, Steuben and neighboring counties, organized on the 1st of January instant a Society under the Act of 1848, for mutual protection and the advancement of medical science. The title of the Institution is "*The Homœopathic Medical Academy of the State of New-York* :

GEORGE W. MALIN, M. D., Jerusalem, N. Y., *President.*

RICHARD HUSON, M. D., Dundee, N. Y., *Vice President.*

O. E. NOBLE, M. D., Penn-Yan, N. Y., *Treasurer.*

SAMUEL K. HUSON, M. D., Dundee, N. Y., *Secretary.*

The first annual meeting was held at Penn-Yan, on the first Wednesday of January, instant. The quarterly meetings will be held as follows: On the first Wednesday of April, at Rochester; first Wednesday of July, at Elmira; and first Wednesday of October, at Seneca Falls.

Homœopathic Statistics.—Dr. TESSIER, who, as our readers are well aware, presides over a ward in the Hôpital St. Marguérite, in Paris, and treats his patients homœopathically, has lately published the annexed comparative statement of the results of the two systems in two wards immediately adjoining each other. Homœopathy need not shrink from the comparison; we could only wish it might be conducted on a scale commensurate with the importance of the question involved.

HOMŒOPATHIC.						ALLOPATHIC.				
	Admitted.	Discharged.	Per cent.	Died.	Per cent.	Admitted.	Discharged.	Per cent.	Died.	Per cent.
1849.										
Male	870	790	89.65	75	8.62	689	595	86.35	87	12.62
Female	422	378	89.57	51	12.08	398	316	79.39	82	20.62
	1292	1168	89.62	126	9.75	1087	911	83.80	169	14.71
1850.										
Male	966	896	92.75	68	6.52	754	692	91.77	61	8.08
Female	711	632	88.88	75	10.54	441	394	89.34	46	10.43
	1677	1528	91.11	143	8.29	1195	1086	90.87	107	8.99
1851.										
Male	1085	997	91.89	70	6.45	901	826	91.88	77	8.54
Female	609	558	91.62	65	10.67	541	467	86.34	58	10.73
	1694	1555	91.79	135	7.96	1442	1293	89.80	135	9.36
Total	4668			399	8.55	3724			411	11.30

List of Homœopathic Physicians.—We regret to say, that an error occurred in the list of Homœopathic Physicians which we published in our last number. Some person, for some unknown object, sent us a forged list of names, purporting to be of physicians residing in *Franklin County*. The names under that head are to be erased from the list.

Correction.—We are rejoiced to find that we did our friend *Dr. Peniman* injustice, when in our last number (Vol. 2, p. 428, *note*) we intimated, that he had not yet accorded full faith to the homœopathic law. We shall be glad to hear from him again.

FOREIGN PUBLICATIONS.

Nouvelle Pharmacopée Homœopathique ou Histoire Naturelle et Préparation des Médicaments Homœopathiques et Posologie ou de l'administration des doses. Par le *Dr. G. H. G. Jahr et A. Catellan*, Pharmacien homœopathe à Paris. Seconde Edition accompagnée de 135 figures. Paris, 1853. 12mo., pp. 436.

Principes de la Doctrine médicale Homœopathique, par *L. Salevert de Fayolle*, Docteur, &c. Paris, 1853. 8vo., pp. 364.

Lettre aux Médecins Français du Docteur Compté S. Des Guidi, Introduteur de l'Homœopathie en France, Chevalier, &c., sur la Médecine homœopathique. Troisième Edition enrichie des Préfaces des Traducteurs de cette lettre, des Biographies et Portraits de S. Hahnemann et de S. Des Guidi, et de plusieurs lettres importantes. Par le *Dr. F. Perussel*. Paris, 1852. 8vo., pp. 144.

Vérité de l'Homœopathie ou Théorie nouvelle propre à démontrer l'action réelle, le mode et la Nature d'action des Rémèdes infinitésimaux. Par le *Dr. Z. Castaing*, de Toulouse. Toulouse, 1853. 8vo., pp. 102.

De la Méningite purulente épidémique. Mémoire sur cette affection qui a régné à Avignon dans l'hiver de 1846-7. Par le *Dr. J. J. Béchet*, membre, &c. Paris, 1852. 8vo., pp. 270.

Revue historique et critique des Doctrines et des Systèmes de Médecine de la Doctrine Homœopathique, et de ses Rapports de concordance avec la force de la loi d'attraction universelle. Par le *Dr. F. Deschamps*. Paris. 8vo., pp. 310.

Notices Elementaires sur l'Homœopathie et la manière de la pratiquer, avec quelquesuns des effets les plus importants de dix des principaux remèdes homœopathiques, &c., &c. Par *G. H. G. Jahr*. Troisième Edition augmentée. Paris, 1853. 18mo., pp. 132.

De la Prophylaxie en général et de son application aux maladies épidémiques, et aux affections chroniques héréditaires. Par le *Dr. Gastier*, de Thoisy. Nouvelle édition. Paris. 12mo., pp. 108.

Pourquoi je fais de l'Homœopathie; application adressée à mes confrères et à mes clients. Par le *Dr. Escallier*. Paris. 8vo., pp. 32.

La Méthode Homœopathique et la Medication ordinaire comparées dans le traitement des fièvres intermittentes. Par le *Dr. Escallier*. Paris. 8vo., pp. 40.

De la Médication homœopathique, suivi d'un relevé comparatif des maladies traitées à l'Hôpital Ste. Marguerite par la méthode de Hahnemann, et par le méthode ordinaire pendant les années 1849, 1850, et 1851. Réponse à la lettre du Docteur Frédault. Par le *Dr. J. P. Tessier*. Paris. 8vo., pp. 16.

Thérapeutique Homœopathique des maladies des Enfants. Par le *Dr. F. Hartmann*, traduit de l'Allemand, avec des notes, par le *Dr. Léon Simon-fils*. Paris. 8vo., pp. 600.

Nouveau Manuel de l'Homœopathie domestique, &c., &c. Par le *Dr. E. C. Chepmell*. Traduit de la 5e. Edition Anglaise. Paris, 1852.

Histoire de la classification des Medicaments (Thèse). Par *J. P. M. F. Püet*, Docteur, &c. Paris, 1851.

Amerikanische Arzneiprüfungen und Vorarbeiten zur Arzneilehre als Naturwissenschaft. Von *Constantin Hering*. Heft 1 und 2. Leipzig, 1853.

Die Kinderkrankheiten und ihre Behandlung nach den Principien des homöopathischen Heilverfahrens. Von *Dr. Franz Hartmann*. Leipzig, 1853.
Leitfaden für angehende Homöopathen. Von *C. F. Zimpel*.

BOOKS RECEIVED.

Elements of Homœopathic Practice of Physic. By *J. LAURIE, M.D. Licentiate, &c.* Second American Edition enlarged and improved by *A. GERALD HULL, M.D.*; and an Appendix on Intermittent Fevers, by *J. S. DOUGLAS, A.M., M.D.* New-York: Radde, 1853. 8vo., pp. 939.

Homœopathic Domestic Medicine. By *J. LAURIE, M.D., Member, &c.* Arranged as a practical work for students, containing a Glossary of Medical Terms. Sixth American Edition, enlarged and improved by *A. GERALD HULL, M.D.* New-York: Radde, 1853. 12mo., pp. 826.

Homœopathic Domestic Practice; containing also Chapters on Anatomy, Physiology, Hygiene, and an abridged Materia Medica. By *EGBERT GUERNSEY, M.D.* New-York: Radde, 1853. 12mo., pp. 588, with plates.

Homœopathic Manual of Obstetrics: or a Treatise on the Aid the Art of Midwifery may derive from Homœopathy. By *Dr. C. CROSERIO*. From the French, by *M. COTE, M.D.* Cincinnati: Moore & Anderson, 1853. 12mo., pp. 153.

The Social Position of Medicine. An Inaugural Address delivered before the Hahnemann Academy of Medicine, Jan. 20, 1853. By *J. A. McVickar, M.D.* New-York, 1853. (Pamphlet,) pp. 18.

Inaugural Address delivered before the Rhode Island Homœopathic Society, November 3, 1852. By *HENRY C. PRESTON, A.M., M.D., President of the Society*. Providence, 1852. (Pamphlet,) pp. 44.

Medical Report of B. F. BOWERS, M.D., to the Protestant Half Orphan Asylum. Submitted and read at the Anniversary Meeting of the Society at the Asylum, 6th Avenue, between 10th and 11th Streets, on the 21st of December, 1852, and, on vote, ordered to be printed. New-York, 1853. (Pamphlet,) pp. 11.

The Philadelphia Journal of Homœopathy. Philadelphia. (Monthly.)

The Quarterly Homœopathic Journal. Boston.

The American Journal of Homœopathy. New-York. (Monthly.)

British Journal of Homœopathy. London. (Quarterly.)

The Boston Medical and Surgical Journal. Boston. (Weekly.)

New-York Dental Recorder. New-York. (Monthly.)

NORTH AMERICAN
HOMŒOPATHIC
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MAY, 1853.

Original and Translated Papers.

ARTICLE XII.—*On the Discovery of Curatives by Observation.*
An Address delivered in the Assembly Chamber, Albany,
before the Homœopathic Medical Society of the State of
New York, at its Annual Meeting, February 8, 1853. By
B. F. JOSLIN, M. D., New York.

If a time should ever arrive, when Homœopathia shall be proved a delusion, and be generally abandoned by those by whom it had been adopted, if it should become a sheer matter of ancient history, then would mankind regard the former progress and prevalence of this system, as a phenomenon unparalleled in the history of medicine. And could the *mode* and extent of the diffusion of this new medical doctrine, among intelligent physicians, be now considered by their professional brethren with the same impartiality as the remote past, few could resist this evidence of its truth.

If any one who is acquainted with the history of the origin and adoption of this system, still considers it so incredible *a priori*, that he is compelled to assume its falsity, he must inevitably conclude, that either the most criminal fraud, or the

grossest mistake, is chargeable to every member of the largest body of regularly and thoroughly-educated physicians, which the world ever saw agreeing in any one mode of practice.

They have the calm and confident bearing of men in possession of a truth which, from the nature of its evidence, must in due time be generally appreciated. In other matters, they are known to evince as much integrity as their neighbors. I shall be excused from the disagreeable task of condescending to refute the charge of professional dishonesty, for it is becoming nearly obsolete, except among the ignorant, or the sordid who use the profession as a trade, and having a strong odor of the shop, is repulsive to refined taste.

My argument commences as follows: For those who reject the new school, there is but one possible alternative; i. e., the supposition of the most criminal fraud or of the grossest mistake in all its members.

That the fraud, if real, is most criminal, none will doubt who reflect on the interests involved. Let those who choose, take this horn of the dilemma.

My chief business is with sceptics who, possessed of more charity and more intellect, take the other horn—the supposition of error. I expect to show the untenableness of this position, and consequently (to those who have any faith in human testimony) the certainty of the homœopathic doctrines.

I hope to prove, so far as time allows, that this system is exempt from the radical defects and fallacies of its rival, and to give such an exposition of its method of investigation, as will enable reflecting persons to perceive the difference between our position, and that of various transient sects, moral and medical.

Our opponents have inconsiderately declaimed about “kindred delusions.” As this, in various forms, has been frequently and publicly reiterated, I deem it of some importance, not merely to deny the alleged consanguinity, but to give such an exposition of the nature of the principal evidence, as to prove that self-delusion in this case, is impossible.

In order to exhibit the peculiar advantages of the homœo-

pathic principles of investigation, it will be necessary to allude occasionally to other methods. This will not be done with any feeling of unkindness towards a rival school, nor with any intention of rejecting those collateral branches of medical science, of which we are the rightful inheritors. On these points, before entering upon my subject, I ask leave to make an explanation to those who might feel aggrieved. I am unwilling to seem, still less to be, the defamer of that profession of which I have been, boy and man, i. e., old school and new, for twenty-seven years an acknowledged member, and to which I am under so many obligations. I do not here refer to any extrinsic awards, such as an M. D. here, or a fellowship there, though these are duly appreciated, but to that mental aliment, which my medical infancy imbibed from authors whom I still respect, and from professors whom I still venerate. From a sense of justice to my benefactors, I may claim for myself, and for these homœopathic brethren (who were also "brought up at the feet of Gamaliel"), that the purer portions of that milk of instruction still continue to sustain our medical vigor, long after the impurities or adulterations have been excreted. As well might a man disown his mother, because some imperfection of her health had rendered his early nutriment less salutary, as the full-grown physician of the new school, deny his obligations to the old.

Whatever of truth in anatomical and physiological science, and of skill in surgical and obstetrical art, and whatever knowledge of the natural history of disease, and of the auxiliary branches of medicine, has been bequeathed to us by our grand-sire Hippocrates and his successors, we shall endeavor to cherish for ourselves, and to transmit to our medical posterity, by means of expurgated books and reformed colleges.

Before describing the reformation which our school is introducing into medical investigation, let us glance at a few of the evidences of the necessity of reform.

Every age, including our own, exhibits a succession of attempts to found medical practice on some new theory, mechanical, chemical, physiological or transcendental. Every era,

like that of the physiological and world-renowned nineteenth century, is satisfied that it is much in advance of its predecessors, and that the medical millennium is approaching; and the more enthusiastic theorists recognise it as already arrived. The theorist introduces some new mode of practice in accordance with his new theoretical views. Now, if any of these new modes should chance to be retained by a succeeding age, do you suppose it would be on account of any remaining confidence in the hypothesis, by which it was suggested to its originator? Such a case is comparatively rare. The medicines and modes which retain, in the slightest degree, the confidence of the ablest members of the profession, are those which have been verified by experience; and next in order, are those which can be pressed into the service of some more recent but often equally fallacious hypothesis. These are retained, not from any respect to the *past*, but the *present*, theory or conjecture.

A still larger class of methods and medicine are introduced by accident into popular practice, and subsequently adopted by the profession on grounds purely empirical. But as the profession aims to be scientific, it endeavors so to modify its doctrines, as to provide a respectable seat for the new visitor. Thus, probably, farmers have discovered more medicines than physicians, women more than men, and savages and semi-barbarians more than those who boast of science and civilization. If these medicines persist in curing certain individual diseases, in spite of theory, the profession stigmatize them as alteratives or specifics—a band of outlaws indispensable in guerilla warfare.

This plan, the searching for the properties of drugs by experiments on the sick, is denominated the clinical (i. e., bed-side) method. I shall presently speak of its uncertainty.

The physiological method, or that which bases practice on laws of healthy or morbid action, real or supposed, presents, in general, a problem too complicated for science. The insuperable difficulties inherent in the subject, and not lack of ability in the investigators, has been the cause of failure. I take pleasure in offering this as an apology for the unconverted

portion of the medical profession, and in fortifying my position by a quotation from one of their distinguished brethren. Sir Gilbert Blane states, that in a certain portion of his "Medical Logic," his main object is, "to convey an adequate conception of the great difficulties which those have to encounter, who would found practical medicine on a knowledge of the animal economy, and to bespeak a liberal indulgence for the errors of those, who, in attempting this, have had to grope and wander in more dark and intricate mazes," than have "fallen to the lot of any other class of inquirers into the various departments of nature."*

The school which, now, because it has a majority, arrogates the exclusive title to science and regularity, may with propriety adopt the remarks just quoted, not only as an apology for themselves, but as a confession for their system, from which, by the very law of its being, such errors are inseparable.

It is creditable to the allopathic school, that volumes of similar confessions might be collected from its ablest writers. Their English Nestor, Dr. Forbes, is dissatisfied with the present, but like his predecessors, hopeful for the future. He declares that matters are so bad that they cannot get worse—that allopathy must either mend or end. Though his junior, I take the liberty to suggest, that more wisdom would be evinced by consenting to its ending, than by attempting any improvement short of a radical reformation. Some of his patches have strength, but the garment is thoroughly rotten, and will inevitably tear all around them.

Yet this is the most respectable of the recent projects for exterminating the school of Hahnemann. It is to the futility of such attempts to galvanize a system destitute of the principle of vitality, that I have on a former occasion referred, in an allusion which will be understood by those who are acquainted with the habits of a certain large, hissing, sedentary, and apparently contemplative animal. The old school, like its aserine prototype, "sits and broods over naked stones, mistaken

* *Op. cit.* p. 152.

for eggs, in the fond hope of a progeny which shall one day march forth upon the earth, and drive the young homœopathic chickens back into the shell.”*

Scepticism in relation to the present, and hope for the future, are extensively shared by the profession in our own time and country. About sixteen months since, I was present in the principal medical college of the city of New York, when its ablest professor, with his usual eloquence, and with unwonted enthusiasm, portrayed his conviction of the impending advent of some extraordinary genius, who shall reduce to order the present chaos of medical science—“and,” exclaimed the professor, “what if he should arise within these walls!”

The indefinite, yet sanguine hope of the first advent of some radical, yet future reformer of medicine, is entertained by many, who like the children of Abraham, in relation to an infinitely greater Being, are not satisfied of its past realization. I confidently trust, that multitudes of such sceptical friends of medical science, will ere long be consoled with the assurance, that the one medical reformer has actually appeared upon this planet.

The society will pardon a brief allusion to the history of his method, in order that others, who honor this meeting with their attendance, may better appreciate a few principles of medical investigation, which I conceive to afford tests of the genuineness, truth and value, of any proposed method of discovering curative properties.

In the latter part of the last century, a learned German physician, named Samuel Hahnemann, happened to observe an instance in which Peruvian bark produced an intermittent fever, similar to that produced by marsh miasm. He knew that the latter was frequently cured by the same bark. On reflection it occurred to him, that several other drugs produced diseases similar to those which they cured. The longer he considered the subject, the greater the number of coincidences presented in the medical experience of the world. Did he

* “Principles of Homœopathy,” p. 22.

then announce a general law? By no means. He merely *suspected* one. His whole course was marked by the most careful and philosophical induction. So far from being satisfied with hypothesis, he was far in advance of his medical contemporaries in appreciating the importance of applying the principles of Bacon to medicine, as well as other sciences.

What course, then, did such a mind conceive and execute? Was it to sit down in silent and passive communion with his own thoughts, compare and compound them with each other, and spin out from his brain a theory, "as a spider does a cobweb from its own bowels?" Did he busy himself with considering whether he could frame a hypothesis in accordance with any imagined internal and occult nature of things in general, or of the human body in particular? He did none of these. He perceived that such speculations had been the bane of medical science, whose logic was far behind that of other natural sciences.

A fact observed and similar ones recollected, had led him to a conjecture. Thus far, his course was like that of Newton. Their achievements were also similar; one discovered a universal law in the world without us, the other in the world within us. Their modes of verification differed, on account of a difference in the nature of the subjects. No mathematical investigation could conduct to a universal law of cure. The problem to be solved by Hahnemann was, whether the symptoms which a drug can cure are similar to those which it can cause. This could be determined in no other way than by two sets of experiments. By long-continued trials of drugs, taken for the purpose by himself and several healthy friends, he ascertained the symptoms which many drugs would severally produce. Thus was discovered the pathogenesis, or disease-producing power. All this was determined by simple experiment, without the slightest mixture of theory.

There is not time to describe the precautions used to secure accuracy, and the immense time and labors bestowed in different countries, in obtaining the results, which fill large volumes. No educated man will deny, that the method is in

accordance with the strictest logic of the natural sciences, nor that Hahnemann is entitled to the glory of adding a new branch to the natural sciences, i. e. pathogenesis, or the science of morbid properties. But is knowledge, in this case, power? Not in the hands of the old school. To them it is a mere scientific curiosity. How did Hahnemann animate it with potency? By proving the pathogenetic, i. e. the disease-producing properties, to be similar to the therapeutic, i. e. the disease-curing properties.

The series of investigations which led directly to this grand result was, like the preliminary series, conducted in a mode purely experimental. When a patient presented a collection of symptoms similar to those produced by a certain drug, this drug was administered, and a cure ensued. After a sufficient number of similar experiments, with different medicines, in various diseases, and with similar results, the great benefactor of the medical art felt justified in announcing the law, *similia similibus curantur, like are cured by like*. The doctrine, and practice in accordance with it, are denominated *Homœopathy*, or in the more euphonious *Latin*, (which those who choose may employ) *Homœopathia*.

This law, like that of gravitation, had been a mere conjecture at its conception; yet in the verification of the medical, as in that of the astronomical law, no trace of hypothesis was allowed to enter the reasoning and vitiate the proofs, by which it was established.

No sound intellect can doubt, that if a sufficient number of successful experiments have been made, the evidence of the truth of this law of cure, amounts to a physical certainty. To this point I shall have occasion to recur. To avoid repetition, I shall consider it in connection with the evidence of the power of small doses.

When I speak of small doses, I do not include those recently adopted by many of the old school, in their attempts to approximate to the new, but to those which, for the sake of distinction from the former, are denominated infinitesimal.

Their limits are not settled; but in practice their weight seldom exceeds the millionth of a grain.

Does any one inquire what theory could ever have led Hahnemann to the adoption of such doses? No theory. The reduction of the quantity of medicine, like the law of its selection, was a response of Nature to experimental interrogation. The first doses, employed in verifying the law of similars, acted with violence. On trying a smaller dose, he encountered the same difficulty. After many successive reductions, he ultimately obtained doses which were both safe and efficient. In the use of these, he observed no new disease developed in the progress of the cure, nor entailed in the sequel. A good observer, he could not fail to make this discovery in posology; a conscientious physician, he must apply it in his subsequent practice; a lover of his race, he was impelled to publish.

Do you ask, is not the idea of the medicinal potency of such minute portions of matter unreasonable? It would be easy to show why the pharmaceutic process of Hahnemann is admirably calculated to develop an unprecedented amount of curative power; that the doctrine of dose can be exhibited as a rational deduction from the law of similia; and that both are confirmable by laws of vitality and analogies in physical science. But having on former occasions stated and published these views, I at present limit myself mainly to the inductive features of this science—to the direct evidence presented in the experiments of its founder and the experience of his disciples.

Admit the truth of the law of cure, the genuineness of our pathogenesis, and the sufficiency of small doses, then the conclusion is inevitable, that Homœopathia is of immense practical value.

Now those who have neither reflected upon it as a science nor practised it as an art, have not even a proximate conception of the facilities, afforded by the peculiar nature of this system, for its verification in all these particulars. Every step in correct and successful practice, simultaneously con-

tributes something to the verification of each of the three doctrines. If in following the rules of the art, the physician observes an improvement or recovery under circumstances which render it impossible to attribute it to the efforts of unaided nature, he must attribute it to his practice; yet this practice must have proved inert, if *either* of the three pillars which sustained it had been essentially unsound. In vain is the law of similars true, if one of the two classes of phenomena which it yokes together have no reality, or if the medical materials, whose application it implies, have no potency. Equally useless is the reality of both classes of phenomena, if the law, which purports to connect them for practical agency, is a mere chimera, or if the curative materials have lost their energy by attenuation. Finally, the drug, however energetic, has but a blind and useless force, unless its administration is guided both by genuine provings of the *Materia Medica* and an unerring law of therapeutics.

We challenge the opposers of our system to subject it to this severe and triple test. Does history present an instance of a false system which offered such facilities for its own refutation, and still continued for half a century to be more and more extensively adopted by intelligent men?

The grand peculiarities of Homœopathia relate, directly or indirectly, to her *Materia Medica*, i. e., knowledge of medical materials, or science of the properties of medicines. With this she was able, even in her infancy, to rival her elder sister, who had never been so fortunate as to find the key for unlocking this mysterious cabinet of Nature. Is it probable that a *Materia Medica* could in fifty years outstrip one that had the advantage of starting fifty times fifty years earlier? This wonder in medical history has been effected by means of a new mode of experimental investigation.

The medicinal properties of any substance are now susceptible of determination. The enunciation of this proposition would excite surprise throughout that portion of the scientific world, in which medical logic has not received any attention. The general wonder would be, not that the proposition should

be true, but that its truth should be presumed to be doubted, and such an apparent truism published.

Scientific men, engaged in the cultivation of natural philosophy, chemistry and the several branches of natural history, are not generally aware that a *terra incognita* is the so-called science of *Materia Medica*. The scientific laity, taking a distant view of therapeutics, have been accustomed to regard it as a science. This illusion has been strengthened by the fact, that real sciences have always been taught in the medical schools, and generally by scientific professors. Chemistry and anatomy, and the mechanical portions of surgery and obstetrics, are sciences. Much of the current physiological and pathological doctrine, is also well ascertained and classified truth. The *Materia Medica* of the old school has obtained caste by such associations, rather than by intrinsic merit. The stately Colossus of medical education, with a fair proportion of gold and silver in its head and trunk, has too often been presumed to have a solid foundation; yet its feet are mere pottery, mere clay.

The properties of medicines must be the basis of medication. Whilst these are unknown, therapeutics must remain unscientific and feeble.

In order that the *Materia Medica* may be established with the same certainty as other natural sciences, it is requisite that the effects of different substances on the human body be ascertained by actual observation. This process must be adopted with every substance prescribed as a medicine. The physician, if his art is scientific, is not at liberty to assume that a mixture of two or more substances possesses the sum of the medicinal properties of its several ingredients.

As the chemist cannot make such an assumption in regard to the properties by which inorganic substances react on each other, neither can the physician in regard to the properties by which inorganic substances act on the living body. It is not, as some suppose, simply for fear of the mutual chemical actions of different elements of a compound prescription, that such preparations are forbidden in our school. There may

be mutual disturbance of the vital actions of two substances, without any mutual chemical actions of the substances themselves. We are not at liberty to presume, that because one medicine tends to remove one morbid action, and another medicine another morbid action, therefore the two medicines, if administered simultaneously, tend to remove both, or even either of those morbid actions: for the mutual vital reactions of the organism, are no more to be neglected than the mutual chemical actions of inorganic substances. Physicians, in combining in the same prescription different simples having certain properties, real or supposed, and estimating the resultant effect from the separate effects of the ingredients, have resembled an engineer applying different forces simultaneously to different parts of a complicated engine, so connected in all its parts, that the motion of each part influenced that of every other part, and yet presuming that each external force so applied would have its separate and unmodified effect, or if in one sense there was a modification, that the resultant force, and even the whole effect on the engine, could be estimated by simple addition.

My object has been to show, that if the medicinal properties of drugs are discoverable, the experimental trials by which these properties are discovered, must be made when the drugs have the same degree of complexity which they are to have in the prescriptions that are to be based on these properties.

If this is true, our art is not a science, except so far as it avails itself of simples, or else of compounds whose properties have been determined independently of any conclusions drawn from the properties of the constituents, and admits only those determined by observed effects. The foregoing considerations aid us in comprehending the rapid advance of reformed medicine, and the tardy and uncertain steps of its predecessor.

No physician who understands the real virtues of medicines, will prescribe more than one at a time. The mixture of many in one prescription is called polypharmacy. This has retarded the progress of discovery.

If a man loads his gun with a dozen shot, he will rarely hit

the exact point aimed at, in a distant object; and if chance should favor him with such a result, it would puzzle him to divine which particular projectile had taken the requisite course, or in what plane or at what angle it had been deflected, by the interference of its fellows, crowded together with it in the same charge.

After medical experiments of similar complexity, whether successful or unsuccessful, the mind of the prescriber remains in its former darkness, in regard to the properties possessed by the components of his prescription. Or, to exchange simile for metaphor, after such medical firing, the hero, whether victor or vanquished, remains, as to scientific attainments and practical skill, "*in statu quo ante bellum.*"

The rejection of this mode of experimentation, is one of the characteristics of the system I am advocating.

It rejects other methods equally fallacious. The mental energy of the medical world had been previously squandered in the vain attempt to determine the medicinal properties of substances by various other expedients, one or another of which is still relied on, except among the followers of Hahnemann. It is unnecessary here to refer to researches for such properties as "tonic," "antibilious," and "alterative," and others which are equally general, vague and occult, and which still occupy a prominent position in the prevalent system.

Such supposed general properties as febrifuge, &c., whose names imply a curative relation to extensive classes of disease, whilst there is no evidence of their applicability, except to a small proportion of all the cases of that class, can afford little practical aid to the physician, who has no means of determining to what cases they are respectively applicable. The new school avoids such delusive generalities, and in regard to the medicines which it has proved, has a guide to their particular applications.

In order that any system of *Materia Medica* may have much value, its list of medicinal properties must be numerous. For the varieties of the properties of disease, if we include the different stages of the various cases, are innumerable, and every morbid property requires a corresponding curative property.

Viewed in these aspects, the *Materia Medica* of our school presents a striking contrast to all others. How meagre is the list of emetic, cathartic, diaphoretic and other properties, discovered in thousands of years, compared with the number of drug symptoms and consequently available properties, discovered in half a century.

There is a still greater disparity between the number of properties which the new and old methods are *capable* of disclosing in a given *future* period.

This is a test of the relative truthfulness and value of the methods. To any science not yet completed, the discovery of the true method of investigation, imparts life and the power of growing. This aptitude to extension is a test or measure of its vitality.

Apply this *test* to the *Materia Medica*. A single kingdom of nature and one of the earth's geographical divisions which is dear to our hearts and accessible to our observation afford sufficient materials for this illustration. The enlightened munificence of the Empire State, commissioned eminent naturalists to explore its native treasures. The contents of ponderous volumes attest the perseverance and ability with which the task has been executed. Yet this grand work is, not from any fault in the scientific corps, but from the nature of the objects, superficial. It deals with the exterior of nature, not with her spirit.

For example, the plants have been described and classified as to their external forms ; but who should disclose their internal virtues ? Their inmost properties, which relate to the laws of human vitality, and thus to the cure of disease, are a sealed volume. Who shall break the seal and open this book of natural life ? Its treasures far transcend the mineral wealth of the state, even should it, by future exploration, be found to rival that of California or Australia. Yet but an extremely minute portion of these plants have been examined properly, if at all, in relation to their medicinal properties.

What physician, except a disciple of Hahnemann, can ever even commence such an investigation ? Not one. What state

society complete it? None but a homœopathic one. If so, the society now assembled is not unnecessary: and as I am afraid I have wearied you with abstractions, I will, as it here comes directly in the path of my argument, use for illustration two societies, old and new, which meet here almost simultaneously. I entreat that this may not be interpreted as an attack on the old one. I have no unkind feeling toward it. I am somewhat interested in its honor; its transactions contain some of my own essays. I value some friends among its members, and appreciate their character. But I return from this digression.

Suppose a leaf, from an unknown tree, none of whose parts had ever been employed as a medicine, were presented to the society now present, and a committee of its members were charged with the duty of discovering its latent powers. After some months, they would be able to decide to what particular maladies it was adapted, what combinations of morbid phenomena it was capable of annihilating. This they could achieve without trying it in one of these diseases, or even meeting a single case during the whole period of this investigation. In labors similar to this, the society are actually engaged.

Now suppose the same kind of leaf, or any number of tons which might be required, were delivered to a committee of a certain non-homœopathic medical association which also holds its annual meetings in this political metropolis. Their members were educated in the same colleges as ours, and they cannot allege any inferiority in talent as an excuse for their failure. They are more numerous; and as they would prefer experimenting with large doses, I have allowed them the additional advantage of tons instead of grains.

Does any one imagine that they could make such progress in this discovery in a whole year? They have no rule of proceeding which can ensure success.

Suppose they resort to chemical analysis, in order to detect some active principle, whose medicinal action was already known. There is not one chance in a hundred that such a principle exists in this leaf, nor one in a thousand that it is pre-

sent in such quantity as to give it a predominant influence as a medicine. There is not the shadow of a possibility of obtaining, by such a method, the true virtues of one of these compounds of nature, which in medicine are called simples, in contradistinction to the prescriptions of polypharmacy.

The chemical test must be abandoned. Their chance is but little better with the vital. In this the experiments must be either pathogenetic or therapeutic. First what would be the result of their experiments on the healthy? Possibly they might observe one or two of the following effects. A quantity might be swallowed sufficient to secure its expulsion from the stomach or bowels. They would record it as an emetic or cathartic; or with a *quantum sufficit* of hot water, a little of it, or much of the water might permeate the pores of the skin or kidneys, when the former would be set down as a diaphoretic or diuretic. We need not complete the list, though it is not extensive. I have selected the pathogenetic properties most generally valued in their system of practice.

Would such results teach the use of the drug? Would the provers know, in what particular cases of disease it might be advantageously or safely employed? Certainly not. In the first place, they have no means of knowing, in what cases these properties are curative; in the second, they have no means of determining, whether this drug could, in any particular case, be substituted, with safety or advantage, for others of the same class.

Having failed in trials on the healthy, they have no resource but to attack the sick. I call it an assault, because in the premises, confessedly ignorant of the nature of the weapon, they have no prospect of benefitting the patients by the blows inflicted, but are almost sure to injure an immense majority, and to destroy some of them, if the strokes are powerful and reiterated.

This operation resembles the cultivation of anatomy by dissecting living men. May I illustrate the method by an example? When the cholera raged in New York in 1849, no treatment except the homœopathic was successful. Some allo-

pathic hospital physicians, having exhausted their stock of conjectural remedies, stood waiting for the appearance of a new one. One of their brethren having invented a new compound, and anxious to make the experiment in their hospitals, inquired of another physician of the same school, who was supposed to know, whether they would consent to try it? The reply was, "They will *try anything*."

The society which is generally considered an exponent of the collected medical wisdom of the Empire State must also, if they would discover inductively the unknown curatives of a disease, make their experiments on the sick, and with every drug indiscriminately, and with dangerous doses. As in the extension of their therapeutics, so in that of their materia medica, which we have been considering, if they would ascertain what diseases a certain leaf is capable of curing, they must make their experiments on the sick in all diseases, indiscriminately, and with dangerous doses.

Let us apply to this method and that of our society, some other general considerations, which, on some reflection, can be appreciated by both schools.

I think it can be demonstrated, that an adequate knowledge of the relations of a drug to vital phenomena can be discovered in much less time, by *primarily* studying the relations of the drug to the *elementary* vital phenomena, than by primarily studying its relations to groups of vital phenomena.

Suppose, for example, that a medicine has seemed to cure a single case of disease which manifested itself by a certain group of symptoms. Any physician accustomed to all the discriminations exacted by the homœopathic system, will readily understand, that another case identical with the former can rarely, if ever, be expected to occur in his own experience. Some symptoms will be wanting, or some new symptoms present, especially if minute distinctions are made as to the character and locality of the sensations, the conditions under which they arise, their order and respective concomitants. Hence a long time must elapse before there can be any verification of

the curative relation of the drug to such a case ; and previously to such verification, the recovery can scarcely be regarded as anything more than an accidental coincidence, unless a natural cure of the disease had never been known to occur, and unless also it were known that no medicinal agency, except that of the one drug to which the cure was referred, had been brought to bear on the individual case.

A concurrence of the conditions requisite to any considerable evidence of curative action of a medicine employed for the first time in a particular case, and a minute record of the symptoms of the same case, must be rare in the experience of any physician, who rejects pathogenesis as a guide in therapeutic experiments.

These are some of the obstacles which beset the path of those who are acquainted with no better experimental method of discovering the medicinal properties of any plant, than by endeavoring to ascertain its relation to a group of phenomena, before they have learned its relation to the *elements* of that group.

I consider this as the grand primary distinction between the allopathic and homœopathic modes of investigation. As it appears to me to lie at the foundation of that medical reform which I am endeavoring to advocate, I will try to elucidate and impress my doctrine by an illustration drawn from another art.

What new mode of investigation lies at the foundation of the modern reform in agriculture ? Our fathers endeavored to ascertain what soils were adapted to the growth of particular vegetables, by making experiment with the plant as one mass, in the soil as a mass, ignorant of the elements of either, and consequently of their mutual relation. The improved method, introduced by Liebig, is to determine, in the first instance, the elementary components of each ; and then a very simple law of relation between the two groups enables the farmer to select the ground for a particular plant, or the plant for a particular field. Without such a change in the mode of experimentation, the art of agriculture must have remained almost as stationary as that of medicine, though not as defective.

To the progress of medicine a similar impulse has been given by Homœopathy, which attends *primarily* to the phenomenal *elements*, or properties which drugs exhibit in their *positive* effects on the healthy man, and next, to the phenomenal elements of disease to be cured.

All this is a simple matter of observation, relating at first to individual phenomena. When the pathogenetic picture of the drug is completed by these individual strokes of the prover's pencil, he is then prepared to recognize its likeness to that of a case presented in his professional practice.

He then for the first time in the investigation, compares one *whole portrait* with another whole portrait—one assemblage of phenomena with another assemblage of phenomena.

But even in this stage of the process he still retains the advantage of that certainty which attaches to the observation of elementary components. For, like a true and cultivated artist, he not only perceives the general resemblance of two pictures, but the correspondence of the minutest particulars which conspire in the general effect.

This stage of the investigation, which in both its branches has been conducted under circumstances so little calculated to admit the intrusion of error, brings the homœopathic inquirer into the immediate neighborhood of the general law, *similia similibus curantur*. Its verification proceeds, *pari passu*, with the clinical experiments.

When, by the multitude of experiments by different observers, the evidence is overwhelming, and the truth of the law of cure established, it then exerts a reflex influence, and re-verifies the results of the preceding stages of the investigation. Thus the law of cure, the pathogenesis, and the doctrine of small doses, are continually affording mutual verifications.

For illustration, suppose that, in the random experiments of an allopathic society, a leaf of the vine *rhus-radicans* had cured a case of typhus fever, they would not, from that result, obtain the slightest evidence, that the same leaf was capable of curing a sprain, a rheumatism, or any other disease except.

that one in which it had been successfully tried. The most they could even conjecture would be, that it might possibly be useful in some other malady extremely analogous to typhus. But a homœopathic society, having proved, on themselves when in health, a leaf from the same vine, and having thus developed symptoms similar to those of typhus fever, and being thus systematically led to its use in that malady, will, even from their first cure, obtain some degree of confirmation of the law which had suggested its employment in this fever, and consequently some evidence of the adaptation of the same leaf to the cure of many other maladies, whose symptoms are extremely different from those of typhus fever, but very similar to certain groups of the symptoms of *rhus*.

Again, would the cure of any imaginable number of cases of typhus fever by *rhus-radicans* induce, in an allopathic practitioner, the faintest suspicion that *belladonna* would cure *scarlatina*? If unacquainted with the law of cure, he would regard any supposition of the connection between such facts as ridiculous. His cure of one affection by one medicament never contributes a particle to the probability of genuineness of an apparent cure of an entirely *different affection* by an entirely *different medicament*. He would consequently need to observe more than a thousand times as many recoveries under the use of his medicine, as the homœopathist would under his, before he would have equal evidence that any one of the recoveries was really due to the medication.

As each homœopathic cure tends to confirm the law of cure, and as this law has regulated the selection of hundreds of known remedies, for millions of varieties of cases, which, by different combinations of symptoms, have actually been presented to some thousands of homœopathic physicians, the evidence of the truth of the law is so irresistible, that no sane man of ordinary capacity will remain skeptical, after having an adequate knowledge of the facts.

Equally irresistible as the proof of the law, is that of the efficiency of small doses. For those, who successfully follow the guidance of the former, almost always avail themselves of

the instrumentality of the latter. If, in any art, there is an indispensable rule which prescribes the particular class of instruments, from which one must be selected in order that a particular work shall be successfully performed, and if the artist or artizan selects one of the smallest specimens, and by its instrumentality performs that definite work successfully, he, by that very act, demonstrates the efficiency of a tool of that particular magnitude, and consequently the sufficiency of the magnitude itself.

By a similar comparison, we may illustrate the verification of the special curative properties of the different articles of our *Materia Medica*. If a rule which is found to be indispensable to success in a certain mechanical art requires, for a certain work, a certain class of instruments, for example an auger instead of a hammer, or a saw instead of a pitchfork, then, if the work has been most successfully performed, the result affords evidence that an instrument of the right class has been employed. So in medicine; if the rule of similars requires, for the cure of a given group of symptoms, the use of a medicine which can produce a similar group, and if we find such a group in our *Materia Medica*, under the head of *bryonia*, and the administration of an infinitesimal dose of it removes the disease, then we have a verification of the pathogenetic proving, we obtain a confirmation of the *Materia Medica*, which attributes these properties to *bryonia*, as well as a confirmation of the efficiency of small doses.

Thus we see that the success of a homœopathic practitioner verifies all the great doctrines of his school. So do his failures. For example, if on any occasion he makes a prescription which, on farther study, he finds not in accordance with the *Materia Medica*, he anticipates a practical failure; and on revisiting his patient, finds the effect either absolutely null, or less favorable than he had on other occasions observed after prescriptions, which previously to any observation of their results, had been more satisfactory to himself, because they had been dictated by a closer study of the *Materia Medica*.

Such is the cumulative character of the evidence which sus-

tains every branch of Homœopathy, and enables one of its practitioners to obtain an amount of reliable therapeutic knowledge, and a degree of assurance, incomparably surpassing those which an adherent of any other system can ever realize.

I have endeavored to show, that the system of Hahnemann, considered as a science of observation, presents, by the certainty of its methods of discovery and verification, such evidences, that his disciples have the privilege, not merely of believing, but of knowing its verity. They manifest their confidence in the system, by invoking for it the most severe and searching ordeal. They entreat physicians to make direct, simple and safe experiments; they petition legislatures to charter colleges, for giving instruction in its doctrines, and hospitals in which the practice may be subjected to public observation and professional scrutiny, and its success demonstrated by ample statistics.

If facilities for these means of improving the medical profession, of relieving the afflicted, and of multiplying the external evidences of homœopathic truth, shall be afforded by the legislators who annually assemble in this city, and within these walls, for the purpose of advancing the interests of this great and influential member of the American confederacy, then they will, by such a course, give important aid to the diffusion of science, and of the inestimable blessings of health, and will at no distant day receive the gratitude of their fellow-citizens.

ARTICLE XIII. *On the Periodical Annual Recurrence of Certain Phenomena.* By CONSTANTINE HERING, M.D., Philadelphia.

THE repeated occurrence, on the same days of succeeding years, of showers of falling stars, which always appear in the same quarter of the heavens and have the same direction, has led astronomers to the supposition that they are bodies encountered by the earth in its annual course, and that a huge ring of them circulates around the centre of our system.

When we enter this ring, the so-called attraction of gravitation draws some of them from their paths, and they pass through our atmosphere and are there inflamed or dissipated. This gives rise to smoke or meteoric dust. There may be rings of this meteoric dust also, and these may produce disease; but this is, as yet, conjecture.

Whenever a phenomenon takes place in space and time, and is subsequently repeated, it may be measured. But it is of little or no service until we have a law, since it is too superficial; let us once, however, refer it to a law, and the phenomena and the law will mutually substantiate each other. In this way only can we gradually succeed in eliminating error, recognizing the abstract in the concrete, and comprehending the particular by means of the general. The one leads to the other. Many, however, will object that this is reasoning in a circle, but it is not so; reasoning in a circle is always confined to one plane; it is, if I may so say, the *animal* method. The animal thinks and reasons in the same line, upon the same plane; whenever certain phenomena follow one another, the animal expects, when he sees the antecedent, that the consequent will certainly follow. If any one strikes a light, and then threshes his dog, the animal will run away with his tail between his legs whenever light is struck again. He may be taught, on the other hand, to fetch a pipe on a similar occasion. Children may be managed in the same way; but even the youngest of them already begin to exercise their *human* reason also. This consists in referring the phenomenon to its cause, or considering it as an effect; but cause and effect are mutually self-contained; they do not lie near and close to one another. Hence the human reason is essentially distinct from the other; it intersects it as the diameter of a sphere intersects a great circle, or as the electric crosses the magnetic current. It has an entirely different direction, in which cause and effect find their completion and development.

We are constantly arguing from the cause to the effect, and from the effect to the cause; and each serves as the proof of the other. Of course our conclusions are not always correct.

Just as it is in arithmetic, where we perform an operation in this or that way, and then prove it by reversing the process, but not always without making mistakes. But the rules of arithmetic, like the laws of thought and reasoning, are always true, no matter how falsely employed. I refer to this subject because some have endeavored to discredit whole forms of reasoning; Liebig, for instance, calls *analogy* "the mother of all errors," and on the very same page, and before he has occasion to dip his pen in ink again, draws seven analogical conclusions. That errors arise from analogy, is itself both a conclusion from analogy and an error. All the so-called illusions of the senses are, without exception, simply false conclusions, and the senses are blamed, when the time might be better employed in learning to argue and conclude more logically. And so here the form of the argument has to bear the blame of its improper application.

Returning to our first remarks, and applying them to medicine, we find ourselves obliged to take cognizance of far more indefinite and more varied phenomena than the astronomer. We are therefore far more exposed to the liability to err; but, once aware of this liability, and it ceases to be injurious.

Diseases so frequently recur annually, that so generally established a fact will not and cannot be denied. The cause has been said to lie in the variation of the seasons. We have, besides, the various idiosyncrasies and susceptibilities of men, one being affected in this way and another in that; but many being affected alike, the readiest cause to be assigned is the weather. It cannot be denied that many things happen simultaneously with a change of weather or follow immediately upon it; but that the weather is the cause of them cannot always safely be asserted. *Post hoc* is not always *propter hoc*.

Specific, definite causes of disease, poisons of all kinds, are, however, far more powerful than these universal influences. We must watch these with especial attention, and collect everything that relates to them, and we shall then be in the way to do more for our art and more for our future science than in

any other. Repetition, however, is indispensably necessary. Although a single fact, which can only be explained on a single supposition—for example, a case of decided cure from high potencies,—is worth more than ten thousand careless observations where they did not help, inasmuch as one positive fact cannot be outweighed by the negations of a whole race through all its generations, still it is not probable, though quite possible, that such a fact could ever be established beyond the possibility of cavil. Whenever a phenomenon, however, depends upon a law, it will not be without confirmation, and what is true must ever remain and be true.

A hundred careless, slovenly, self-satisfied, dogmatical relations do not approach the value of a single, sound, acute, true and accurate observation. We have something more to do than to count the number of the cases. Repetition is necessary, because it is only then that we obtain a periphery from which we may calculate the central point. If this can be done from a *single fact*, repetition is taken for granted; the same *effects* must always follow under the same *conditions*, that is, recurring phenomena must be referred to a law. Then we can reason *humanly*, as we have above stated; first analytically, then synthetically, then analytically, afterwards synthetically, and so on. In this way either confirmations or errors will accumulate; it cannot be otherwise. There is no middle ground; and this is the road to truth, and the only sure one.

If in any point we should chance to be in error, let us go on investigating further and further, proceeding from one point to another, and ever reasoning strictly and logically from effect to cause and law; and from these back to the phenomena, and the error will by and by increase to such a degree as to form a mountain of absurdities, which will soon find and disappear in its own abyss. We need no watchman to warn us of this event; it is easy to predict it, as I have often done, and to get out of the way of the falling mass.

Before I had proved the poison of serpents, I had already heard various accounts of the annual return of sickness in

those who had been bitten. I did not introduce them into my collection because I had never been able to observe any facts of the kind. It was a prevalent opinion in South America, and I found the same notion existing in the northern continent. SCHOFF, CARPER and M. CALL had seen cases, and I devoted eight lines to their testimony. LENZ relates the same, and a remarkable case of BURGERS, in which the disease returned the second and third year in a man bitten by a dog. TREISS relates the case of a woman bitten by a poisonous viper, in whom the symptoms returned for four years consecutively. SCHOTTIN gives a case of annually recurring epilepsy after a snake-bite. I am satisfied that the students of African or Eastern books of travel will be able to increase largely the number of these cases.

If we were now simply to conclude from these relations, that the snake poison might be employed therapeutically in similar cases with an annual periodicity, this would be a very lame and impotent conclusion, although it might be very satisfactory, and confirmed to me and others by the facts of fever and ague. In the appropriate cases, however, other remedies may help, and the snake-poison remain without effect, even in those cases in which the periodicity had not been observed.

Let us first examine whether the same thing does not take place with other remedies. It is a well understood matter that those poisoned with *rhus* are sometimes affected with similar symptoms on the return of the particular season of the accident in the subsequent year, even if they do not go out of doors. This is not universal, but only now and then, and happens at all seasons, from spring to fall. I have been told that there are other plants which produce cutaneous eruptions, in which the same fact has been observed.

In the "*Allentauner Correspondenzblatt*" is a communication from a very cautious physician, which, although, so far as I know, unexampled, is nevertheless indisputable. A child was vaccinated without result; the next year, the same child was vaccinated by the same physician, but on the other arm; the vaccination took, but the vesicle *appeared on the old spot and not on the new one.*

I remember several similar instances, which I would here introduce, were they not buried under cartloads of cases which are waiting their resurrection. Instead of relating from imperfect memory, I will mention a single case, which I shall always have good reason to remember, not only with perfect distinctness, but horror. When I was proving the *meze-reum*, designedly selecting the time of its commencing bloom, and foolishly and unnecessarily poisoning myself, as many are even now doing with other remedies, I experienced the symptoms (*Archiv* IV, 2, S. 142, Symp. 201-2, *Hahnemann's Chron. Krank.* 4, 221 und 226) so violently that I underscored them seven times. I neglected, however, carefully to note the subsequent effects; they were such horrible pains in the stomach that I have never forgotten them. I had never had anything like them before, nor my parents or grand-parents. They were due to the remedy. They continued for months, and then ceased. *On the same day of the next year, they returned with horrible intensity*, in attacks which continued to recur for six months; they disappeared, I trust forever, after a sea-voyage. I had in the meanwhile proved other remedies, such as *plumbum, sabina, &c.*

In the whole of ancient and modern literature I have only been able to discover two cases of this sort; and I have earnestly to request any one who may have seen, read, or heard of such, or, still better, who may have experienced such in his own person, to communicate them without delay. It will be found that they are not so infrequent, but have simply been neglected, like the showers of stars.

KNIXHOF (*Act. Nat. Cur.*, vol. 5, obs. 18) states that a shoemaker took an emetic,—probably a preparation of *antimony*, if I may be permitted to guess so much,—and on the same day of the following year began to vomit, without having taken anything. It is possible, if you please, that the shoemaker may have lied to the Doctor; it is also possible that the relator may have had such a powerful imagination, that, on the recurrence of the anniversary of a day perhaps somewhat eventful for him, he was compelled to vomit. This sup-

position, nevertheless, is not very likely, as a man endowed with such an imagination would probably have been familiar with such occurrences, and would not have related it as anything extraordinary. The only supposition that remains is, that it was an accidental coincidence; this rubbish-hole is always open, and is capacious enough to receive everything that can be thrown in; I have nothing to say against it, so let it go.

There is another case in the *Hygea* (22, 455), and one which no one will question. GENZKE there informs us, that he experienced precisely similar excoriated feelings in various parts of the body to those which he had while proving *lycopodium*, in the spring of the succeeding year. He records the fact, because, as he says, "he was in doubt whether they were connected with the drug, as a whole year had elapsed since his proving." We have seen above, however, that that very fact may have been a reason for concluding that they were so. Besides, the pain described is exceedingly characteristic of *lycopodium*, as every one knows who has successfully employed it on that indication. The pain is only the first step towards excoriation, and no one who knows the complementary symptoms of the picture, but has used *lycop.* in such cases with good result over and over again. It is easier to discriminate between *lycop.*, *carb-veg.* and *sulph.*, in intertrigo than in other cutaneous affections.

The controversy respecting the power of *lycopodium*, began by pupils, dragging its slow length through ten volumes of the *Hygea*, and ending, as always, in a confirmation of Hahnemann's positions, may now be considered as finally settled. Whoever is disappointed in its effects either does not know when to give it or has a spurious preparation. That which GENZKE used was, judging from his own microscopic observations, a doubtful article, and one which I should not have considered fit for use. HAHNEMANN gathered his own; during his whole career he did not use a grain of it, and all his followers, at least those not addicted to makro-pharmacy, might still be plentifully supplied from the original collection of the master.

These annually recurring drug-affections are dependent, so far as we yet know, upon large doses, and I wish that all who have made such would look over their notes, and all who are making them would observe whether they can find such an anniversary observed. When "a whole year has elapsed," we are generally employed about something else than thinking of the provings of a twelve-month before; but if attention is called to the subject, it will be more likely to be investigated. I am acquainted with many cases, where something similar has taken place after poisonings, but when the attention of the patient was first directed to the subject, his memory of it was too indistinct and uncertain to be relied on.

Notwithstanding such a symptom might have no great value in determining the choice of a remedy, and in my opinion is not an important characteristic, still a sufficient collection of such cases would be not without its value. It demonstrates the reality and force of these drug-diseases. Epidemics return in subsequent years at the same period, and in varying weather, as though, for illustration's sake, the earth on its course about the sun had encountered a poisonous vapor, and on the same day of the next year had entered the same again. Annually recurring diseases are very frequent in individuals; it may almost be counted upon in intermittents; and in Philadelphia we have at least a couple of hundred persons annually afflicted with a very violent, troublesome, and even dangerous catarrh. It is marked by very violent sneezing and tickling in the mucous membrane throughout its whole extent, in the head, eyes, nose, throat, ears, tongue, mouth; evening exacerbations; and subsequently violent tickling cough, with clear mucous and salivary expectoration or asthma. In some cases *lach.* was serviceable; in others, *silic.*; in others, *phosph.*; sometimes a single dose was enough, and the periodicity seemed to be put an end to; but sometimes nothing was of any service. In many cases it returns punctually to a day, and lasts six weeks; in others it at least occupies the same weeks of each year. It is possibly caused by the pollen of the numerous flowers in bloom during its occurrence, and returns from the

effect of habit. There are, however, many other periodical disorders.

An oldish man came into my office one day, and seemed much disappointed that he did not find me in. My assistant offered to prescribe for him, but he shook his head, saying he must see the Doctor himself, as he must have the same medicine that he had the year before. "It is a year to-day since I spat any blood; and I have had such an annual attack for many years, and what the Doctor gave me last year put a stop to the thing instantly." On referring to the record of the day named, the old man's name was found, and the remedy, *con-mac*. 30 one pellet. He took it again, and declared himself the next day relieved. He had been dangerously affected at the commencement of his attacks, always for days, and was subsequently much astonished when he found it had been always on the same day of the year. For several years in succession he was relieved within an hour by *conium*. I advised him to drink a glass of lager bier every-day as a prophylactic against the cholera, and his paroxysms did not afterward return.

From such instances, highly important inferences may be derived; I shall wait, however, until the fact of the annual recurrence of medicinal symptoms shall have been established. I shall return to this subject again; in the mean time I add a few cases for a beginning:

1. Dr. Koch refers me to a case reported by him in the *Hygea* (11, 188), which I had entirely overlooked. A herdsman, in the middle of summer, noticed a year-old calf jumping, foaming, staring wildly, and springing upon himself. He struck him with his stick, but the animal jumped up and bit him in the arm. He paid but little attention to the matter until some weeks afterward, when he became sick, and a complete hydrophobia (i. e. dread of water) was developed. He recovered, but, for ten years subsequently, at the same period every summer, he became unwell, had the hydrophobic symptoms for five or six days, and recovered again. The author was twice a witness of this attack, and made many experi-

ments with water, the sight of which produced in the man a very deranged expression and peculiar look; he turned his head on one side, cried out, and motioned to have the glass taken away. This condition might have been exaggerated to madness. He shut his eyes for experiment's sake, and swallowed some water given to him, but did it with a certain haste and eagerness. He died of *Phthisis pulmonum*.

2. Mr. KNABE told me that his father was once bitten in the thumb by a vicious dog, and lost his nail in consequence of the inflammation, as after panaritium. This was seven years ago, and it had been regularly repeated every year since.

3. BAUMGARTEN CRUSIUS (*Periodologie*, § 228, under Annual Diseases) refers to the following authorities on the subject of yearly returns of hydrophobia: M. a. n. c. Dec. 1 to 9. ROUGEMONT, p. 219; GRISLEY, *Med. Comm.* Vol. VI., in RICHTER'S *Chir. Bibl.* 5, § 686; and septennial hydrophobia, HILDAN, *Cont. l. Obs.* 86; ROUGEMONT, p. 219. If these citations were looked up, there might perhaps be something found in them.

4. The proposition advanced by me (*Archiv* 10, 2, 5), and established, (*ibid.* 15, 1, 3), that the effects of the poison of snakes were similar when it was swallowed to those produced by its inoculation by a bite, does not authorize us to conclude an absolute identity of effect, though that is probable. I have employed the hydrophobic, carbunculous, variolous, vaccine, and other poisons, with good results; but the man of science must receive with caution what the man of art delivers, until it is scientifically proven.

5. We have, then, three witnesses as to the rattlesnake poison; three as to that of the viper; KOCH as to the bite of a calf, KNABE as to that of a dog; KNIXHOF as to the effect of an emetic; one as to *mezereum*, and one for *lycopodium*;—testimony enough as to poison inserted by a bite, but not yet sufficient as to those administered internally. Perhaps our Vienna colleagues may feel inclined to prosecute this inquiry.

ARTICLE XIV.—*Proving of Mercurius-sulphuricus*, by
J. P. DAKE, M. D., Pittsburg.*

First Proving.

1850, *Nov. 3.* In the morning took five grains of the third trituration of *merc-sulph.*, and observed symptoms in the following order: Dryness of tongue and fauces. Sensation of heat in larynx. Fulness in head, and occasional shooting pains.

Nov. 4. Looseness of bowels. Soreness in inguinal glands. Larynx and trachea free from mucus generally collected there in the morning.

Nov. 5. Unusual sleepiness in the afternoon.

Nov. 6. Sleepiness in the afternoon.

Nov. 7. Soreness as from scalding, on tip of tongue.

Second Proving.

1852, *June 24.* At six P. M. took two grains of second trituration. Sharp pain in right parietal protuberance. Darting pains in other parts of the head. Aching in calf of right leg. Numbness in hollow of right foot. Depression of spirits. Shooting pains in wrists and along metacarpal bones.

June 25. Exceedingly sleepy at the hour of rising. Bad taste in mouth after rising. Raised considerable mucus from larynx and trachea. Soreness all through the head after breakfast, and on moving about. Desire to urinate not as frequent as usual; great urging, with inability to void the usual quantity, late in the afternoon. At the same time, chills, uneasiness, and weight in the epigastric region. Frequent yawning.

June 26. Awoke at 1 A. M. with severe pains along duodenum and down into umbilical region; they became so intolerable that I took *nux-vom.*, became easier, and fell asleep.

* The following proving was transmitted to us by Dr. NEIDHARD, of Philadelphia, but arrived too late to be inserted in the appendix of the last number of the Journal, and we therefore insert it here.—Ed.

Waking again at five, found the pains not so severe; accompanied by soreness across the abdomen. Took more *nux-vom.*, and closed the proving.

Third Proving.

1852, *Sept.* 29. At 7 P. M., took two grains of the second trituration. Dryness in mouth and fauces. Dulness and sleepiness. Pains in umbilical region after retiring. Dreams of travelling amid many perplexities; lascivious dreams and involuntary emission.

Sept. 30. Sensation of heaviness and soreness through the head. Dryness and slight excoriation of the fauces. Fluent coryza. Sneezing. Sensation of roughness in the larynx after breakfast. Occasional hoarseness. Soreness on tip of tongue *cured* in eight or ten hours. Unusual expectoration of mucus. Not able to urinate freely as usual. Looseness of bowels, with some pain. Acidity of stomach; but being rather inclined to this last, I do not rely upon it as a drug-symptom; took medicine for it, and closed the proving.

Not having known what remedy it was I had been taking, I made the following remark on the effects: "It seems to me that the drug I have been proving has an especial influence over, 1. The larynx and trachea, (mucous membranes); 2. The urethra and perhaps bladder; 3. The bowels generally; and 4. Some over the head, causing pain and sleepiness."

ARTICLE XV. *Report of the Special Committee appointed by the Homœopathic Medical Society of the State of New York, to consider the Expediency of establishing a Homœopathic Medical College. Presented Feb. 8, 1853, and unanimously adopted.*

THE committee to whom the expediency of establishing a Homœopathic Medical College in this State was referred, beg leave to report:

In the judgment of your committee, the decision of this subject involves the prior consideration of the question, whether

the doctrines and principles peculiar to the homœopathic school of medicine are such as to require a separate and particular course of studies, in order to their most successful practice.

It will not be denied that there are many points of medical education upon which the two schools of medicine entirely harmonize, and it will be as readily admitted that there are others, upon which, both in principles and practice, they are as widely separated as the poles. The question then is, are those points upon which we differ vital and fundamental, or are they only differences of secondary importance, which may be adopted or dismissed at pleasure?

With the light your committee have upon this subject, we cannot consider these differences other than as of the utmost possible importance—indeed, as lying at the very foundation of correct medical practice. Viewing them merely as related to the two branches of medicine, *Materia Medica* and *Therapeutics*, they would of themselves be of sufficient importance to demand an entire change in the system of medical education. For these two branches involve almost the entire *practical* of the profession. To teach *Therapeutics* without a knowledge of our great law of cure, would be to teach navigation without a knowledge of the compass. For without a knowledge of that law, or a misconception of it, we are upon a wide and stormy sea, without compass or chart, groping our way by the feeble light of empiricism, exposed to perils on every side, and utterly uncertain of the termination of our voyage.

In *Materia Medica*, a knowledge of the remedial properties of medicines, our claims are not less important. Both in reference to a knowledge of the properties in question, the method of ascertaining that knowledge by provings, the proper preparation of drugs by the development of their curative powers, both the discoveries made and the truths taught are peculiar to us, and are indispensable for the correct and successful application of our remedies at the bed-side of the sick.

Nor is the influence of our great *Therapeutic* axiom expended alone upon these two important branches of medical science.

Under the controlling influence of that law, there is not a single branch of medical science which does not receive new light, and assume new features, each more in harmony with itself, with general science, and the relative branches of medicine.

Viewing the subject from this stand-point, we can but consider a course of medical studies as essentially defective from which the full and ample discussion and elucidation of these subjects has been omitted; nor is our objection any the less well founded to one in which these subjects, from our point of view, are systematically distorted, falsified and obscured.

We do not deny but that in allopathic medical colleges, the elementary branches of medical education are sufficiently taught. It is admitted that most of these branches are inculcated with an assiduity and zeal, in some sort proportionate to the grave importance of these sciences themselves, and to the age in which it is our good fortune to live. But it might be easily shown that medicine, as there taught, exhibits a gross want of scientific unity and harmony in the relation of its various parts.

That while anatomy, physiology, chemistry, pathological anatomy, and the art of surgery, have all felt the impulsive influence of the age, and have gained immensely, yet Therapeutics and *Materia Medica* are almost out of our sight in the rear, and now appear as gaping wounds or foul plague-spots upon a system otherwise symmetrical and harmonious. Nor can it be expected that a system of medical practice, involving in itself these incongruous elements, and which, in its practical, borrows from so many discordant sources, and compounds so many antagonistic principles, can long maintain its ascendancy amid the universal diffusion of knowledge, and general progress of science. Such systems must expect to serve as mere stepping stones in the progress of humanity, and to be superseded by others, more in consonance with the spirit of the age, and more in harmony with those universal principles which underlie all true systems and practice.

We are aware that these views are not entertained with en-

tire unanimity by our school of medicine, and that some, for whose opinion we entertain high respect, seem to regard a professional education, after the stereotyped plan, as all-sufficient, and that the peculiarities of our system may be left without serious detriment to the chances and contingencies of private teaching and individual experiment. But your committee have not so learned the great principles of our art, nor have they been led to such conclusions from their experience at the bed-side of the sick. We do not believe that a competent knowledge of the vast magazine of means embraced in our *Materia Medica*, is best learned ordinarily in this manner, nor that the successful application of our remedies is so simple as this supposition would lead us to infer. Such a supposition would even go far to justify the taunt of our adversaries, that a box and book is all that is necessary to constitute a homœopathic physician. And is it not belittling ourselves, as the physicians of a distinctive medical school, to hold that all that is peculiar and distinctive to us as such, is either of so trifling importance or so readily acquired, as to be safely left to the chances and contingencies of private teaching and experiment? On the contrary, your committee have found, that to acquire even a tolerable acquaintance with our *Materia Medica* has required some years of patient and carefully directed study, and that after half a score of years spent in patient and toilful acquisitions in this direction, there are yet large fields of medical wealth unreaped, and that the application of our great law of cure, simple as that law in its principle seems to be, is yet, in some of its practical applications, one of the most difficult problems of art.

That some, without the advantages which we propose, have, by dint of self-culture and careful application, attained to eminence in our school, and are justly regarded as models, is not to be denied, and that the road which they have travelled is equally open to others with increased facilities, is equally true; but yet not one of these persons but will acknowledge how immensely would his labors have been abridged, and his search facilitated, to say nothing of the welfare of his patients,

by a systematic course of instruction upon these subjects, at an early period of his professional career. We might with confidence appeal to such to say, if, after having commenced their professional career as allopaths, when, by accident or otherwise, they became convinced of the truth of our great axiom, it did not require a greater amount of time, patient investigation and careful study, to qualify them for the proper application of our remedies at the sick-bed, than was required for their entire previous professional training. There are some persons so happily constituted, as to be able to dispense with those accessories in the pursuit of knowledge which are indispensable to others, and such will succeed without or in spite of medical colleges; yet it would be as unsafe as it is impolitic to require of others that which such so readily perform. Enough will still be left for most students to do, when we have surrounded them with every facility for the acquirement of scientific knowledge, and rendered them familiar, by elaborate discussion and abundant illustration, with every principle and detail of our intricate art. If it is true, that one who has qualified himself to teach, and who makes that his business, instructs more successfully than another whose studies, habits and business, have not so qualified him, there is no place where this truth is more applicable than in its relation to this subject. It may be a source of personal gratification, to maintain that every physician is a teacher fully competent to instruct his own students in all that pertains to the practical application of his art, but such gratification is secured, your committee believe, at no small sacrifice to those upon whom it is exercised.

It may not be entirely pertinent, but your committee can scarcely withhold the remark, that they perceive in the frequent failures, and not unfrequent resort, by homœopathic physicians, to measures in the treatment of the sick not in accordance with the principles of our school, evidences of this want of systematic and thorough training upon these subjects. We are the more confirmed in this opinion, from the fact that such failures rarely occur, nor are such means resorted to by

the more intelligent and experienced among us, and we believe that a more perfect knowledge of our system would save us from the scandal such errors rarely fail to create.

An objection has been raised on the ground, that, as most homœopathic physicians are converts from the old school, we should lose the force and influence of this argument, by raising up our students afresh within our ranks. But may it not well be doubted, whether an argument does not cost too much which requires a specific line of conduct from an entire medical school, in order to keep it in force, and whether such a course does not betray an undue sensitiveness to the opinions of others, little savoring of the independence of truth? That such sensitiveness should be exhibited in Europe, where opinions in high places give the deciding nod in all things, is not surprising, but that it should obtain to any great extent in our utilitarian latitude, and exert a controlling influence upon us, is hardly to be expected. If the positions above assumed are true, and students need specific training in the peculiar doctrines of our school, we might even question the morality of requiring them to sustain an actual loss in order that the school at large might be benefited. Besides, it is, we believe, a fact fairly established, that the extension and influence of our system, depends not merely or mainly upon arguments, however forcible or just, but upon cures or demonstrations at the bedside of the sick, and that, in comparison to these, all other arguments and demonstrations are comparatively trifling. Your committee incline to the belief, that the duty before us demands that we should consider the present wants and exigencies of the case, rather than the effect of this or that argument, and that any meretricious advantage arising from the use of such argument would but ill repay the actual loss sustained.

Our colleagues in Europe have not, so far, founded medical colleges for the diffusion of the doctrines peculiar to our faith, yet we believe this fact should form no just reason against their establishment here. It should be borne in mind, that our brethren of the Old World have not been left free to develop the great resources of our art, and establish the founda-

tions of our system, as may to them have seemed best, but are yet under the strict surveillance and conservations of governments inimical to every change; and it is even probable, that they themselves are not entirely absolved from the controlling influence of long established opinions, habits and customs.

But admitting the necessity of homœopathic medical schools, it is pertinently asked, are not those now in existence sufficient for all practical purposes, and is it not the better policy to place those we have upon a firm foundation before establishing others? In reply it may be answered, that these institutions are doubtless doing good service in supplying the demand for homœopathic instructions, and are unquestionably contributing to the welfare and extension of our common cause, and that they have already an amount of patronage which will compare favorably with any medical schools in the country of their age. They may be considered as already established, and their success should rather stimulate our zeal than retard our efforts. Especially is this true, if, as your committee have good reason to believe, these institutions have failed to absorb the entire patronage of our school, but have left, owing to several causes, a greater amount to our old school colleges than they have secured to themselves. It is with no spirit of hostility to these institutions that we seek to establish one within our own borders. On the contrary, we bid them all success in diffusing the principles of our common cause, and we only seek to supply a local want, and to secure that portion of the patronage of the school which justly falls within our bounds, and that which they have failed to secure. That a very extensive patronage given to a school here, may, to some extent, interfere with the extension of theirs, is probable; but to suppose that the erection of ours will seriously interfere with theirs, much less endanger its existence, is to argue against past experience and all the facts in the premises. We may also reasonably expect, that the erection of a new school, upon a broad and substantial basis, will lead to a generous rivalry among them, and thus stimulate to honorable exertions and wholesome competition, through which the public at

large, and the profession, will be in no wise injured. The creation of colleges, where the material for their support exists, in most cases calls out the patronage necessary for their support, and they may be increased until their number stands in fair proportion to the practitioners within our ranks.

But perhaps the final and most practical question in connection with this subject, is in regard to the support of such an institution. Upon this subject your committee entertain no doubt.

There are within the bounds of this state some three hundred and fifty or four hundred homœopathic practitioners, most of them in large business, and nearly all of them engaged in the active duties of the profession. The smallest calculation will give one student for every three physicians; the usual ratio, we believe, is larger. We have, then, at this time, one hundred students who would reasonably fall within our reach, besides some from neighboring territory, who would naturally find within our borders their most convenient centre. Grant that but one half of these should choose to avail themselves of the advantages afforded by an institution here, and we have yet the largest class with which any medical college in this country ever commenced its instructions.

But in founding institutions of this character, we should not only look at the present and immediate demands of the case, but also at the prospective and the probable. Within the past ten years, the homœopathic physicians in this state have increased from a score to some four hundred in number, with a corresponding increase of patronage and public influence. All this has been accomplished by the mere inherent force and vitality of the truths we teach and the principles we practice. Is it reasonable to suppose that these principles have lost anything of their original force and power, or that the causes which have already achieved so much have lost aught of their inherent energy? On the contrary, may we not reasonably expect, that, with the increased facilities within our hands, and our present vantage-ground in public opinion, our increase and extension will go on in a ratio far more rapid than any-

thing known in our past history? Exercising the most timely industry, we shall scarcely have organized our college, and got fairly under sail, before the demands upon us, and the patronage within our reach, will have more than doubled.

Two farther questions are presented in this connection, namely, as to the **MEANS**, and the **MEN**. As to the first, your committee suppose that 30,000 dollars would be a sum amply sufficient to erect the necessary buildings, and purchase a sufficient apparatus, cabinet, &c., even in our commercial metropolis. Nor would it probably be judicious to expend any considerable amount in buildings until such time as the condition and wants of the institution should demand them. It is also believed, that any amount which it might be necessary to expend, could be readily raised either by the issue of stock secured upon the property, or otherwise, as the trustees might deem proper.

While your committee would repel the idea that we do not possess the necessary material to satisfy the second inquiry, they would also admit, that, at first sight, the selection of suitable candidates to fill the respective chairs might be difficult, from a variety of causes, other than paucity of material. We should remember that Homœopathy is eminently practical, and no sooner is a physician of our school fully qualified to act his part as such, than such large and constant demands are made upon his time, as to leave little leisure for the cultivation of science in general, or that of our school, and that the comparative poverty of our contributions to general science, or the literature of our school, is mainly due to this cause. The same intelligent perseverance and zeal, which has opened the pathway of success to so many of our colleagues in practice, will in many instances produce equally successful lecturers and teachers. Though we may not at once secure in every branch that thorough preparation and practical skill in teaching, which experience only can impart, yet, under all these disadvantages, we believe a faculty can be secured who shall be qualified in every essential particular, and who will compare favorably with that of the more elevated institutions of the kind in this country.

Although your committee have not considered it as coming fully within their range of duties, to enlarge upon the location of such an institution, yet a few reflections may not be inappropriate. That it should be located in our great commercial metropolis, seems to be the more general impression. The available counter-argument, the economy of outlay in buildings, and the expense of living for students and professors, in some central and more retired locality, seems to yield to the desire to have it within the great centre of business, amid institutions of similar design. There are, moreover, conveniences for anatomical studies, and for witnessing hospital practice, &c., in New-York, which are not so conveniently obtained elsewhere. This reflection will obtain new force if, as is now in contemplation, a homœopathic Hospital shall be erected there, whose clinical instruction and treatment may form an important appendage to the college course.

Your committee cannot leave this subject without appealing to the moral sense of their professional brethren, in behalf of this cause.

If Homœopathy be the truth in medicine, we know of no logic by which we can escape from the conclusion, that it is as much our duty to teach it, as it is to practice it. That we should practice it, and in private profess to hold it as a heaven-descended truth, and yet refuse publicly to teach it, and in place of this permit others to teach our students that which we hold to be untruth, and know to be pernicious, seems to us to be the height of insincerity. What a spectacle does it present to a reflecting community, for four hundred physicians within this great State, to send their students south to Pennsylvania, or west to Ohio, to receive their doctorate as physicians of the school, or, as is more fashionable, permit them to dodge about among hostile institutions here, concealing their principles like a bale of contraband goods, denying the truths you have taught them, always exposed, and often necessitated to play a system of duplicity as hostile to morality as it is destructive of truth. A proper sense of self-respect, a love of consistency, and a desire to enjoy the respect and confidence

of the public, it would seem, must cause us to wipe away this reproach under which we have already suffered too long.

That we shall be exempt from difficulties and embarrassments in the commencement and even progress of our enterprise, is not to be expected; but we are not aware that these difficulties and embarrassments will be less at any subsequent period, than now. On the contrary, as selfish views and partisan ends have prevented this work until this period, it is reasonable to suppose, that in proportion to the greatness of the prize, and urgency of the case, will be the pertinacity with which these individual claims and partisan schemes will be pressed. Embarrassments from this source will never be found wanting, and they will doubtless present the most serious obstacle with which it will have to contend.

There seems to be a very general desire and expectation, on the part of the public, as well as the profession, that this enterprise should be commenced at this time, and we apprehend that we should be wanting in a proper discernment of the signs of the times and the exigencies of the occasion, did we fail to meet that expectation.

We urgently need such an institution. We need the moral influence which it is calculated to convey, and the educational facilities which it will afford. We have the patronage for its abundant support. We have the funds for its substantial foundation, and the men for the supply of its respective chairs. We can easily obtain a charter, with most liberal provisions; and there seems to be no good reason why we should not "arise and build."

Your committee believe that no physician of our school, earnestly desiring its welfare and prosperity, viewing the subject aside from private interests and mere personal predilections, can withhold his assent and hearty concurrence from the establishment of a Medical School, such as we have suggested; and we cannot conceive how opposition to it can arise from other than private interests and selfish ends.

A. S. BALL,
J. BEAKLEY,

D. CHASE,
F. HUMPHREYS,

A. CHILDS.

ARTICLE XVI.—*On Cholera Infantum, (Gastromalacia, or Softening of the Stomach,) and its Homœopathic Treatment.*
By F. HUMPHREYS, M.D., Utica, N. Y.

THIS disease has been somewhat variously described by authors, but demands, from its frequent occurrence and fatal character, a very extended consideration. Although the treatment has gained immensely from the mildness and precision of the Homœopathic school, yet still, its great symptomatic variety, and the number of remedies which may come in play in its treatment, seem to require a most careful exemplification of the whole.

That anatomical change in the stomach, termed *softening*, may be the residuum of very different diseased conditions, and even the consequence of diseases entirely independent of the stomach, from acidity of the gastric fluids. A slighter grade of loosening of the gastric membrane is found in every inflammation of that organ, from the congestion of blood in the capillary vessels, and the consequent increased exudation of fluid plasma in the interstitial tissue.

Softening of the stomach precedes the formation of ulcers. Tuberculous and cancerous formations have also their periods of breaking down. But we here only consider, in its more restricted sense, a peculiar disease, especially belonging to the age of children, and constantly characterized by the appearance of softening of the stomach on dissection.

ANATOMICAL CHARACTER.

Softening of the stomach, says CANSTATT, involves, with very rare exceptions, the neighboring portions of the spleen, and the more anterior portions of the stomach; contrary to the usual law in alterations of this organ, according to which, diseases develop themselves more from the body and pyloric portions. Frequently, also, with softening of the stomach, the lower third of the œsophagus is found affected.

Anatomically, softening of the stomach may be considered under three classes: I. According to the grade of softening and dissolution of the texture. II. According to the color

and injection of the softened tissue. III. According to its extension.

I. *The grade of the dissolution of the texture* may be distinguished by three phases of softening. In the first, the texture in the stomach is yet retained; the coats of the stomach, and especially the mucous membrane, are only softer and more relaxed, as if partially macerated; the slightest force in scraping with the back of the scalpel destroys the texture; the mucous coating cannot be detached in pieces from the submucous cellular tissue, as in the natural condition. The loosened tissue of the mucous coat is frequently thickened. This grade of softening is at times more or less generally extended over the entire stomach, but also often only in single spots. In the second grade, we find but mere traces of organization remaining; the mucous coat is changed into a bilious mass, which may be washed away or easily wiped off with a sponge; the softening has also affected the muscular tissue; its connection is often only retained by the thin gauze-like peritoneal folds, which also have so far lost their consistence, as to be easily torn by the slightest traction or by the back of the finger. In the third grade the tissues are changed into a dissolute, homogeneous, bilious pulp, in which no trace of the several organized layers can be distinguished; frequently, also, perforation has taken place; we find the fluids of the stomach between that organ and the spleen, or, if the softening has involved the œsophagus, deposited in the thorax (mostly in its left half); and softening of the remaining tissues which have been soaked in the fluids of the stomach. The distinction between healthy and softened tissues is never sharply defined; both pass by insensible shades into each other. Softening proceeds always from within, outward.

II. The softened tissues are either colorless, white, milk-like, grey, pellucid, jelly-like, greenish, discolored, and without vascular injection—or they are reddened, dark-red, darkish, slate-colored, associated with vascular dilatation or injection in various degrees; the walls of the stomach are not softened to a pale, but to a more or less saturated, darkish brown, or

even blackish pulp. In the first case, according to ROKITANSKY, there is always present a general anemia, especially remarkable in the entire intestinal tract, general collapse and emaciation, especially of the muscular fibre. In the second variety, the disease has more or less localized itself in the vascular capillary tissue of the coats of the stomach; the veins lying between the coats of the stomach, in its lower portion, are frequently so dilated that, according to ANDRAL, we may often infer from this the existence of softening before opening the stomach. In the veins the blood is carbonized into a dark, coagulated, crumbling mass. From the mucous coat all the underlying tissues are softened into a dark, villous, macerated pulp.

III. Usually, softening takes the form of smaller or larger, sometimes quite circumscribed spots, or it is superficially extended. In places where the mucous folds form, it takes the shape of longish, band-like, isolated stripes of different dimensions, which stretch along the folds and have a bluish, or silver-grayish appearance, while the surrounding mucous membrane may have its natural color, or be reddened. The stomach, generally distended with gas, contains a strong acid-smelling and likewise chemically-reacting, grayish, brownish, reddish, sometimes like coffee-grounds, or ink-like, dark, flocculent fluid. No putrid, cadaverous, gangrenous smell from these fluids, and the dissolved stomach, can be perceived.

SYMPTOMS.

The symptomatology of that condition which, after death, leaves behind the above-described alterations in the coatings of the stomach, is not entirely clear. We exhibit, in the following description, a disease which stands most frequently in causal connection with these material alterations, remembering, however, that softening of the stomach is also often found on dissection, without there always having been manifested, during life, the symptomatic picture now to be detailed.

The patients are mostly children from the age of a few weeks or months, to two years. The disease does not always

appear under the same form. In some cases it is similar to *cholera*, in others to the *gastritis* of adults, or like an attack of hydrocephalic fever, or a *febris nervosa lenta*. In the most acute form, which often terminates within twenty-four hours, the disease comes on suddenly, without any precursors, with violent fever; the children exhibit the most constant and increasing restlessness; cry much; their pulse is quick and their thirst can scarcely be allayed; the abdomen is distended, the region of the stomach feels hot to the touch; painful on pressure and also spontaneously; which is manifested by the little patient frequently drawing the feet up to the body. There is usually repeated, and often continuous vomiting, of a greenish, slimy, acid-smelling fluid, and at the same time frequent discharge of watery, greenish, corrosive, sour-smelling stool. The respiration appears oppressed, and the patient's cough dry. Breath and skin are cool; extraordinarily rapid collapse of the countenance and emaciation come on; the screaming is changed by degrees into a plaintive whimpering; finally stupor succeeds, the pulse becomes irregular and can no longer be counted, and the life of the patient sinks during a condition of extraordinary weakness, or in convulsions.

In a less acute form, which may continue from three to six days, the disease is preceded by precursors. The children lose their appetite, are peevish, depressed, frequently subject to eructations and apthæ, and often long previous, with intervals of amelioration, have an obstinate diarrhœa; often, also, vomiting; their sleep is disturbed, their appearance pale and suffering. With the outbreak of the fever the vomiting and diarrhœa become more frequent and obstinate; stools slimy, watery, putrid-smelling; at times intermixed with grayish-green filaments and flocks; the abdomen becomes distended. If the head were hot in the beginning, the face and extremities soon become cool, while the remainder of the body is often very hot, the abdomen even burning hot to the touch; remarkably rapid emaciation, especially about the neck. The head symptoms at times stand out so prominently as espe-

cially to arrest the attention. The child appears to slumber continually, and lies in a kind of half-stupefied condition, out of which, however, it is easily aroused, (*Agrypnocoma*.)

There are also cases in which the disease continues several weeks. The principal symptoms in such cases are, also, diarrhœa, vomiting, violent thirst, pain in the bowels, cough, and continual sinking of the strength, either with or without fever, all, however, in a much more tardy and prolonged course. Accordingly, the characteristic symptoms of this disease are, vomiting, diarrhœa, distension, and pain in the abdomen, remarkably rapid collapse, fever of a torpid character, and frequently sympathetic affections of the respiratory and nervous systems.

SYMPTOMATIC VARIETIES.

The deviations which may be manifested from the foregoing appearances in the concrete are not less diversified, and hence demand a closer examination.

Vomiting, one of the most constant symptoms, is found almost always to occur one or more times in the commencement of the disease; frequently it continues throughout its entire course; is excited by everything which the patient takes, and can be quieted by nothing; before death, it generally disappears; in only very rare cases is it wholly wanting; and we have seen it come on for the first time shortly before death. It is mostly a true vomiting, not merely eructation; is generally without remarkable exertion, without gagging, and often every vomiting is followed by a fainting exhaustion. The substance discharged smells sour, is a watery, yellowish or greenish colored fluid, in which at times whitish flocks and shreds are floating, mixed with coagulated milk, which the child has taken from its nurse. That the vomiting affords no relief to the patient, is evident from the restlessness and exhaustion subsequently increasing.

Diarrhœa often exists a long time before the other symptoms of the disease, and is rarely or never wanting; it often continues up to death, but occasionally remits some time be-

fore the fatal termination. The number of discharges varies, and with very small patients cannot be determined with precision; it is, however, very considerable. The stools are green, like chopped vegetables, slimy, watery, often mixed with whitish-grey or darkish points and flocks, very putrid and acrid-smelling, acid, often like dirty-white dissolved clay, frequently also mixed with reddish intestinal mucus, and frequently adhering to the diaper like glue; sometimes like wine-dregs, frequently serous and frothy; but little is generally discharged at once, with whining and retraction of the feet, and the prostration increases with every stool. At times the quantity discharged by stool greatly exceeds the trivial amount of nourishment taken, and which, indeed, is mostly vomited up again; and the quantity evacuated often diminishes with the progress of the disease. Frequent discharge of very fetid flatulence; the stools pass off involuntarily; at times, also, with tenesmus.

Tenderness and inflation of the abdomen are less constant than the diarrhoea and vomiting, as are heat and tension in the region of the stomach. Sometimes, indeed, these symptoms are as prominent as in the *gastritis* and *gastro-enteritis* of adults. But we often find thirst manifested only in a slight degree, or passing off towards the end of the disease. The abdomen often feels doughy. The distension may be limited to the region of the stomach, or extend over the entire abdomen. Sometimes the abdomen is sensitive to the slightest touch, while other patients will bear a considerable degree of pressure. Spontaneous colic pains appear to be always present, as is manifest from the continual screaming and crying, and drawing of the feet and legs towards the abdomen. Not unfrequently, the child manifests the pain by biting the nipple of the mother or nurse.

Rapid collapse is one of the most essential symptoms of the disease, and is never wanting; within twenty-four hours the child may be so sunken and emaciated as to be scarcely recognized. The emaciation stands in no relation to the evacuations; the skin on the neck becomes wrinkled; a fold ele-

vated remains standing, the eyes are sunken within their orbits, the nose becomes pointed and bluish, the skin and muscles hang relaxed from the body, as if paralyzed. At first, the face appears somewhat red, but soon becomes pale and sunken. The weakness is so great that the little patients, unable to hold up their heads, let them sink by their own weight; the eyes remain half open, and are turned upwards. The face and extremities often become cool a long time before death; the breathing becomes slow and faint, and the expired air feels cool to the hands; the patients lie in a condition like fainting.

The *fever* exhibits from the first an asthenic character which becomes more clearly expressed in the course of the disease. The pulse may be somewhat hard at the beginning, but has, even then, an unusual degree of frequency; in the progress of the disease it continues to sink more and more. It never becomes slower, as after the occurrence of exudation in acute hydrocephalus, but on the contrary becomes always quicker, smaller, and more unequal. The fever may have an evening exacerbation, and may also be for a long time wanting; it may continue uninterrupted throughout the entire course of the disease; or it may commence with the acute form, and pass over into the chronic with an abatement of the fever. The appetite fails from the beginning. The *thirst* is very extraordinary in this disease, and stands in no proportion to the intensity of the fever. The child follows the glass with his eyes, draws it eagerly to his lips, holds it firmly with both hands, and only relaxes his grasp when it is emptied. *Apthæ* often appear in the mouth.

A sympathetic affection of the respiratory system, manifesting itself by dyspnoea and dry cough, is not always present, but appears especially in those cases which run their course more slowly; and not merely towards the end of the disease as a symptom of agony, but much earlier, and often from the commencement of the disease. The cough may be very troublesome and associated with profuse secretion of mucus; in other cases, the respiration is short and labored, but without cough.

Sympathetic affections of the nervous system.—The deep suffering of the little patients is expressed by their constant restlessness. They scream, groan, and whimper day and night; desire to be constantly carried, and find no rest. In no other disease are children worse tempered than in this; we can neither touch nor look at them without making them cry. There is an expression of anguish and suffering in their countenances. They often lie in a passive, fainting condition, and in a kind of half stupor (*agrypnocoma*), which alternates with screaming, crying, and vomiting; at last, they become insensible even to the pain of a blister plaster, &c.; at the same time, the surface of the forehead and occiput are cool, differing from the coma of hydrocephalus. In this case, also, there is no boring backwards with the head, no involuntary drawing of the hands to the head, sharp screaming, retraction of the abdomen, nor slowness of the pulse and respiration, which are characteristic of hydrocephalic exudation. The stupor in *gastromalacia* finally becomes perfect and continued, and may indeed be also associated with encephalic exudation. Towards the end of the disease, convulsive jerkings generally set in, distortions of the eyes, at times also convulsive movements of the extremities, often only amounting to slight cramps. Immediately before death, deglutition becomes difficult.

CAUSES.

All observers have remarked the frequent occurrence of this disease immediately or soon after weaning, and the powerful influence which the revolution of the digestive organs, inseparable from it, exercises upon the disease.* Other injurious *alimentary* influences may also play their part in its production; as, for instance, nursing from a mother when the milk has been altered by mental excitement, appearance of

* GAIRDNER considers the proportion of those cases which come on immediately after weaning, to those which appear before weaning or at a reasonable time after it, as two to one; and according to ROMBERG, the proportion of nursing to weaned children who have this disease is as one to four in favor of the former.

menstruation, or febrile disease, artificial feeding, improper nourishment, use of laxatives, &c. As *predisposing* causes, the evolution of the system and irritability of the intestinal track, attendant upon teething, are well known and important. It is doubtful whether boys are more subject to this affection than girls, and whether any hereditary predisposition exists.

In connection with the known predisposing causes, *cosmic* influences play an essential part in the production of this disease. *Gastromalacia* appears especially in late summer and spring, at a time when *gastrois* and intermittent fevers prevail.* Swallowing of corrosive saliva during *stomacace* and *angina gangrenosa* may occasion softening of the stomach.

The observation that very frequently, in bodies of children who have died of this affection, considerable material changes are found in the brain and nervous system, is especially important to a proper understanding of the origin of this disease. A careful examination of more than eighty cases, continues CANSTATT, has brought me to the conclusion that excess of blood in the bones of the cranium, the coverings of the brain, serous exudation, or softening of the substance of the brain, are among the most constant appearances found on dissection. According to CAMERER'S observations, the *pons Varolii* and the *medulla oblongata* are unnaturally firm; and ROKITANSKY also holds that the disease may be frequently grounded on some disease of the brain, especially hypertrophy and hydrocephalus. Sometimes the *nervi vagi* are reddened.

On the other hand, changes are often found on dissection which bring the disease into the neighborhood of *typhus*;

* CRUVELIER saw the *Gastromalacia*, as an epidemic, at Limoges, in the months of August, September, and October, 1813, along with diarrhœa and intermittent fevers. He saw it also commence as an intermittent, and after scarlet fever. CAMERER saw the disease in connection with an exanthematous process. VON POMMER saw many cases at a time when bilious and intermittent fevers prevailed. SCHONLEIN saw it in spring and autumn. BURNS and VON POMMER saw it most frequently in the summer months. CAMERER'S cases were most frequent in the months of May, August, September, and February; from October to February it appeared very rarely. ROMBERG'S collection of cases falls mostly in May and August. In this country it appears almost exclusively from August to November.

very frequently, especially in those cases observed by **CRUVELLIER**, swelling of *Peyer* and *Brunner's* glands, and the changes similar to variolous pustules, which are peculiar to the typhus intestinal exanthem, were found. **GAIRDNER** also found thick, whitish, elliptical spots in the intestinal track, which are similar to small imperfect pocks in the first stage of development.

DIAGNOSIS.

To distinguish accurately *Gastromalacia infantum* from *hydrocephalus acutus*, or from *typhus* fever, at that period of life, is often especially difficult, and may be impossible, as there may be manifold combinations and transitions in those diseases which depend upon an identical internal morbid process. It will, hence, in many cases, depend upon what part of the organism is more disposed to phenomenal reaction, whether the stomach or the brain, whether the disease manifest itself under the form of a gastric or an encephalic affection. The following characteristics will serve to distinguish the more extreme cases :

ACUTE HYDROCEPHALUS.

Here the coma is continued, perfect, and constantly increasing.

The child grasps the head automatically with the hand.

The child desires nothing; whatever is put in his mouth, or given him, he swallows indifferently.

The child changes his position but little, and does not desire to be carried.

Irregularity of the respiratory movements.

In the stage of pressure on the brain: dilatation of the pupils, remarkable slowness of the pulse, boring with the head into the pillow, obstinate constipation and drawing in of the abdomen.

More frequent after two years of age than before.

SOFTENING OF THE STOMACH.

Here the slightest contact is sufficient to rouse the child from its half slumber and set it crying.

From pain, the child draws the feet and legs towards the abdomen.

In *Gastromalacia*, the child manifests its eagerness for drink by its gestures.

The restlessness of the patient is usually very great.

Breathing accelerated, but not irregular.

These symptoms are wanting; on the contrary, peculiarly obstinate vomiting and diarrhoea. Cadaverous smell of the discharged masses.

Seldom after the second year. Antecedents—weaning, teething.

The vomiting, diarrhœa, and emaciation, which symptoms *Cholera Infantum* has in common with *Atrophy*, may make the diagnosis occasionally doubtful. Atrophy runs its course much more slowly, and the appetite is generally morbidly increased, whereas in *Gastromalacia* it is wholly wanting. Neither is there such violent thirst, nor such unusual restlessness, present; the sleep is better. The matters discharged by vomiting have not that peculiar foetid character that they have in *Gastromalacia*, but consist of the remains of food: the stools are less frequent, not green, but grey, like slaked lime. There are also, in atrophy, swelling of the mesenteric glands, knotty distension of the abdomen, and other scrofulous symptoms.

PROGNOSIS.

Although this affliction is to be considered among the most dangerous diseases of infancy, yet the prognosis is by no means absolutely unfavorable, and there are not wanting many cases where, notwithstanding the most unfavorable appearances of fully developed *Gastromalacia*, the terminations have been favorable. It has been doubted whether a fully developed softening of the stomach has ever been cured: this we also doubt; but then we do not believe that an actual softening of the stomach ever took place during life; but the *fundamental process* of *Gastromalacia* we hold to be amenable to cure. Favorable symptoms are, general warm sweat, diminution and disappearance of the vomiting and diarrhœa, diminution of the half stupor. The acute form is more favorable than the chronic. Badly nourished and weak children are less easily restored than others. The prognosis is more favorable at the commencement than when the disease has reached its height.

TREATMENT.

It is easier to prevent the outbreak of this disease by avoiding its occasional causes, than to remove it when fully devel-

oped. Much may be done to this end by proper attention to diet, habits, air, and care of the skin. It is needless to detail here what belongs to Hygiene in general. Yet the matter of weaning has so much to do with the production of the disease, that we cannot pass it over in silence. But few children fall victims of this disease who have a healthy breast of milk upon which to rely. Hence we think children should rarely or never be weaned during the summer months; certainly not, if the child be feeble, or if it have a diarrhoea, however trifling. Often, when children are attacked after weaning, giving them the breast again either promptly restores them, or places their system in such a condition that this is easily accomplished by medicine. Even though the child should get but a small portion of its nourishment from the mother, yet it is far better to have this to fall back upon, in case of sickness, than to depend entirely upon artificial nutriment. Weaning should not be done suddenly, but by degrees, and in proportion as the child has learned to take, and the system to assimilate, food of a different kind.

In many obstinate cases, when we have to depend upon artificial nourishment, milk fresh drawn from the cow, and given while yet warm, two or three times a day, has rendered us the most essential service. Yet even this, as well as all food, must be given sparingly, as the slightest excess in quantity provokes again the vomiting and distress. Some physicians insist upon giving the stomach entire rest, by almost total abstinence from food and drink, and allow the child to draw from the breast only once, for four or five minutes at a time, in every six hours. This procedure we hold to be too strict and exacting for the delicate organism of infancy, and though aware of the propriety of affording the stomach as much repose as possible, yet should allow a few spoonfuls of nutriment every two or three hours. Some practitioners speak highly of a very weak solution of coffee, made from coffee-grounds, for nutriment in more chronic cases, and some recommend coffee made of parched acorns. Of these we have no experience.

Among remedies, we have found the following the most important: *acon.*, *bry.*, *calc-acet.*, *tart-em.*, and occasionally the following: *ars.*, *ipéc.*, *mero-sol.*, *rheum*, *seal.*, and *veratrum*:

Aconite is often indispensable in the most acute form, when we have *high fever*, quick pulse, hot surface and head, sudden vomiting of greenish yellowish mucus, *small and soft stools*, with *tenesmus* or watery diarrhoea, raging thirst, quick hard breathing, constant restlessness and crying, often alternating with deep sleep and stupor, distended and sensitive abdomen, colic pains manifested by retraction of the limbs and cries. *Aconite*, the first few hours, will render essential service, and may often then be alternated with, or followed by, *bryonia*, with advantage.

Calcarea-acet. is especially appropriate to this disease, corresponding perhaps more than any other remedy to the infantile organism, the scrofulous diathesis, and to diseases of the reproductive system, the basis of all diseases inherent to the first age of man. KNORRE gives the following symptomatic indications: Diarrhoea without perceptible cause; stools, more or less frequent, according to the violence of the disease, consist of sudden, copious, watery, slimy, either greenish or grayish, flocculent discharges, whose cadaverous smell, with that of the flatulence, is communicated to the linen of the child and bed, and dispersed through the atmosphere of the room; slight fever, burning of the hands and soles of the feet, continued violent thirst, deficient appetite, sudden emaciation of the entire body, especially the face, which wears a peculiar expression of suffering, owing to the numerous folds and wrinkles, and has an old look; constant inquietude, tossing about, whimpering and crying; pale, parched, dry skin, without elasticity; sensitive elastic distension of the abdomen; occasional vomiting; scanty pale urine; soon, stupor or slight sleep with half-closed eyes, and increase of the remaining symptoms. We usually employ it in the third trituration, and give two or three doses per day, no matter what other remedy is indicated or given with it.

Tart-em. is almost equally useful as the *calo-acet.*, and we find indications for its employment not only when the so-called *agrypnocoma* is present, with deep sleep or stupor, out of which, however, the patient is easily roused, pale sunken face, half-closed, glassy, sunken eyes, cold hands and feet, &c., but also for the following: *great weakness and prostration, constant inclination to vomit and vomiting*, either easy or violent, with pains in the abdomen, trembling, sweat on the forehead; pains, with great inquietude; *slimy, watery, pappy, yellowish stools*, often preceded by cuttings and rumbling in the abdomen; cough with rattling of mucus; pale, sunken face, dry lips, cold hands and feet; the child constantly wants to be carried. Another is unusual soreness and sensibility of the body when handled. *Tart-em.*, 4 or 6, has, in our hands, been more efficient in controlling the inordinate nausea, loathing, and vomiting, than either *arsen.* or *verat.*

Bryonia is frequently useful after the previous employment of *aconit.*, when the symptoms simulate an attack of hydrocephalic fever, and have been partially subdued by the former remedy. Here we have: vomiting immediately after drinking or spontaneously, diarrhœa of bad smelling or undigested discharges with violent cuttings in the abdomen, pale or red face with heat in the head, hot hands, dirty or yellow coated tongue, frequent pulse, dry chapped lips, inquietude, restlessness and *great irritability*.

Arsenicum has rarely, in our hands, been of much service in this disease, but is doubtless efficient in some forms of diarrhœa nearly assimilated to it, under the well-known indications: *watery, mucous or brownish evacuations*, mostly at night or *after eating or drinking*, with colic and pains in the abdomen, intense thirst, though *drinking but little at a time*, nausea and vomiting, *extreme feebleness*, inflated abdomen, pale face, sunken cheeks, and eyes surrounded with blue circle, cold extremities.

Ipecac. is often efficient in mild cases with: nausea, vomiting of yellow, white or greenish mucus, *loose evacuations like fermenting frothy matter*, or green yellow or putrid stools,

rending or cutting colic with cries, restlessness, tossing about, and desire to remain in bed, accumulation of saliva in the mouth, loose cough and rattling of mucus. Given at the commencement it frequently cuts short the disease at once.

Mercurius, if there are: *greenish, gluey, sour-smelling, slimy* or bloody stools, making the anus sore, with cuttings and colic before stool and *tenesmus during it*, and perspiration, eructations and nausea, aphthæ and sore mouth, worse at night.

Rheum: for thin, pappy and mostly very perceptibly *sour-smelling stools*, with fruitless urging before and after stools, *pinching and griping* in the bowels, and shuddering during the discharge, or frequent diarrhœic stools with vomiting and great weakness.

Secale: violent, *inextinguishable thirst*; coated slimy tongue; loathing, *retching and vomiting*; *vomiting of mucus* or bilious or crude matter; distension of the abdomen, rapidly sinking in from the discharges, rumbling and colic pains; profuse watery slimy discharges; exhausting diarrhœa with sudden sinking of strength; putrid stools, or watery yellowish stools discharged suddenly, with force and often involuntarily; contracted pulse, cold surface; often sinking into a sort of coma vigil (*agrypnocoma*), with pale, sunken face, open mouth, inelastic skin, sunken, half-open, upturned eyes, out of which they are roused by the discharges, and again sink back into deeper stupor. *Secale*, under these circumstances, is an almost indispensable remedy.

Veratrum: for *violent, profuse and painful stools*, frequently with distended abdomen, and cuttings before and afterwards; greenish brown or darkish stools, or unnoticed *discharge of thin stools*; frequent vomiting; vomiting after taking the least liquid, or from the slightest movement; raging thirst, sensitiveness of the pit of the stomach or abdomen, cold surface, great exhaustion.

The above medicines are those which our experience has sanctioned, as most important in the treatment of this disease. It by no means contains the entire number which may be usefully employed, but, we are inclined to think, embraces the

most important ones. Other practitioners have mentioned different remedies. Dr. ARNOLD recommends the *kreosot.*; Dr. KITCHEN, the *merc-corr.* and *iris-versicolor*; but they have given no indications for their employment, and we have had, as yet, no experience in their use.

ARTICLE XVII.—*Proving of Cimicifuga-racemosa*. By H. M. PAINE, M. D., Albany.

CIMICIF. *Cimicifuga-racemosa*, Ell. *C. serpentaria*. *Actæa-racemosa*, Linn. *Macrotys-racemosa*. *Botrophis-serpentaria*. Raf. Cohosh. Black snakeroot. Rattleweed.

I. DESCRIPTION.

THIS indigenous plant belongs to the Natural Order *Ranunculaceæ*.

Generic Character.—Sepals four or five. Petals (or rather staminodia) three to five, concave or unguiculate, sometimes by abortion fewer or none. Stamens numerous; anthers introrse. Style short, stigma simple. Carpels one to eight, follicular, many-seeded. Perennial. Leaves bi-triternately divided; segments incisely serrate. Flowers in virginate racemes, white.

“This is a tall, stately plant, having a perennial root, and a simple herbaceous stem, which rises from four to eight feet in height. The leaves are large and ternately decomposed, having oblong ovate leaflets, incised and toothed at their edges. The flowers are small, white, and disposed in a long terminal wand-like raceme, with occasionally one or two shorter racemes near its base. The calyx is white, four-leaved, and deciduous; the petals are minute and shorter than the stamens; the pistil consists of an oval germ and a sessile stigma. The fruit is an ovate capsule, containing seven or eight compressed seeds.

“It is a native of the United States, growing in shady

and rocky woods, from Canada to Florida, and flowering in June and July. The root is the part used, and consists of a thick, irregularly bent or contorted body or caudex, from one-third of an inch to an inch in thickness, often several inches in length, furnished with many slender radicles, and rendered exceedingly rough and jagged in appearance by the remains of the stems of successive years, which, to the length of an inch or more, are frequently attached to the root. The color is externally dark brown, almost black; internally, whitish; the odor, though not strong, is peculiar, and rather disagreeable; the taste is bitter, herbaceous, and somewhat astringent, leaving a slight sense of acrimony. The root yields its virtues to boiling water. It was found, by Mr. Tilghman, of Philadelphia, to contain gum, starch, sugar, resin, wax, fatty matter, tannin, and gallic acid, a black coloring matter, a green coloring matter, lignin, and salts of potassa, lime, magnesia, and iron."—*Wood and Bache*.

II. PREPARATION.

The root was obtained in the fall. The new and recent fibres were selected and placed in a vial filled with pure alcohol. After two months the tincture was used for the purpose of obtaining provings.

III. PROVINGS.

1. *Dr. Paine's Provings with the Tincture.*

H. M. PAINE, æt. 25, of nervous temperament, brown hair, dark blue eyes. Has suffered from chronic coryza for many years, and when this symptom is mentioned in the following proving, allusion is made to an increase of the disease, ascribable only to the effect of the drug. He has always enjoyed excellent health in every other respect.

The pure tincture was used.

1851. Dec. 3. Took *ten drops* in the morning, and *ten* in the evening.

Dec. 4. *Ten drops* morning and evening.

Dec. 5. *Ten drops* in the morning. Four hours after, sensation of swelling of right eyelid, with heat, as if inflamed. During the afternoon experienced pain in the right eyelid when closing it. Constant dull aching pain in right eyeball and across the forehead, accompanied with nausea.

2. *Second Proving with the Tincture.*

Dec. 11. Took *twenty drops*. No effects observed.

Dec. 12. Pain over the left eye, extending along the base of the brain to the occiput. Inflammation of both eyelids. Pulse too slow, every third or fourth pulsation intermitting.

3. *Third Proving with the Tincture.*

1852. Feb. 11. Took *ten drops*.

Feb. 12. *Ten drops* at 6 A. M., also *ten drops* at 12 M. In the afternoon, dull pain in the forehead.

Feb. 13. *Ten drops*, 10 A. M.; also *ten drops*, 7 P. M. Dull, burning, aching pain in the second joint of right great toe, extending up the limb, continuing an hour from 8 to 9 P. M.

Feb. 14. At 11 A. M., *ten drops*. Experienced the same pain in the second joint of right great toe, and at the same time in the evening. It did not extend up the limb as before.

Feb. 15. No medicine. Observed pain in the second joint of great toe, the same as the two evenings previous, but less severe.

Feb. 16. At 11 A. M., *twenty drops*. Slight dull pain in the head.

Feb. 17. At 11 A. M., *ten drops*. Slight fulness of the head. At 3 P. M., *ten drops*. In the evening, disposition to diarrhoea.

Feb. 18. At 7 A. M., *ten drops*.

Feb. 19. At 7 A. M., *ten drops*; also at 3 P. M., *ten drops*. Slight disposition to diarrhoea.

Feb. 20. At 7 A. M., *ten drops*.

Feb. 21. At 7 A. M., *twenty-five drops*; also at 4 P. M., *thirty drops*.

Feb. 22. No medicine.

Feb. 23. At 7 P. M., *thirty drops*.

Feb. 24. At 10 A. M., *thirty drops*. Two hours after, aching pain in the head, particularly in the occiput, experienced only while indoors, relieved by the open air. It increased during the afternoon, and was quite severe in the evening. About 9 P. M. it disappeared entirely after a walk in the open air. During the evening, experienced itching of the dorsal surface of the left hand and wrist, particularly on the dorsal surface of the thumb. Small red papulæ first appeared, becoming, after slight irritation, a diffused redness, which disappeared in a few hours, but could be reproduced at any time by slightly irritating the surface. This symptom gradually disappeared in a few days.

Feb. 25. *Thirty drops* at 4 P. M. In the evening slight pain in the head.

Feb. 26. No medicine.

Feb. 27. *Thirty drops* at 5 P. M.

Feb. 28. During the forenoon and part of the afternoon experienced a constant dull pain in the head, particularly in the occiput and extending to the vertex.

4. *Fourth Proving with the Tincture.*

May 21. At 4 P. M., *twenty drops*.

May 22. No medicine.

May 23. At 10 A. M., *twenty drops*.

May 24. At 4 P. M. *twenty drops*.

May 25. At 9 P. M., *twenty drops*; and at 10 P. M. *twenty drops*.

May 26. At 8 P. M., *twenty drops*.

May 27. At 10 A. M., *twenty drops*; and at 4 P. M., *twenty drops*.

May 28. At 9 A. M., *thirty drops*; at 12 M., *thirty drops*; at 3 P. M., *thirty drops*; and at 7 P. M., *thirty drops*. The only effects observed from these large doses was pain in the vertex during the afternoon and evening. After retiring at night, severe aching pain in the right eyeball.

May 29. In the morning, soon after rising, observed a single pimple on the dorsal surface of the left hand. It was larger, but similar in appearance to those produced two months since; a little pus secreted at its apex. After three or four days it disappeared. At 10 A. M., took *forty drops*, and at 5 P. M. took *forty drops*. Experienced only slight pain in the head.

5. *Fifth Proving with the Tincture.*

The tincture used in the following proving was obtained from the root gathered last July, while the plant was in flower.

Nov. 25. At 10 A. M., *thirty drops*; the same at 4 P. M.

Nov. 26. At 10 A. M., *thirty drops*. In the evening suffered from fulness in the vertex, stiffness of the neck, soreness of the throat when swallowing, sensation of fulness high up in the throat. On examination, the palate and uvula appeared red and inflamed. Inclination to sneeze twice in the afternoon.

Nov. 27. Immediately after rising, aching pain in the vertex, and in the *occiput*, in paroxysms at times quite severe. Pain in the centre of the eyeballs, and also sensation as if the pain was situated between the eyeball and the orbital plate of the frontal bone; also *faintness* in the epigastrium, with repugnance to food, which, however, did not prevent his partaking of a moderate breakfast. The pain in the head and eyes continued through the day, but not as severe as in the morning. At 10 A. M., *thirty drops*. Occasionally through the day, a sensation as if the temples were compressed. Itching and redness of the dorsal surface of the right hand, in the afternoon, and especially in the *evening*.

Nov. 28. No medicine.

Nov. 29. Profuse coryza in the forenoon, aching pain in the head, pain in both eyeballs many times through the day.

Nov. 30. Aching pain in both eyeballs through the day. Copious coryza. Hoarseness.

Dec. 1. During the forenoon, copious coryza. Pain in both eyeballs. Slight hoarseness. At 4 P. M., *thirty drops*. Soon after, experienced dull pain deep in the forehead. In the afternoon frequent inclination to sneeze. Abundant watery coryza. In the evening, left nostril obstructed.

Dec. 2. At 10 A. M., *thirty drops*. At 1 P. M., suffered from acute cutting pain in the umbilical region, which, although acute, was not so severe as to prevent attending to his usual business. Not influenced by eating, continued during the afternoon. During the day, acute pain generally through the head; at times more severe in the left side. Dull pain in both eyeballs. Constant coryza during the day. Dryness and soreness of the lips. Small ulcer on the inner surface of lower lip. Sensation of rawness in the throat, slight difficulty in swallowing; hoarseness, which increased towards night; constant unpleasant fulness in the pharynx.

Dec. 3. Symptoms during the night: from three to five o'clock, disturbed, restless, unrefreshing sleep, disposition to fold the arms over the head. During the day, fluent coryza, aching and soreness in the nose. Lips dry. Unpleasant taste in the mouth, accumulation of thick mucus on the teeth. Hoarseness less than yesterday.

Dec. 7. Omitted taking the drug for three days. All the symptoms have disappeared except the coryza, which continues, but much less than four days since. 9 P. M., took *thirty drops*.

Dec. 8. Before breakfast, slight pain in the epigastrium, extending to the left hypochondrium, with *faintness* and sensation of emptiness. Loss of appetite. During the day, frequent sneezing, fluent coryza.

Omitted taking the drug for five days.

Dec. 13. At 10 A. M., *forty drops*. Immediately after, eructations tasting of the medicine. Soon after, experienced slight pain in the left side of the head. During the day, fluent coryza, the secretion consisting of whitish mucus. Loss of appetite. During the afternoon, sensation as if too much

food had been taken into the stomach. After a light supper, acute darting pain in the epigastrium.

At 10 P. M., a few moments before retiring, took *forty drops*.

Dec. 14. During the night, slept well for three or four hours, then restless, unpleasant dreams of being in trouble, of being in a sad plight. Awoke about 3 A. M.; soon the whole surface became cold, slight cold perspiration, and sensation as if it would become profuse, continuing for an hour; accompanied by lancinating pain along the cartilages of the false ribs, left side, increased by taking a long inspiration. After rising, suffered from hoarseness, and slight disposition to diarrhoea.

At 10 A. M., *forty drops*. Chilliness during the forenoon. In the evening, on going up stairs, aching in the eyeballs. Immediately after retiring, between 10 and 11 P. M., for half an hour, experienced the same piercing pain in the left side which occurred in the morning; very severe and piercing—so much so as almost to prevent inspiration for a short time.

Characteristic Peculiarities.—The pain in the head was always relieved by the open air.

Remarks.—After discontinuing the use of the drug, the restlessness early in the morning continued for a week. The disposition to perspire at night continued for three weeks. It was irregular, usually three or four times a week, and occurred about 3 A. M., commencing while asleep and disappearing a few minutes after waking; never profuse. During the first week, the surface was cold with the perspiration, but, during the last ten days, the perspiration was accompanied by heat rather than coldness.

The "pain in the eyeballs" was one of the most constant symptoms. It was an aching pain, situated in the centre of both eyeballs, rarely one alone. It continued about three weeks after discontinuing the drug.

Another well marked symptom was anorexia, experienced during the few last days of the proving, and continued for two weeks after.

The sensation of "faintness in the epigastrium" was also an

important symptom, usually experienced in the morning before eating, particularly if the medicine had been taken late the previous evening. It did not entirely prevent eating, which was followed by a sensation of repletion, as if too much food had been taken.

During all the above provings, there was a regular and natural daily evacuation; but for a month after discontinuing the use of the drug, he experienced alternate constipation and tendency to diarrhoea.

6. *Sixth Proving with the Third Decimal Dilution.*

March 16, 1853. At 9½ A. M., took *ten drops* of *cimicifuga* 3, prepared 10 to 100. Ten minutes after, vertigo, fulness and dull aching in vertex. At 10 A. M., sneezed several times. At 7 P. M., slight dry cough four or five times, produced by tickling in the larynx; hoarseness.

March 17. During the evening, observed a slight dry cough, similar to that of last evening. At 8 45 acute pain in the right lung, extending from apex to the base, about two inches to the right of the sternum, aggravated by every inspiration. Continued for two hours, gradually diminishing in intensity until after retiring.

March 18. Immediately after rising, experienced similar pain to that of last night, but much less severe for half an hour. Hoarseness, unpleasant fulness in the pharynx. At 7 P. M., short dry cough several times during the evening, caused by tickling in the larynx; fluent coryza.

March 19. During the night, dryness of the pharynx and inclination to swallow. After rising, very profuse greenish and slightly sanguineous coryza, fulness of the pharynx, and constant inclination to swallow; dulness of the head, and pain in the forehead and occiput. At 10 A. M., aching of the eyes; flatus, rumbling in the lower part of the abdomen. 4 P. M., fluent coryza, more so than for many weeks, as if caused by cold; dryness of the pharynx; sneezing. 7½ P. M., constant inclination to cough for half an hour, caused by a tickling sensation

in the larynx, which almost prevents speaking; an attempt to speak is followed by an inclination to cough. 10 P. M., slight pain in the forehead, dryness of the pharynx, aching in the eyes, apparently between the eyeball and orbital plate of the frontal bone. Flatulence, causing a sensation of fulness in the abdomen; rumbling of flatus below the umbilicus.

March 20. Inflammation of the uvula and palate, more severe than yesterday; copious coryza. 7½ P.M., cough between 7 and 8 o'clock, similar to that of last evening, except much less severe.

March 21. Inflammation of the uvula much less. No hoarseness. From this time the symptoms disappeared in two days.

7. *Mr. S.'s Proving with the Tincture.*

Mr. S., æt. 39, lymphatic temperament, large muscular frame, light complexion, light hair.

1852, Nov. 13. In the morning, before breakfast, took *five drops of the tincture*.

Immediately, eructations and slight nausea; dull pain in the right arm, deep in the muscles, extending from the shoulder to the wrist. During the forenoon, he experienced continual restlessness, desire to move about, not knowing where to go, or what to do. Increased secretion of pale urine. A few moments before retiring at night, took *fifteen drops*.

Nov. 14. Before breakfast, dull pain in the forehead. After breakfast, sense of internal tremor in the stomach. During the forenoon, slight *faintness in the epigastrium*. During the afternoon, nervous uneasiness; not disposed to fix the attention on any subject; dizziness, dulness in the head; pain over the eyes; pain in the right arm, of the same character as that of yesterday, continued during the day. No appetite for supper; repugnance to food.

Stinging sensation in the nose in the evening. A few moments before retiring at night, took *twenty drops*. During the night, very restless; pain extending from right eyeball

through to the right side of the occiput, slightly affecting the ear.

Nov. 15. Great sensitiveness to cold air, which seemed to penetrate the system.

Here the prover suffered (as he supposed) from catarrhal fever, and consequently discontinued the drug.

8. *Mrs. A.'s Proving with the Tincture.*

Mrs. A., æt. 23, choleric temperament, dark hair and eyes. 1852, Oct. 18. At 9 P.M., took *ten drops of the tincture*.

Oct. 19. At 9 P.M., *twenty drops*. Immediately after retiring, half an hour after taking the drug, experienced nausea for fifteen minutes.

Oct. 20. At 10 P.M., *ten drops*, followed by faintness of the stomach.

Oct. 21. At 7 A.M., before breakfast, *ten drops*. One hour after, stinging in the eyelids. At 10 P.M., *twenty drops*.

Oct. 22. At 7 A.M., *twenty drops*. During the day, fulness and pressure in the lower part of the abdomen, faintness of the stomach two or three times of short duration.

Oct. 23. At 7 A.M., the pressure in lower part of the abdomen increased, with some pain; disposition to frequent urination. At 10 P.M., *ten drops*. Faintness of the stomach; the pressure continues, though not increased.

Oct. 24. In the forenoon, for a short time, eyeballs painful; soreness of the chest.

Oct. 25. At 7 A.M., *ten drops*; also 10 P.M., *twenty drops*.

Oct. 26. At 7 A.M., *twenty drops*. Heaviness and dulness of head; heaviness of eyes, as if caused by cold. In the afternoon, stinging of the left great toe for a few moments on the lower surface, and afterward on the upper. Soreness of the chest continues. At 10 P.M., *twenty drops*. Immediately after, eructations tasting of the medicine; the fulness of the lower part of the abdomen continues.

Oct. 27. At 7 A.M., *twenty drops*. Stinging of the eyelids, dulness and heaviness of the head and eyes, as if produced by

cold. Cold chills and prickling sensations during the day in the mammæ; lips dry; stinging in the eyelids; offensive breath; unpleasant taste in the mouth.

Oct. 28. At 7 A.M., *twenty drops*. Eyeballs occasionally painful for a short time; sneezing, headache; feels very tired; lips dry; occasionally a cold chill; prickling sensation in the breasts, same as yesterday.

Oct. 29. Head and eyes dull, prickling sensation in the breasts continued.

Remarks.—Pain in the eyeballs was the most striking symptom; it continued at intervals for two weeks after discontinuing the drug. The "faintness of the stomach" and symptoms of catarrhal fever were also well marked.

9. Dr. Wells' *Proving with the First Dilution*.

L. B. WELLS, M.D., Utica, N. Y., æt. 38, bilious temperament, dark hair, dark complexion.

1852, Dec. 9. At 7 A.M., *three drops* of the first dilution. At 10 A.M., dull boring pain in the forehead over the left superciliary ridge, continued two hours. 2 P.M. There has been an occasional transient pain in the forehead over the right eye.

Dec. 10. At 9 A.M., dull heavy headache, more in the left temple; increased flow of urine.

Dec. 11. At 7 A.M., *three drops*. Soon after, nausea with loathing. One hour after, pain in the forehead and occiput, with heaviness of the head.

Remarks.—The pain in the head continued for ten days, followed by coryza, with sore throat and a gradual extension of the disease to the bronchial mucous membrane, dry, short, and hacking cough, night and day, continuing two weeks, which is uncommon, the prover not having had a catarrh or cold for several years.

10. Dr. L. Wells' *Proving with the Tincture*.

Dr. LUTHER WELLS, æt. 60, a physician, and member of the

Shaker family, residing at Shaker Village, town of Watervliet, Albany Co., N. Y. Sanguine temperament; he enjoys excellent health.

1852, Aug. 13. *Three drops of the tincture*; the second day, *three drops twice*; the third day, *four drops three times*; and thus increasing a drop each day to the 18th. On the 19th, took *ten drops three times*—in all, 102 drops in seven days. The only symptom experienced was pain from the eyes to the top of the head, which seemed as if the nerves were excited to too much action. It continued for three hours.

11. *Second Proving with the Tincture.*

This was continued nine days. Commenced by taking *three drops*, and gradually increased to *forty drops a-day*. In all, he took 178 drops, which produced a more severe pain than before, which lasted six hours.

12. *Third Proving with the Tincture.*

He commenced by taking *six drops*, and in seven days gradually increased to *sixty drops a day*—in all, 210 drops. After having taken the medicine four days, the pain in the head was produced, similar to that experienced in the first proving. After this no effect was observed, except a free and natural action of the bowels.

13. *Other Statements.*

The following statement in regard to the effects of *cimicifuga* is taken from WOOD AND BACHE, *Dispensatory*, p 211.

Dr. HILDRETH, of Ohio, has found it, in large doses, to produce some vertigo, impaired vision, nausea and vomiting, and a reduction of the circulation; but from very large quantities he has seen no alarming narcotic effects. Till recently it has been employed as a remedy in rheumatism, dropsy, hysteria, and various affections of the lungs, particularly those resembling consumption.

IV. DIGEST OF THE SYMPTOMS.

☞ The figures refer to the foregoing pages.

Mind and Sensorium.

- 1 Not disposed to fix the attention on any subject. 215
 Vertigo, impaired vision. 218
 Dizziness, dulness in the head. 215
 Vertigo, fulness and dull aching in the vertex, ten minutes
 after taking the third decimal dilution. 214

Head.

- 5 Heaviness and dulness of the head. 216
 Slight fulness of the head. 209
 Slight dull pain in the head. 209
 Acute pain generally through the head during the day, at
 times more severe on the left side. 212
 Slight pain in the head in the evening. 210
 10 °Remittent headache of long standing, more or less severe
 every day, but increased every second day. 229
 Dull pain deep in the forehead. 212
 Dulness of the head and pain in the forehead and occiput.
 214
 Dull pain in the forehead, before breakfast. 215
 Dull pain in the forehead, in the afternoon. 209
 15 Dull, boring pain in the forehead, over the left super-
 ciliary ridge, continuing for two hours, from 10 A.M. 217
 Pain in the forehead and occiput, with heaviness of the
 head, after one hour. 217
 Pain from the eyes to the top of the head, which seemed
 as if the nerves were excited to too much action, lasting
 three hours; under larger doses, it lasted six hours. 218
 Pain over the eyes. 215
 Pain over the left eye, extending along the base of the
 brain to the occiput. 209
 20 Slight pain in the forehead; dryness of the pharynx;
 aching in the eyes, apparently between the eyeball and
 orbital plate of the frontal bone, at 10 P.M. 215

Occasional transient pain in the forehead, over the right eye. 217

° Dull pain in the head ; fulness in the forehead, over the eyes. 228

° Severe pain in the head, particularly in the forehead and eyeballs. 228

° Severe pain in the forehead, over the right eye, and extending to the temple and vertex, with fulness, heat, and throbbing ; and, when going up stairs, a sensation as if the top of the head would fly off. 228

25 Fulness in the vertex. 211

Aching pain in the vertex and occiput, in 'paroxysms at times quite severe, immediately after rising. 211

Pain in the vertex during the afternoon and evening. 210

Sensation as if the temples were compressed occasionally through the day. 211

Dull, heavy headache, more in the left temple. 217

30 Slight pain in the left side of the head. 212

Aching pain in the head, particularly in the occiput, experienced only while in-doors, relieved by the open air ; it increased during the afternoon, and was quite severe in the evening ; about 9 P.M., it disappeared entirely after a walk in the open air. 210

Constant dull pain in the head, particularly in the occiput, and extending to the vertex, during the forenoon and part of the afternoon. 210

The pain in the head is always relieved by the open air. 213.

Eyes.

Aching of the eyes, at 10 A.M. 214

35 Heaviness of the eyes, as if caused by cold. 216

Dull pain in both eyeballs. 212

Pain in both eyeballs. 212

Pain in the centre of the eyeballs, and also sensation as if pain were situated between the eyeball and the orbital plate of the frontal bone, in the morning, on rising, con-

- tinuing all day, but not so severe as in the morning. 211
- Aching pain in the centre of both eyeballs, rarely in one alone, continuing for three weeks after discontinuing the drug. 213
- 40 Aching pain in both eyeballs through the day. 211
- Aching in the eyeballs, in the evening, on going up stairs. 213
- Eyeballs painful for a short time in the forenoon. 216
- Eyeballs occasionally painful for a short time. 217
- ° Pain in the eyeballs; increased secretion of tears. 228
- 45 ° Pain in the eyeballs, in the left more than in the right, and sensation as if they were enlarged, most severe in the morning. 228
- Severe aching pain in the right eyeball, after retiring at night. 210
- Constant dull aching pain in right eyeball, and across the forehead, accompanied with nausea. 209
- Pain extending from the right eyeball through to the right side of the occiput, slightly affecting the ear, at night. 215
- Stinging in the eyelids. 216
- 50 Stinging in the eyelids, an hour after taking the drug. 216
- Stinging of the eyelids; dulness and heaviness of the head and eyes, as if produced by cold. 216
- Inflammation of both eyelids. 209
- Sensation of swelling of right eyelid, with heat as if inflamed, after four hours. 209
- Pain in the right eyelid when closing it, in the afternoon. 209

Nose.

- 55 Stinging sensation in the nose, in the evening. 215
- Obstruction of the left nostril, in the evening. 212
- Inclination to sneeze, twice in the afternoon. 211
- Frequent inclination to sneeze, in the afternoon. 212
- Sneezing; headache. 217

- 60 Sneezing several times, at 10 A.M. 214
 Frequent sneezing and fluent coryza during the day. 212
 Fluent coryza. 214
 Fluent coryza of whitish mucus during the day. 212
 Constant coryza during the day. 212
- 65 Abundant watery coryza. 212
 Copious coryza. 211 215
 Copious coryza during the forenoon. 212
 Fluent coryza, aching and soreness in the nose, during the day. 212
 ° Fluent watery coryza; frequent sneezing; soreness in the throat, causing difficulty in swallowing. 228
- 70 Profuse coryza in the forenoon; aching pain in the head; pain in both eyeballs many times through the day. 211
 Very profuse greenish and slightly sanguineous coryza, after rising; fulness of the pharynx, and constant inclination to swallow; dulness of the head, and pain in the forehead and occiput. 214
 Fluent coryza, more so than for many weeks, as if caused by cold; dryness of the pharynx; sneezing, at 4 P.M. 214

Mouth.

- Offensive breath. 216
 Dryness and soreness of the lips. 212
- 75 Dry lips. 212 216 217
 Small ulcer on the inner surface of the lower lip. 212
 Unpleasant taste in the mouth. 216
 Unpleasant taste in the mouth; accumulation of thick mucus upon the teeth. 212

Throat.

- Dryness of the pharynx; sneezing, at 4 P.M. 214
- 80 Dryness of the pharynx and inclination to swallow, during the night. 214
 Fulness of the pharynx and constant inclination to swallow. 214

- Soreness of the throat when swallowing; sensation of fulness high up in the throat, with fulness in the vertex and stiffness of the neck. 211
- Sensation of rawness in the throat; slight difficulty in swallowing; hoarseness, which increased towards night; constant unpleasant fulness in the pharynx. 212
- Palate and uvula red and inflamed. 211
- 85 Inflammation of the uvula and palate; fifth day, more severe than the day before; copious coryza. 215

Appetite and Stomach.

- Eructations tasting of the medicine. 212 216
- Eructations and slight nausea, immediately. 215
- ° Pain, and regurgitation of food after eating. 228
- Loss of appetite. 212 213
- 90 No appetite for supper; repugnance to food. 215
- Nausea and vomiting. 218
- Nausea for fifteen minutes, half an hour after taking the drug. 216
- Nausea with loathing, soon after the dose. 217
- Sense of internal tremor in the stomach, after breakfast. 215
- 95 Sensation as if too much food had been taken into the stomach. 212
- Acute darting pain in the epigastrium, after a light supper. 213
- Slight pain in the epigastrium, extending to the left hypochondrium, with faintness and sensation of emptiness. 212
- Faintness in the epigastrium, with repugnance to food, which, however, did not prevent his partaking of a moderate breakfast. 211
- Faintness in the epigastrium, generally in the morning before eating, particularly if the medicine had been taken over night; not preventing eating, which was followed by a sensation of repletion, as if too much food had been taken. 214

100 ° Faintness of the epigastrium. 228

Faintness of the stomach. 216

Slight faintness in the epigastrium, during the forenoon. 215

Faintness of the stomach, after taking the drug. 216

Faintness of the stomach two or three times, of short duration. 216

Abdomen.

105 Flatus; rumbling in the lower part of the abdomen, at 10 A.M. 214

Flatulence, causing a sensation of fulness in the abdomen; rumbling of flatus below the umbilicus, at 10 P.M. 215

Fulness and pressure in the lower part of the abdomen. 216

Increased pressure in the lower part of the abdomen, with some pain. 216

Acute cutting pain in the umbilical region, which, although acute, was not so severe as to prevent attending to his usual business; uninfluenced by eating, and continuing during the afternoon. 212

Stool.

110 Evacuation regular and natural during the proving, but, for a month afterwards, alternate constipation and tendency to diarrhœa. 214

Disposition to diarrhœa, in the evening. 209

Slight disposition to diarrhœa. 209

Slight disposition to diarrhœa, after rising. 213

Urine.

Disposition to frequent urination. 216

115 Increased flow of urine. 217

Increased secretion of pale urine. 215

Larynx.

Slight hoarseness. 212

Hoarseness. 211

- Hoarseness, after rising. 213
- 120 Hoarseness; unpleasant fulness in the pharynx. 214
 Constant inclination to cough for half an hour, caused by a tickling sensation in the larynx, which almost prevents speaking, at 7½ P.M. An attempt to speak is followed by an inclination to cough. 214
 Slight dry cough four or five times, produced by tickling in the larynx; hoarseness, in the evening. 214
 Short, dry cough, several times during the evening, caused by tickling in the larynx; fluent coryza. 214
 ° Cough, particularly at night, caused by tickling in the throat. 228
- 125 ° Very troublesome hacking cough, of some months' standing. 228

Chest.

- The pain in the head continued for ten days, followed by coryza, with sore throat, and a gradual extension of the disease to the bronchial mucous membrane; dry, short, and hacking cough, night and day, continuing two weeks, which is uncommon, the prover not having had a catarrh or cold for several years. 217
- Acute pain in the right lung, extending from apex to base, about two inches to the right of the sternum, aggravated by every inspiration, continuing for two hours, and gradually diminishing in intensity until after retiring; similar pain the next morning for half an hour, but much less severe. 214
- Lancinating pain along the cartilages of the false ribs, left side, increased by taking a long inspiration soon after waking, at 3 A.M. 213
- The same pain, very severe and piercing, so as almost to prevent inspiration for a short time, immediately after retiring, between 10 and 11 P.M., and continuing for half an hour. 213
- Soreness of the chest. 216

- 130 Cold chills and prickling sensations, during the day, in the (female) mammæ. 216
Prickling sensations in the breasts. 217

Back.

Stiffness of the neck. 211

Superior Extremities.

- Dull pain in the right arm, deep in the muscles, extending from the shoulder to the wrist, continuing during the next day. 215
Itching and redness of the dorsal surface of the right hand, in the afternoon, and especially in the evening. 211
135 A single pimple on the dorsal surface of the left hand, secreting a little pus at the apex, disappearing in three or four days. 211
Itching of the dorsal surface of the left hand and wrist, particularly on the dorsal surface of the thumb, in the evening; small red papulæ first appeared, becoming, after slight irritation, a diffused redness, which disappeared in a few hours, but could be reproduced at any time by slightly irritating the surface; this symptom gradually disappeared in a few days. 210

Lower Extremities.

- Stinging in the left great toe for a few moments on the lower surface, and afterwards on the upper, in the afternoon. 216
Dull, aching, burning pain in the second joint of the right great toe, extending up the limb, continuing an hour, from 8 to 9 P.M. 209 The same pain, at the same time the next evening, but not extending up the limb. 209
The same pain, less severe, on the third evening. 209

Sleep.

- Very restless at night. 215
140 Restless at night, after three or four hours of good sleep. 213

Restlessness early in the morning, continuing for a week.
213

Disturbed, restless, unrefreshing sleep, from 3 to 5 A.M.,
with disposition to fold the arms over the head. 212

Unpleasant dreams of being in trouble, of being in a sad
plight. 213

Fever.

Chilliness, during the forenoon. 213

145 Occasional cold chill. 217

Coldness and chills, particularly of the arms and feet. 228

Soon after waking, at 3 A.M., the whole surface became
cold; slight cold perspiration, and sensation as if, it
would become profuse, continuing for an hour, accompa-
nied by lancinating pain along the cartilages of the false
ribs, left side, increased by taking a long inspiration. 213

Disposition to perspire at night for three weeks; irregular,
usually three or four times a week, occurring about 3 A.M.,
commencing while asleep, and disappearing a few min-
utes after waking,—never profuse; during the first week,
the surface was cold with the perspiration, but, during
the last ten days, the perspiration was accompanied by
heat rather than coldness. 213

Pulse too slow, every third or fourth pulsation intermitting.
209

Skin.

150 °Eruptions of white pustules on the face and neck, some-
times large red papulæ. 229

General.

Feels very tired. 217

Nervous weakness, during the afternoon. 215

Great sensitiveness to the cold air, which seemed to pene-
trate the system. 216

Continual restlessness in the afternoon, desire to move
about, not knowing what to do or where to go. 215

155 °Chorea? 229.

V. CLINICAL OBSERVATIONS.

CASE 1. A lady, *æt.* 35, has suffered from dyspepsia for several months, and for nine days past from severe pain in the forehead over the right eye, and extending to the temple and vertex, with fulness, heat and throbbing; and, when going up stairs, a sensation as if the top of the head would fly off. Coldness and chills, particularly of the arms and feet; faintness in the epigastrium; pain and regurgitation of food after eating. *Cimicifuga* 1, three drops, three times a day, afforded prompt and permanent relief.

CASE 2. A young lady, *æt.* 20, light complexion, has suffered for several weeks past from ophthalmia; pain in the eyeballs, in the left more than the right, and sensation as if they were enlarged. Most severe in the morning. Pricking in the inner canthus, aggravated by reading. Inflammation of the eyelids, slight secretion of mucus only in the morning; sore throat; reading causes headache. *Cimicifuga* 1, three drops three times a day, entirely removed all the pain in the eyeballs and head. Other remedies were prescribed for the remaining symptoms.

CASE 3. Mrs W., *æt.* 47, has not yet passed the critical period, and suffers from various neuralgic pains incident to that time. Now suffers from severe pain in the head, particularly in the forehead and eyeballs. *Cimicifuga* 2, in pellets, afforded prompt relief in a few hours. Other remedies had been given without effect.

CASE 4. CHARLES SUMNER, M. D., of Butternuts, Otsego County, New York, while attempting to obtain provings of *cimicifuga*, did not observe any decided symptoms from the medicine, yet was relieved of a *very troublesome hacking cough* of some months' standing.

CASE 5. Miss A.—, *æt.* 46, has suffered for two days from dull pain in the head, fulness in the forehead over the eyes, pain in the *eyeballs*, increased secretion of tears; fluent watery coryza, frequent *sneezing*, soreness in the throat, causing difficulty in swallowing; cough, particularly at night, caused by tickling in the throat. Prescribed *euphrasia* 2, 6 gtt., in

four ounces of water, one table-spoonful every two hours; continued this remedy for twenty-four hours without any relief. Then prescribed *cimicifuga* 2, 10 gtt., in the same quantity of water, one table-spoonful every two hours, followed by considerable relief in twenty-four hours; a second prescription, similar to the last, completed the cure on the second day.

CASE 6.—Dr. LUTHER WELLS, of Shaker Village, wishing to test the effect of *cimicifuga* upon a young man, æt. 15, of slender form, a member of the Shaker family, gave him *four hundred and thirteen drops* of the tincture in twelve days, in doses gradually increased from *three to one hundred and twenty drops* a day. The only effect the drug seemed to produce was,—

1. Permanent and entire relief of a remittent headache of long standing. The pain (its character is not mentioned) was more or less severe every day, but increased every second day. It continued for three days after the commencement of the proving, and then disappeared.

2. This young man had also suffered for several years from acne on the face and neck, usually appearing in white pustules, sometimes in large red papulæ. For this disease he had taken homœopathic remedies for six months, without success; but since taking the drug, it has almost disappeared, especially on the face.

Chorea.—"Several cases of chorea are recorded by Dr. Jesse Young, in which it is said to have effected cures, and the editor of the *Am. Jour. of Med. Sciences* states, that he was informed by Dr. PHYSICK, that he had known it, in the dose of ten grains every two hours, prove successful in the cure of this complaint in several instances. In the cases recorded by Dr. Young, the powdered root was given in the quantity of a tea-spoonful three times a day."—(*Op. cit.*, ix., p. 310.)

"We have administered this remedy in chorea with complete success, after the failure of purgatives and metallic tonics; and have also derived the happiest effects from it in a case of convulsions, occurring periodically, and connected with uterine disorder."—WOOD AND BACHE, *Dispens.*, 1847, p. 212.

ARTICLE XVIII.—*On the Beard, considered medically.* By
E. E. MARCY, M. D., New-York.

WE hold, that every custom, which tends in any degree to injure health, is a proper subject of comment for the physician. It would require volumes to touch upon all the habits pertaining to civilized life, which exercise an injurious influence upon the sanatory condition of all classes; nor would such an exposition be received with grace, as it would cast a reproach upon the entire organization of society.

Physiologists have truly remarked, that the populations of the large cities of Europe would eventually become extinct, were it not for the constant influx of robust recruits from the country. Habits of luxury and dissipation, the indulgence of unnatural and acquired tastes, and the constraints which the requirements of fashion constantly impose, tend directly to deteriorate the race physically and mentally. All are willing to admit that these assertions are in the main true, but how few have the moral courage to denounce these aggressions against the laws of nature, or the self-denial to renounce them in practice! Every man is able to see distinctly the beams which are in his brother's eye, and to suggest all sorts of means to remove them, but he heeds not the defective condition of his own eyes.

In the present paper, we propose to allude briefly to an innovation—a supposed improvement made by man over the Almighty—in the habit of shaving the beard, and to discuss the question, whether the original design of the great Architect, of allowing the beard to grow, is not more conducive to health and longevity, than the more recent idea of a portion of his creatures, of dispensing with this appendage.

By recurring to the past, it will be found that the greatest and best men of all nations have worn the beard uncut. Christ and the apostles are all represented with long beards. Moses, the wisest man of ancient times, directed the Hebrews to wear the beard long upon the chin. The ancient Assyrians and Persians esteemed a long beard as a great ornament.

The Greeks and Romans, of old, almost venerated this dignified appendage, and, according to Homer and Virgil, a luxuriant beard was deemed a fit emblem to distinguish the noble and intellectual from the servile and vulgar. In more modern times, the fashion of wearing the beard has undergone many changes; but as a general rule, it will be observed that those nations which have been most remarkable for vigor and intelligence have always repudiated shaving.

Among the causes which have operated at different periods, for dispensing with the beard, the following trivial ones stand prominent :

On one occasion, when Alexander the Great was completing his arrangements for a great battle, his principal general announced to him that his orders had all been executed, and that the brave Macedonians were eager for battle. "Has your majesty any further commands?" inquired Parmenio. "Yes," replied Alexander, "let all the soldiers be shaved, so that the enemy cannot use the beard as a handle during the heat of the battle." The soldiers were shaved accordingly, and in the engagement of the following day, were routed, as they deserved to be.

On another occasion, the beard was proscribed in France, because a beardless youth, in the person of Louis XIII., happened to be the occupant of the throne. If this nice young gentleman had happened to have inherited a sky-blue beard, and ascended the throne with this unique ornament, sky-blue hair-dye would have been in vogue, and France would have degenerated into a nation of blue-beards.

Philip the V., of Spain, also mounted his throne with a shaven chin, and royalty was again aped by the courtier, and they in turn by the people.

At different periods, various religious sects have advocated the practice of shaving the beard, and sometimes the head, under the supposition that they were doing God service, by cutting off a portion of that structure which he fashioned in his own image.

Certain barbarous tribes of our own country, instead of shav-

ing their beard, pluck it out by the roots; and it is not improbable that these savages were the originators of this custom, contemporaneously with certain other improvements, like flattening the heads of their children, slitting the nose and ears, tattooing, &c.

But it is our province to consider the subject in a medical point of view, and to inquire whether diseases of the throat and the respiratory organs are not dependent, to a considerable extent, upon the habit of shaving the beard. By glancing at the exciting causes of these affections, we shall see that sudden checks to perspiration, in consequence of exposure of the throat and neck to cold, rank first in importance. Is it strange, then, that the public speaker, who habitually exercises the muscles of his throat in crowded assemblies, and then seeks the open air with the pores of this sensitive part open and relaxed, should be a sufferer from bronchitis, catarrh, sore throat, and other disorders of the respiratory apparatus? Is it surprising that the public, who daily remain for hours in over-heated apartments, or in attendance upon public meetings, should contract colds, coughs, and other pulmonary diseases? A considerable portion of the throat is usually kept snugly enveloped in a handkerchief or cravat, thus securing a free opening of the pores so long as the individual remains in the house, and an abrupt closure of them whenever he enters the open air. These throat bandages are so admirably arranged as ventilators, that the slightest motion of the head, or the act of speaking when out of doors, allows a current of cold air to come in contact with the neck, so that, if there is no protection from a beard, a cold is pretty certain to ensue. Another important office which these neck-ligatures perform, consists in making such pressure upon the superficial veins of the neck, as to interfere materially with the return of blood from the head to the trunk, thus giving rise to headaches, vertigo, congestion, and occasionally, according to Marshall Hall, to epilepsy. This remark is especially applicable to persons of sedentary habits, or to those whose occupations require them to pass much time in bent and constrain-

ed positions, like writers, students, &c. Every man who reads this article will be sure to make himself an exception to this rule, and, to fortify his position, will place himself in an upright posture, and insinuate his two fore-fingers with ease between his throat and the ligature alluded to ; but let this same man watch himself narrowly for twenty-four hours, and he will find himself half strangled twenty times during this period, in consequence of the different positions he will be called upon to assume.

But what arguments can be adduced in favor of wearing the beard ? What good reasons can be offered for permitting these hairy intruders to make an exhibition of themselves ?

In the first instance, we assert that the Creator has fashioned man in his own image, symmetrical, beautiful, perfect. In completing this his most excellent work, he has created nothing superfluous, nothing useless, and nothing which can in any manner detract from the grace and beauty of this model of animated beings. At the period of puberty, when the developing mental and physical organization of the boy is verging into the mature and perfect condition of manhood—when the individual is to resign his state of dependence to enter upon the active duties of life, nature develops a beard, both as an emblem of manhood and as a protection against the exposures incident to a life of activity. And what better shield can be furnished to the exposed respiratory organs, against atmospheric changes, than this non-conducting ornament ? What better protection can be suggested against the cold and storms of winter than this ? And in summer, when the perspiring skin is so frequently exposed to currents of cool air, what can more completely guard the throat than this shield which Nature herself has interposed ?

It is an undoubted fact, that those who wear the beard are less subject to colds, sore throats, bronchitis, coughs, and consumptions, than those who shave. This is evident from the fact that, among the Jews, Turks and certain tribes who never shave, these pulmonary disorders are comparatively of very rare occurrence.

If there is reason in shaving the beard, there is also reason in shaving the head. Indeed, the argument is in favor of the latter, since this part is usually kept covered in the open air, and often during the night in bed. Arbitrary custom has established the fashion in some countries, of shaving, and this custom is received with entire complacency—as if nature continually put forth this capillary crop for the express purpose of having it daily cut off, instead of being allowed to develop itself in order to serve some useful purpose!

Arbitrary custom has likewise established the fashion of compressing the female waist from the original shape given it by the Creator, to a more modern standard of symmetry and elegance; but this custom is none the less a violation of the laws of nature, and its indulgence will none the less entail the penalty for such violation, in the form of disease and suffering.

It may be observed, that musicians, who are accustomed to blow upon wind-instruments, rarely shave the upper and lower lips. Experience teaches them that a mustache and imperial enhance materially the strength of the lips, and enable them to accomplish far more than they would be able to do, if deprived of them. The same fact holds true with respect to other parts which nature has covered with hair. In Africa, the heads of the natives are furnished with such perfect non-conductors in the form of wool, that the most intense rays of their tropical sun cannot penetrate it sufficiently to produce any deleterious effect upon the parts beneath. In this instance the hair is not merely useful, but absolutely indispensable to the preservation of health, and perhaps life. In cold latitudes, the hair, by this non-conducting property, serves admirably to retain the heat of the body, and to resist the injurious action of external cold. In temperate and changeable climates, we can conceive of nothing which is better calculated to guard the throat and chest against sudden checks of perspiration than the beard.

We have often had occasion to prescribe for clergymen and other public speakers, for affections of the throat, larynx, and

bronchia, and have always counselled the growth of the beard as an important auxiliary in the treatment. Indeed, we can call to mind several instances of chronic laryngitis and bronchitis, in which the cultivation of the beard was alone sufficient to enable nature to reëstablish the healthy condition of the affected parts.

In a few instances, we regret to observe, our advice upon this point has remained unheeded, from the supposition that a beard would detract from the dignity and comeliness of the clerical profession. We beg leave to ask these reverend dissenters if a beard detracted from the dignity and comeliness of their divine Master, Jesus Christ? Or were the apostles, and the men of God in ancient times, guilty of indecorum in not cutting off this ornament every morning before entering upon their devotional exercises?

We readily admit that all due respect should be paid to the customs and observances of the society in which we live, provided such observances do not interfere with the physical or moral welfare of the individuals composing such society. But, with respect to the subject under consideration, facts seem to warrant the conclusion, that a certain class of diseases is far more prevalent among those who shave the beard, than among those who permit it to grow. This circumstance, taken in connection with the fact that throat complaints and bronchial difficulties of long standing often disappear when the hair is allowed to grow upon the chin, should induce medical men to proscribe shaving.

But, asks the advocate of shaving, if these views are just, why are not females furnished with beards?

To this objection we reply, that the Creator, in all his works, has regard to the objects to be accomplished, and executes his designs accordingly. That he has created man for a life of activity and toil. Upon him devolves the responsible duty of supporting, protecting, and rendering happy, the wife and family. In order to accomplish this properly, nature has designed that he should lead a life of activity and industry—that he should be able to brave extremes of cold and heat, and,

at his dictum, that the earth should be made to yield up her treasures for the sustenance and comfort of those who are dependent upon him. For these purposes, he is endowed with courage, intellectual strength, energy, a robust constitution, strong limbs, powers of endurance, and an adequate protection against exposures to atmospheric vicissitudes, in the hair which covers his cerebral and respiratory organs.

The organization of the female proves that she is destined to act in a different sphere. With a fragile body, a delicate constitution, a sensitive, timid, and shrinking disposition, instead of the courage, resolution, and self-reliance peculiar to the male, it would manifestly be a perversion of the designs of nature, to subject her to the out-door occupations of the other sex. If man excels in intellectual and physical strength, woman is his superior in everything which pertains to the affections. If man, with his rough nature, can contend successfully against the severe trials of active life, woman, by her gentleness, her purity, and her love, is capable of strewing his path with flowers, of watching over the tender years of his children, and of inclining him to higher and holier aspirations. The appropriate sphere of the "weaker vessel" is evidently a domestic one, and her vocation is within doors, where beards, pants, and other manly appurtenances would prove superfluous.

We are decidedly in favor of "woman's rights," when restricted to their proper limits. We believe in her right to superintend her household, to nurse and rear her children, and to exercise her refining and purifying influence over her male friends; but we question her right to assume the "breeches," or the privilege of voting, fighting, laboring in the open air, or of wearing a beard.

ARTICLE XIX.—*Fragmentary Contributions to Materia Medica and Therapeutics.*

1. *Sulphuric Acid in Diarrhœas and Dysenteries*, by E. E. MARCY, M.D., New York.

In the *Provincial Med. and Surg. Journal* of Sept. 15th, 1852, p. 471, we find an interesting paper by Dr. EDGAR SHEPPARD, upon the value of *sulphuric acid* as a remedy in diarrhœa and dysentery. During a period of six weeks, Dr. S. treated upwards of fifty cases, many of them being of a very severe character, and the conclusions he derives from his experience are as follows :—

“1st. The treatment of diarrhœas and dysenteries by *sulphuric acid* is *more efficacious* than that by alkalies, opiates, and astringents, in a proportion greatly exceeding ten to one.”

“2d. It is *more rapid* in its action (especially in children) in a proportion greatly exceeding twenty to one.”

“3d. It seems to act in a more rational, and (if I may so express myself) scientific manner, by increasing the *tone* of the mucous membrane of the alimentary canal, rather than by astringing the pores.” (!)

“4th. The worse the case, the more rapid and marvellous seems to be the cure—a most striking feature as compared with the treatment by chalk and opium.”

Dr. SHEPPARD has described the general character of the complaint as it prevailed in his neighborhood, and has published a number of cases in detail, which were successfully treated with the acid. A comparison of these symptoms with those found in the homœopathic *Materia Medica* as peculiar to *sulphuric acid*, would at first lead one to suppose, that the remedy had been selected after an examination of that work; but when we reflect that the article is communicated to an allopathic journal, by an allopathic physician, we must of course attribute the adoption of the drug, to one of those singular coincidences which have become so common of late among our opponents.

We proceed to enumerate the symptoms detailed by Dr. SHEPPARD, which he has cured in so "*rapid, efficacious, and scientific* a manner with *sulphuric acid*," and to contrast them with the pathogenesis of the drug, as derived from the homœopathic *Materia Medica*.

Sheppard.

Great prostration of the vital powers.

Severe griping and pinching pains in the bowels.

Distressing flatulence, the bowels being at times very much distended; burning thirst and sensation of heat down the whole course of the alimentary canal.

Nausea, vomiting and purging with cold skin and sweat.

Pulse feeble and rapid.
Tongue dry and red.

Materia Medica.

Weakness, languor, and tremulous sensation in the whole body.

Violent pinching, cutting and writhing pains in the bowels.

Feeling of fulness, and distension of the stomach, burning and pressure below the umbilicus, with flatulent distension; sensation of heat in the stomach and abdomen.

Nausea and vomiting, with coldness and sweat; diarrhœa, with mucous, watery or bloody discharges, attended with burning in the rectum, flatulence and rumbling.

Pulse feeble, small, quick.
Tongue dry and red.

These are the principal symptoms which characterized the cases treated by our respectable allopathic brother, and we congratulate him upon the selection of a remedy which is so nearly homœopathic to the symptoms. We fully agree with him as to the "*efficacy, the rapidity, and the scientific manner*" with which the acid acts upon the symptoms under consideration, and we have no doubt, when the doctor has still further tested this *new* specific, that he will prescribe it in doses of a single drop of the dilution, instead of his present dose of twenty or thirty drops. We bid him God speed in his laudable attempt to cut loose from the opium and chalk treatment, in the class of diseases to which we have referred. Let him continue, with such remarkable coincidences as we have here presented, and he may yet practice medicine with good instead of evil results.

II. *Cases from Practice*, by S. LILIENTHAL, M. D., Haverstraw, N. Y.

1. *Puerperal Convulsions*. The case of puerperal convulsions reported in the 9th number of the Journal brings forcibly

to my mind a case which I treated several months ago in conjunction with an allopathic friend.

Dr. W. was called at one o'clock in the morning to Mrs. A., a strong and robust German woman, æt. 21, and although a *primipara*, she was delivered of a fine child early in the morning. Everything went on nicely, till about ten o'clock A. M., when she was attacked with general convulsions. On account of the congested state of the brain, her physician took a pound of blood from her arm, and gave her a drastic draught. As this did not lessen the convulsions, he put her in a warm bath, dashing at the same time cold water on her head. This quieted her a little, and he kept up the revulsive treatment by applying ice to the head and mustard poultices to the feet. Yet, in spite of this energetic treatment, the convulsions were, at four o'clock P. M., as bad as ever. Despairing of success in this way, he sent for me. I advised him to try, as a last resort, friction with a liniment composed of chloroform and oil of sweet almonds in equal parts along the course of the vertebral column. Fearful, however, that we could not employ frictions on account of the convulsions, I sprinkled diluted chloroform on a sponge, and kept it under her nose, with the effect of rendering her more quiet. Two rubbings with the liniment were followed by natural sleep, from which she awoke next morning, *unconscious* of all her former sufferings. Although weak, everything after that went on regularly and well, and she left her bed after the ninth day.

2. *Congenital disease.* Mrs. S., of dark complexion and nervous temperament, 19 years old, was eight months gone, when one evening, in coming home from a neighbor's, she was attacked by a fierce bull-dog and had her dress torn. She was very much frightened, and reached home panting and exhausted. Three weeks afterwards she was delivered of her first child, after a good night's rest and only a few hours' labor. The babe, his head covered with black hair and the nails on fingers and toes perfect, was mere skin and bone, and the color of the skin was of such a yellowish black, that, if I had

not known the parents, I should have taken it for a dark mulatto child. The mother nursed it, and the meconium came away. Being not quite sure, whether it was a case of simple *icterus neonatorum* or of that affection complicated with *cyanosis*, I put it on *digitalis* 30, every two hours; as I saw no improvement on the second day, I gave *digitalis* 12. The babe had not strength enough to cry; it lay moaning; and when it took the breast, sucked only for a short time. On account of the constipation, I put it, on the fourth day, on *nux* 12, and for a week it took no other medicine than *nux* twice a day. It improved considerably; the skin bleached everywhere, its features began to lose the old expression, the bowels were regular and natural, so that we began to hope that the worst was over. At this period, however, it was attacked with what, for want of a better name, the nurse called *inward fits*. The face grew purple, extremely so round the eyes and lips, as well as the hands and feet, which were also cold; the pulse hardly to be felt, and the respiration hardly moving a feather placed before the mouth. It lay thus, its eyes half closed as if dead, for about 15 or 20 minutes, when it heaved a deep sigh; the breathing then went slowly on again, until interrupted by another attack. As bluish face and repeated fainting-fits correspond to *hyosciamus*, I tried that remedy first, then *arsenicum* and *carbo*, but in vain; the intervals became shorter, and the faintings longer, until it expired. I confess that I did not know what to do in this case, and should like to have the remedy which covers such a case pointed out. The case is instructive in another point of view, as showing that the fetus is liable to disease; and that mental affections in the mother (as the fright in this case) may produce disease; for, from the time of the incident alluded to, Mrs. S. felt the motions of the child grow sensibly weaker.

ARTICLE XX.—*On the Use of Copper as a Preventive and Cure of Asiatic Cholera.* · By DR. ESCALLIER. Translated for the North American Homœopathic Journal from the Journal de la Société Gallicane.

IN a curious paper read before the Homœopathic Medical Congress of 1850, our honorable colleague, Dr. PERRY, took up the subject of the recent discovery, by Dr. BURQ, of the therapeutical properties of metals applied to the body externally, and sought to establish these properties as fairly belonging to the homœopathic law. I think it will be acceptable to the Society, to hear of the more recent researches of our zealous colleague,—researches which fully confirm a great fact of our therapeutics, the curative and preventive virtue of *copper* in cases of cholera.

Dr. PERRY, in the paper to which I have referred, mentioned the case of a lady, to whom he applied pieces of brass for several consecutive nights, and who experienced very shortly violent colics, irregular liquid stools, and spasms,—symptoms which, she said, were similar to those she experienced during the cholera epidemic, and all of which left her on ceasing the applications of the metal. Dr. BURQ, besides, had ascertained, by numerous experiments, made in the hospitals under the supervision of the head-physician, that the application of copper on the limbs, in the form of rings, is a certain means of causing the cramps in cholera patients to cease immediately, and often, all the serious symptoms which accompany them, vanish at the same time; an important discovery, which obtained for him from the government a medal of distinction, and a pension. It appeared that the rings of copper were a certain efficacious remedy only for *cramps*. Chance has since discovered to him, what Homœopathy would have told him, namely that copper often cures the cholera, and that, to a certain degree, it prevents its attacks.

One day his business took him to an important copper foundry in Gravilliers street; he found that all the workmen and inhabitants of the establishment, in number over 200, had

not had the slightest attack of cholera, either in the year 1832 or in 1849. This was likewise the case in three other copper foundries in the same street, and he then suspected copper to possess anti-cholera properties, and was determined to examine the matter with the greatest care: to accomplish this, a laborious examination was entered into upon over 100,000 persons in Paris, as well as the provinces, and in foreign countries. For six months, he continued to visit every establishment where copper and the various other metals were worked, and he questioned masters, workmen, presidents and treasurers of associations; on the other hand, a voluminous correspondence, some of which has passed under my own observation, has given him information from various establishments, where copper and other metals are mined and worked. The results of this inquiry he thus places before the Academy:

“ 1. During the two epidemics of cholera, which devastated France in 1832 and 1849, metals, wherever they were worked, exercised a most beneficial and decided influence.

“ 2. This influence, which is so evident that it is surprising it should have commanded only insignificant attention, is more particularly remarkable in the different trades which are engaged in the manipulation of bronze and brass, and in a less degree in those which handle the various qualities of steel; but in proportion as we descend the scale of the trades, the top of which is occupied by the alloys of copper on the one hand, and on the other by the carburets of iron, and the bottom by these two metals in their simplest form, the cholera mortality goes on increasing till it reaches sometimes the average, and for copper a considerable high figure, but without, however, its ever reaching the limits of the latter.

“ Thus, out of 1000 workmen in steel, who in 1849 lost but from 3 to 4 by the epidemic, we have, for example, among from 200 to 250 workmen in iron, 5 deaths; and while of all the workmen on musical instruments, numbering 600, there were only 2 deaths in 1832 and 1849, the cauldron-workers of Paris, amounting to about the same number of hands, present nearly double, viz., 4 or 5 in the last epidemic only.

“3. The protection exercised by the metals appears to have been of two distinct natures, *preventive* and *curative*.

“The *preventive* effect was no doubt produced *directly* by contact, and in proportion to the amount of protecting metal, and *indirectly* by simple vicinity, as is the case with those who are near a lightning-rod: at least it is by this latter mode only, that we can account for the marked preservation, which was experienced by the neighborhood of nearly all the copper foundries, unless it may be attributed to the emanations from the metal, caused by its fusion, or rather by the manipulations in the workshop, either in the form of highly attenuated particles, or of effluvia of a peculiar character.

“4. The prophylactic power seems to belong equally to all metals, having similar rank in the electric scale; and if we meet with it more particularly in brass and steel, it is probably because these two metals, possessing in the highest degree electric and magnetic properties, modify favorably those perturbations in the midst of which the cholera miasm can perhaps alone exercise its ravages; it is even most remarkable with regard to this latter point, that we have not found this protection to reach the same extent, in trades in which, though working in the same metals, great care is taken, as in horology, to grease and oil the various pieces of metal.

“5. The *curative* power appears, on the other hand, to reside in *copper alone*, which would seem to act upon the cholera miasm as sulphate of quinine does upon intermittent fever. This curious property has been very often brought to our notice, attested by the most incontrovertible evidence; and many a workman or master of a copper foundry has been preserved from cholera because he continued to live in the midst of the *copper* dust and emanations, while others lost their lives by fleeing from the, as they thought, infected atmosphere of the workshop.

“The preventive and curative properties of copper must exist in a high degree; for the whole type foundry, where copper is but little employed, lost only two men in 1832 and in 1849; and in 1849, the trade, which, from its well-known dis-

solite habits and bad state of hygiene, had been pointed out as likely to suffer much from the epidemic, namely, the Paris copper foundry, only had eight deaths out of 1300 persons then employed; among whom, too, we must mention a confirmed drunkard, who was guilty of a frightful abuse of brandy, an apprentice, and two workmen, who were sick at the time; one took it on Sunday, *while absent from the foundry*. *This most remarkable coincidence* has been too often repeated—indeed, whenever we were enabled to ascertain the particulars of death of each of the workmen—not to draw our attention to the fact as to a matter of high importance.

“6. And lastly, the cholera commission has unconsciously given us great advantages:

“1stly, By pointing out the trade of the coppersmith as that most respected by cholera;

“2dly, By showing in statistical reports a very low figure of mortality in *Lappe street (faubourg St. Antoine)*, which is nevertheless inhabited by a population very careless in its habits and hygiene, and in the whole of the *Quartier St. Martin-des-Champs*, which is so obstructed by offensive kennels, courts, and passages of all descriptions, but where, on the other hand, there are enormous quantities of every kind of copper and steel, either stored up or in constant use in an infinite variety of trades and works, while the epidemic was ravaging, sometimes in a most frightful manner, the whole of a neighboring *quartier*, which is only separated from the former by *St. Martin street*, but in which the metals disappeared, and were replaced by drugs, mercers' shops, hatters, &c.”

The following are the principal facts which have served as a basis to the foregoing results:

I have already mentioned, in reading the results of the examination in Paris,—

1st. The musical instrument makers, 600 in number, who had only two deaths in 1832 and 1849.

2d. The copper-founders, who, notwithstanding their continual infractions of hygienic laws, lost, in 1849, but eight out of thirteen hundred, among whom were several who were drunkards, and already sick.

3d. The trade of coppersmith, which of all others suffered least.

4th. The escape of the badly ventilated and choked-up *Quartier St. Martin-des-Champs*. Practising myself, in 1849, in *St. Martin* street, I can verify the truth of this assertion; I had noticed with astonishment that there had been no case of cholera in *Aumaire* and *Gravilliers* streets, in which there is compressed a population of very irregular habits, and in which the bad hygienic conditions appeared to me to invite the visitation of cholera.

5th, and lastly. The fact that out of one thousand workmen in steel there were scarcely three or four deaths from the epidemic.

To the above facts I will add the following: The bronze manufactory of Paris was almost entirely unvisited by the epidemic; Dr. BURQ visited over one hundred establishments, consisting of between six and seven thousand workmen, among which number there had not been ten deaths. M. Denière, who is the proprietor of a very extensive establishment, did not lose a single man.

M. Eck, president of the society of carvers, fashioners and turners in bronze, the members of which amount to 300, states that the cholera attacked none in 1832, and only one in 1849, who recovered.

The workshop of M. Cail, at Grenelle, employs 600 workmen in the copper foundry, and as coppersmiths; it contains enormous masses of stored copper. In 1849, two workmen fell victims to the scourge, one of whom was a confirmed drunkard, and the other had quitted the factory for a long debauch in Paris, and was attacked on his return. And yet, says M. Cail, the statistics of the town show that the cholera was very severe at Grenelle; it attacked many persons in wine-shops, which abound in the neighborhood of his establishment. Two hundred paces further on, are the iron-forges of Mr. Pauly, where 6 workmen out of 70 died of the epidemic.

M. Cavé, who employs 500 work-people, engaged in the manufacture of steel, lost none either in 1832 or 1849.

In 1832, there existed at No. 102 *Bac* street, a leaden-pipe foundry: there were in the house and among the workmen 18 deaths. Since that time a copper-foundry has been added to it; the workmen became more numerous, and yet, in 1849, there was only one death.

At Imphy (Nièvre), in 1832, there were copper and iron-works, which employed 400 work-people, none of whom were attacked by cholera, which was ravaging the neighborhood; in 1849 there was at Imphy only an iron-forge, the copper-works having been removed to Havre; the workmen were not so numerous, yet there were 4 deaths.

Cholera raged at Romilly in the years 1832 and 1849; 500 workmen were engaged in the copper-works; there was only one death in 1832, and one in 1849, both of whom were incorrigible drunkards.

At Villedieu, a town in the department of the Manche, where so much copper is worked, the cholera did not make its appearance. Such was also the case at l'Aigle, in Normandy, in 1849; in 1832, there were 77 deaths from cholera, but not a single one in M. Mouchel's copper-works, which employ 500 workmen.

In the neighborhood of Pontoise, there is a small village, situated upon a hill, which contains copper ore; the cholera was in Pontoise, and in the neighborhood of the village in question, to which many persons resorted, and where there was not a single death, either in 1832 or in 1849. The inhabitants attributed this to the virtues of the copper ore existing there.

At Falen, and in other parts of Sweden, where there are copper mines, the cholera has never appeared, although it was raging throughout the remainder of the country; it is a popular notion in Sweden, that cholera and copper are somehow incompatible. This fact was communicated to Dr. BUREQ by Professor HUS, of Stockholm, and confirmed by the Swedish Ambassador at Paris.

In Russia, or rather in Siberia, the possessions of Prince Anatole Demidoff, which comprise numerous mines of copper,

malachite and gold, are inhabited by 46,600 people; in 1831, the cholera did not penetrate the mines, though it prevailed in the neighborhood; in 1849 it attacked 822 people, of whom only 284 died; but 21 of these worked in the mines, and of these only 9 in the copper mines. This information was supplied to Dr. BURQ by a Frenchman, the Count de Montferrand, architect to the Emperor of Russia.

Such are the principal facts of the inquiry.

After having shown these results, Dr. BURQ continues :

“1. The alloys of copper, *brass and bronze*, the carburets of iron, called in commerce *German and English steel*, applied to the skin extensively, and in a permanent manner, are in cholera epidemics a valuable means of *preservation*, which ought not to be neglected, more especially as there can be no inconvenience in the application; and if the preservative power, which these two metals would seem to possess, were required to be augmented, it might be well to assist it by snuffing pinches of very fine brass and steel powder, thus applying it to the nasal mucous membrane, and, as a final precaution, by suspending large sheets of brass and steel about the room.

“2. In the treatment of cholera, copper, administered at the proper time, either alone or combined with other agents, such as opium, which have received the sanction of experience, and in such dose and form as shall be found best and most convenient in practice, *presents the greatest probability of becoming*, in the hands of skilful physicians, a *powerful means of cure.*”

If we now examine closely the results obtained by the researches of Dr. BURQ, the fact which at first strikes us, and which appears to me to be the most important, is, that copper alone, of all the metals, possesses the property of curing cholera: this property, our colleague, who does not recognize Homœopathy, explains by considering it as a sort of specific for that disease, as sulphate of quinine is for those resulting from marsh-miasms; but to us, to whom the homœopathic principle explains the action of sulphate of quinine in the

treatment of intermittent fevers, it also clearly explains the curative action of copper in cholera; pure experimentation, homœopathic clinical observation, the curious document read to us by Dr. PERRY, on symptoms *resembling* cholera produced by the external application of copper according to the very method of Dr. BURQ, all contribute to render this explanation probable.

Besides its curative, copper, according to the researches of Dr. BURQ, possesses a prophylactic power. This again is a fact which was foreseen by Homœopathy, and which experience has verified. "The use of copper," says HAHNEMANN, "combined with a mild and regular regimen and cleanliness, is the most certain and efficacious preservative, if the patient takes, every week, one *pellet* in the morning, fasting." HAHNEMANN even adds (and this is the more remarkable, as it shows us that empiricism and popular common sense frequently precede scientific discoveries): "It has been proved in Hungary, that a plate of copper, worn next to the skin, will preserve one from the infection, as I have been assured by several authentic reports from that country."* But, according to our author, it is principally in the alloyed state, and particularly in that of *brass* and *bronze*, that copper displays its prophylactic power; this superiority of the alloys would seem to me to be explained by the fact, that it is rather in this than in the pure state that this metal is worked, melted, rolled out into sheets and carved; the dust of brass fills the workshops; metallic copper, on the contrary, only acts to a certain extent by its presence and by contact. Moreover, whilst holding the first rank, copper shares the preventive power with other metals, particularly with the carburets of iron or the various steels. Up to the present time, our theory and practice have given us no intimation of such a result; can it be explained, as Dr. BURQ suggests, by the electric and magnetic properties which are possessed in a high degree by these two substances? This is a question which I leave to the decision of each one individually.

* Etudes de Médecine Homœopathique, 1850, p. 251.

With respect to the practical propositions with which Dr. BURQ concludes his paper addressed to the Academy, I think the society, without approving of all the details, will agree with them generally, the more willingly as it will see that they set forth and confirm, by new proof, a truth which our beautiful method, with its admirable simplicity of means, had already long ago brought to light. And while we compliment Dr. BURQ on his most conscientious and zealous researches, we cannot but congratulate ourselves on the possession of a doctrine, the incontrovertible superiority and truth of which is daily established by chance, or the scientific researches of our antagonists.

I will now give a succinct description of the instrument or combination, which has appeared to Dr. BURQ, to be the most convenient for the purpose of carrying out the above system. This is a chain, composed of 20, 30, 40 little oval plates, according to the size of the individual around the trunk. Each plate is composed of two metals, copper and brass alternately, riveted together with German and English steel, but separated, in order to avoid the contact of the two metals, by pasteboard, through which runs an elastic band; this chain is applied with the copper side to the skin, and Dr. BURQ suggests, for greater certainty, that other chains should likewise be fastened above each of the larger articulations, above the knees, and above the elbows.

We cannot leave this subject of the application of the metals, without mentioning a word of its advantages in the method of treatment devised by Dr. BURQ (metallo-therapeutics); we shall thus finish the interesting paper of Dr. PERRY.

This chain was not invented solely for permanent applications of the metal in cholera times, but it was also constructed in order to render the use of the metals easy to the physician and convenient to the patient. Easy to the physician, because at least one of the four metals which compose it will act, with but rare exceptions, in the majority of cases, thus relieving him of the necessity of finding by experiment which is most proper; it is convenient for the patient, because it

gives with ease to all the motions of the body, and because they may, at pleasure, be made into bracelets, waist-belts, &c., &c. The form is so convenient, that Dr. BURQ will employ no other; and when other metals besides copper and steel are required to be prescribed, he gives them this form.

For very young children, as a remedy for convulsions, which are so much dreaded at the period of cutting the teeth, these same metals are employed, but in the shape of necklaces.

We are personally acquainted with Dr. BURQ. He is not a Homœopath, but if the difficulty and speciality of his studies did not make him avaricious of his time, and compel him to resort to great reserve in the presence of the scientific bodies whom he has constituted the judges of his researches, perhaps he would himself have detected that, between the facts which he has revealed to us and the facts and laws of Homœopathy, there is a wonderful relationship.

ARTICLE XXI. *Proving of Nuphar-luteum.* By DR. PITET (Mélampe). *Translated for the North American Homœopathic Journal, from the Journal de la Société Gallicane.**

1. *First Proving with the Fourth Dilution.*

1843, Nov. Several doses of the fourth dilution were taken irregularly for several days.

6th day. Some colic. Frequent prickings on the posterior surface of the left thigh.

* Vol. 3, p. 129. Dr Pitet gives no description of the plant indicated, either botanically or otherwise. It is, however, the *nymphaea-lutea* of Linnæus, the *nuphar-luteum* of Smith. It belongs to the order of *nymphaeacea*, the pond-lily tribe, some species or other of which is familiar to almost every one, by its beautiful white or yellow flowers, and delicious fragrance. The species in question is the small-flowered yellow pond-lily, *n. -luteum*, not the large-flowered common yellow lily, *n. -advena*, from which, however, it is said to be sometimes difficult to distinguish it. It is quite common in the interior of the State of New York, though less frequently found than the larger species.

A tincture is made from the whole plant,—rhizomes, flowers, leaves, and peduncles.—Ed

9th day. Pressive headache in the forehead and left temple.

10th day. The same symptoms as yesterday.

11th day. Headache in the forehead, and by turns in the left temple, ceasing in the open air. Excessive moral sensibility, giving one great pain on witnessing the sufferings of animals. Diminution of lascivious thoughts and the sexual inclination for some ten days. Opposite effects during the succeeding days.

Towards the end of the ten or twelve days which followed the commencement of the proving, there appeared, on different parts of the body, a number of red blotches, tolerably regular in outline, ovoid or circular, prominent, and covered with little scales of a silvery white; in short, resembling *psoriasis*. There were a few on the posterior surface of the arms, but they were most abundant on the anterior surface of the legs; they itched violently, especially in the evening. Friction removed the little scales, which were rapidly reproduced, remained a few days, and then fell off again from the scratching induced by the itching. This eruption lasted a month and a half; as it disappeared, and the scales ceased to be reproduced, the skin at the place of each blotch became pale red or yellowish.

It is impossible to mistake the character of *psoriasis* in these symptoms. Were they pathogenetic, or unconnected with the remedy?

2. Second Proving with the Fourth and Sixth Dilutions.

1844, April 18. For ten days successively, I took drops of the fourth and sixth attenuation, diluted with a large quantity of water, four, six, ten, twenty, thirty, forty times a day, and more, in progressive order.

4th day. Sweetish taste several times a day; taste of *nuphar* at the root of the tongue.

7th day. Boring pain in transitory attacks in the left anterior part of the forehead, in the evening.

8th day. Lancinations in the plantar surface of the last

phalanx of the right great toe, in the evening. Complete absence of sexual desire; penis contracted, scrotum relaxed. Soft stools, preceded by some colic, for several days past and following.

9th day. Painful sensation behind the sternum when running, as though the subjacent organs were violently shaken.

10th day. Face pale, discolored eyes, though otherwise as well as usual. Entire absence of erections and sexual desires, the voluptuous ideas which fill the imagination do not cause erection. Dull or tearing pains, sometimes in the forehead, at others in the whole upper part of the head. Heaviness in the whole head in the middle of the day. Great impatience at the slightest contradiction. Constant restlessness, and fatigue in the legs. Painful drawings in the muscles of the anterior region of the left leg. Dull, deep lancinations behind the left frontal eminence.

11th day. Dull pains in the left anterior cerebral lobe. Dull pains occasionally beneath the orbital plate. Very painful bruising shaking in the brain at every step in walking.

12th day. Painful bruising shocks in the right anterior side of the brain when walking.

15th day. Diarrhœic stools morning and evening, preceded by violent colic pains in the rectum without having eaten more than ordinary.

16th day. Diarrhœa, preceded by violent colic pains in the rectum all night.

17th day. Yellowish diarrhœa two nights in succession, preceded by violent colic pains in the rectum; six stools from 8 P. M. to 6 A. M.; diarrhœic stool during the day, after breakfast, and another after dinner. Emission of flatulence, in the evening, with wind colic. The urine deposits a copious reddish sand, which is hard and adheres to the vessel. Two diarrhœic stools during the evening. Smarting and burning pain at the anus after every stool.

18th day. Two diarrhœic stools during the morning, preceded by colic pains in the rectum. Continued absence of

erections and sexual appetite. Dull, deep colic pains during the day, all around the waist. Two yellow diarrhœic stools in the evening.

19th day. Two yellow diarrhœic stools between four and five A. M., and one during the day. Sense of weakness; slightly painful over the whole anterior surface of the stomach. Sensation of weakness and slight pain on pressing the epigasttric region. Lancinations in the right testicle. Diarrhœic stool in the evening.

20th day. Diarrhœic stool in the morning—some pain in the right testicle.

23d day. Dull pain, and sensation of painful weight in the orbit all day, since morning, in the right anterior cerebral lobe, and right side of the occiput. (Paroxysms of very acute, but transitory pain in the inner border of the last joint of the right great toe when walking. When standing in the sun, a quantity of brilliant sparks filled the field of vision, converging from the circumference to the centre; frequently perceived subsequently, principally after hard coughing. Aggravation of a moderate *pityriasis capitis* of several years' standing; morning and evening, especially, the itching is intolerable, and the comb brings away a great quantity of hair.)

25th day. Painful heaviness in the orbit, at the base of the brain; a very frequent symptom since the beginning of the proving. Dull pains, sometimes lancinating in the situation of the right anterior cerebral lobe.

27th day. (Dull, wandering pains in the left side of the chest. Extremely violent itching of the whole scalp, particularly at night. Falling off of the hair.)

The latter symptoms, which I have enclosed in a parenthesis, are constitutional with me. It is a question, whether their renewal is an effect of the season, or a consequence of the vital depression caused by the drug.

From the 29th and 30th days, the symptoms became more rare; the strength, flesh, and healthy complexion, which had diminished, began to return, and the reaction in the genital system was progressively developed.

3. *Third Proving with Sixth, Seventh, and Eighth Dilutions.*

1844, September. Continued for twelve days, like the second proving.

8th day. Deep dull pain at the lowest part of the left lumbar region, and in the posterior superior part of the external iliac fossa; it coincides with a similar, but not constant, pain in the internal iliac fossa of the same side. Sensations like flea-bites in different parts for several days.

9th day. Lancinations in the left anterior part of the brain.

10th day. Painful pressure in the right temple. Lancinations in the left anterior part of the brain; similar, but less violent sensations on the opposite side.

12th and following days. Acute lancinations in the left side of the brain. Yellow diarrhoea, especially very early in the morning, for three days past; five or six stools a day, without colic or epigastric trouble, except, at times, a sense of weakness in the epigastric region. Continued appetite. Weakness of the limbs, in the evening. The diarrhoea continues, notwithstanding a considerable diminution in the amount of food taken; the stools are always more numerous towards five or six o'clock A. M. Diminution of erections and sexual appetite. Walking, even slowly, causes a painful stitch in the left flank, which is relieved by pressure.

20th and following days. Stitches, as if from needles, in the rectum above the anus. Dull pains in the anterior part of the base of the brain, on a level with the bottom of the orbits. Very painful feeling of weight in the temples in the morning. Sensation like flea-bites in different spots on the legs, near the ancles, and on the arms near the wrist. A similar sensation on different parts of the skin of the body. A red, slightly prominent, patch covered with little white scales, and itching violently, on the interior surface of the right arm, near the axilla (*psoriasis*).

25th day. Dull, transitory pain in the right testicle for several days in succession; a similar pain at the extremity of

the penis, on the right side. Soft diarrhœic stool, preceded by colic, which disappeared after the stool. Dull pains in the bottom of the orbit, forehead and occiput, on the right side. Several lacerations in the left testicle, with pains at the extremity of the penis on the left side. A red, oval, prominent patch as large as a five-cent piece [pièce de vingt-cinq centimes], on the internal surface of the left arm, exactly like a patch of *psoriasis*, covered with silvery scales, falling off and renewed again every few days, and itching violently, especially in the evening.

During the subsequent days, the reaction in the genital system, and general state, developed itself by degrees.

4. *Remarks on the Proving.*

I desire to lay before my colleagues a few considerations, naturally flowing out of the above detailed experiments.

We have seen that, during my first proving, in November, 1843, an eruption like *psoriasis* appeared upon my lower limbs. Although of an eminently psoric constitution, manifested in childhood by temporary enlargements of the cervical lymphatics, chilblains, catarrhal inflammation of the eyelids, &c., and in adult life by symptoms resembling, at one time, the commencement of tubercular consumption, and which only yielded to homœopathic treatment, it was, nevertheless, the first occasion on which I had ever been affected with an eruption of this nature; it continued for a month and a half.

In the second proving subsequently instituted in the months of April and May, there was no eruption. But in the third, in September and October, two patches appeared on the internal surface of each arm. At a subsequent period while an *interne* at the *Hospice de la Salpêtrière*, and brought every morning in contact with some hundred patients affected with itch, I was seized with a general *psoriasis* which lasted more than a month, without being in the least affected by any medicament, and only yielded at the end of three or four weeks to the alternate use of *manganum* and *nitri-acidum*. This eruption took place in the spring of 1847. Every year

since has been marked by the appearance of two or three patches of psoriasis, sometimes in the spring, sometimes in the autumn.

Quite recently, I proved the *nuphar*, freshly prepared by M. Catellan from the flowers and roots of last summer, and in less than a fortnight, the patches of psoriasis appeared on all sides; four on the right cheek, six or eight on the posterior surface of the neck and thorax, eight or ten on the anterior, and several on the dorsal surface of the limbs, &c. The twelfth dilution was taken during twelve successive days, either in globules or in water, and in doses repeated ten, twenty, thirty, forty times and more. But owing to the higher dilution used, or the immunity produced by repetition, or the fact that the eruption absorbed the other pathological manifestations, the other phenomena were less marked.

What conclusion shall we draw from these facts? Did the *nuphar* three times in succession produce the eruption? Or did it simply act by awaking the pathological susceptibilities of the economy, and depressing the vital functions, and thus favor the appearance of the disease? Or is the whole thing a mere coincidence?

I shall willingly adopt the latter conclusion, as the wiser one, until further provings and an extended clinical experience shall have thrown more light upon the subject.

5. *Characteristics of the Nuphar.*

It is thus well settled that the *nuphar*, although thrown by the old school into their visionary catalogue of *inert* substances, possesses a remarkable power of modifying the vital force, particularly in the matter of the generative functions, as was already known to the ancients (DIOSCORIDES, PLINY, &c.). This action is exhibited in depressing phenomena, more and more marked, and lasting sometimes as long as thirty days. The reaction then commences and proceeds, but with considerable slowness.

An *interne en pharmacie* of the hospitals of Paris, whose name I regret that I cannot recal, took for several days a

quantity of tincture of this drug, and remained for two months without perceiving either propensity or power of performing the generative act.

If we now compare these effects with those which take place in the nervous centres, such as the pains in the anterior cerebral lobes, the general depression of strength, which commences immediately on beginning the proving, we may infer that this remedy possesses an eminently vital action, that is, an action deep, direct, and primary upon the nervous centres.

In the chronological order of the symptoms, those which are seated in the digestive organs do not commence until a number of days after the disturbance has been manifested in the nervous functions. Their seat, so far as can now be judged, is in the lower part of the digestive canal. Thus the pains, which accompany or precede the stools, are principally seated in the rectum. The appetite is not at all disturbed, still the strength is not renewed, nutrition languishes, the face becomes pale, and the eyes dark-colored. The stools are sometimes soft, generally liquid, yellow, most frequent between four and six A. M.

The circulatory system, in the limited provings I have made, is the only one which did not appear to me to be sensibly affected.

Notwithstanding the slender number of symptoms experienced, I cannot avoid calling the attention of my colleagues to the *nuphar-luteum* in acute or chronic cases of enterocolitis, where the aggravation takes place in the early morning, and generally, in cases where there is a depression of the virile functions.

6. *Clinical Experiments.*

CASE 1. Having administered a dose of *nuphar* 6, for several evenings in succession, to a patient convalescing from typhoid fever, whose feeble state was aggravated by nocturnal emissions, these latter diminished in number from the first day, and gradually disappeared.

CASE 2. In another case I gave the drug to a man, who

for nine years had had involuntary seminal losses during sleep, at stool, and when urinating, with complete absence of erections; he was pale and languid, and had been treated in vain, for several months, at the Hôpital St. Marguérite, by *opium*, *quinquina*, and the pretended tonics.

The first evening, he had violent headache, accompanied by vertigo, as if from intoxication, extending into a part of the night, with soreness, nausea, epigastric pains, and bitter mouth. The next morning, general bruised feeling, as if he had been beaten with a club.*

During the following evenings, the patient, who was taking the remedy twice a day, experienced heaviness in the head, vertigo, as if from intoxication (similar, he declared, to those he had felt while taking *opium*), and bitterness in the mouth. For a month he took the *nuphar* at two different times. His paleness diminished, his general weakness disappeared by degrees, and his digestive functions took a new start. At the same time, the pollutions ceased, erections came on, accompanied by a decided propensity for the generative act, and before the thirtieth day of the treatment, he was able to satisfy it with success, and without fatigue.

CASE 3. M. B., æt. 28, had had a morning diarrhœa for three months. He had to rise every morning, towards five o'clock, several times for the purpose of going to stool; never any colic. *Bry.* and *sep.* did no good in a fortnight; the diarrhœa continued of the same character, and the slightest error in diet aggravated it. *Nuphar* cured it rapidly.

CASE 4. M. Louis B., æt. 21, professor of literature, had scarce returned from the country, towards the end of last autumn, than he was taken with a morning diarrhœa, with colic. Between four and six A. M., he had two or three stools, and commonly one in the evening. This state had lasted eight days; after the first dose of *nuphar* taken at night, the diarrhœa ceased.

* There is a connection between these pains and the bruised pains produced by *nuphar* in the brain and thorax, which are sensibly aggravated by the shock of every step—*Pitet.*

CASE 5. M. L., æt. 43, musician, had suffered for three years from an entero-colitis, contracted by excesses of the table and venery, and domestic troubles. He had exhausted the resources of the old school and of quackery without benefit, and when he consulted me, towards the end of last November, he presented the following case: Appetite good, sometimes excessive; frequent regurgitations of an acrid and corrosive taste; digestion slow; colic and rumbling every night, and waked several times from five to seven every morning to go to stool, which was liquid or soft, yellowish, and either sour or fetid. The least excess of any kind produced a considerable aggravation of this state, and generally obliged him to remain in bed for a day or two; ordinarily, he was enabled to attend to his affairs, though his condition varied. His sleep was agitated; heat in the palms of his hands; frequent pulse; at times, dull pains in the left renal region, which was sensitive to the touch. From the first doses of *nuphar* he derived more benefit than he had previously experienced from any treatment, and in two months he was well.

CASE 6. M. L., æt. 33, jeweller, had had a diarrhœa for a fortnight, which obliged him to get up several times for stool, towards five or six A. M. He had no colic, but experienced burning at the anus, together with general depression. The diarrhœa ceased from the second day.

CASE 7. M. B., æt. 37, wood-carver, consulted me on the 26th of last May. He had been sick for three months. His tongue was white, mouth pasty, and his stomach the seat of a painful sensation of weariness; digestion slow. He had wind colic, principally early in the morning, with liquid or soft sour-smelling stools. For several years the virile functions had been badly performed; he had tolerably frequent pollutions during sleep; constant itching of the scrotum and perinæum; small desire for coitus; infrequent and feeble erections. The diarrhœa, colic, digestive troubles, and general weariness, were aggravated on the day succeeding sexual connection. I prescribed *nuphar*, and eight days after the

first consultation, the patient not coming to visit me, one of his friends, also a patient, told me that he was better, and intended to continue the treatment.

Bibliographia.

ARTICLE XXII.—*Notices of Recent Publications.*

I. *Principes de la Doctrine Médicale Homœopathique*, par L. SALEVERT DE FAYOLLE, Docteur, &c. Paris, 1853. 8vo. pp. 364.

Principles of Homœopathy. By L. SALEVERT DE FAYOLLE, M. D.

BORDEU tells us,* that, while still a very young man, he made the fourth doctor called to consult about a patient with fever, pain in the side, and bloody sputa. "It is easy to understand," he says, "that I had no advice to offer; one of the gentlemen insisted upon a third bleeding (it was the third day of the disease), the second upon a compound purge and emetic, and the third upon a blister on the thighs. The debate raged high; neither would yield an atom, and, as for myself, I would have sworn that each one was right in his turn. It will hardly be believed that the patients of the respective doctors took part in the dispute, and that the war continued until after the seventh day of the disease, without anything being done for the patient. In the mean time, notwithstanding the terrible prophecies of my three superiors, the patient recovered, and I sat down to think." Reflecting upon this and other similar histories, of which the physician of this, as well as of former days, will find an abundant supply, it is not surprising that the expectant treatment seemed to BORDEU a blessing both to patient and doctor;—to the patient, because it saved him suffering and prolonged his life; and to the doctor, because it spared him thought and trouble and promised success.

These quarrels of doctors in the field of therapeutics have been so transparently foolish, idle, and devoid of result, the dashing of one barren iceberg against another, that they have been food for the comic authors of all ages. Molière and Le Sage, fellow-countrymen of BORDEU, have exhausted

* *Recherches sur le Tissu Muqueux*, p. 793.

their wit upon the subject, and the popular proverbs of all nations testify to the popular appreciation of the fact *that there never has been a science of healing*. Hence every physician, who is endowed with common sense and a tolerable power of observation, let him commence as he may, is sure to pass the latter half of his professional career in the practice of an expectant treatment. And so strongly has this spirit of skepticism taken possession of the more respectable part of the old school, that, even when a true therapeutic art is at last set before them, they cannot muster courage enough to examine its claims, nor faith enough to give heed to its proofs. They are destined to pass away, ignorant of the great medical revelation of their times, victims of an unbelief, forced upon them by a sad experience of the vanity and emptiness of every pretended system, in which their youthful inexperience had fondly sought the Utopia of therapeutics.

It is from the young that Homœopathy must expect its recruits. As its claims come before them, as they enter the field of actual life, in common with those of the innumerable sects of the dominant school, its superior simplicity, scientific beauty, and practical character, will infallibly attract their admiration, while its statistical results will confirm their faith, and determine their choice. The interested prophecies of our antagonists, that our system was dying, and would soon be among the things not remembered, have not yet been fulfilled; another generation of physicians will either raise the name of HAHNEMANN to a position in the galaxy of the world's great ones, or bury it in the same tomb with those of CELSUS, BROUSSAIS, and BROWN. We confidently await the result, desirous, not that *our art* should survive, but that *the truth* should be exalted.

The interest which Homœopathy is exciting in the world of mind, is pleasingly evinced by the number of publications that are daily issuing from the press of almost every civilized country. Germany, Italy, Spain, France, England, and America, are constantly contributing something to our stock of literature, and while many things are said again indifferently, which had before been better expressed, and many uttered which might rather have been left unsaid, still, it is perhaps better that the waters should be stirred, even if they become muddy, than that they should remain in stagnant rest. It is natural to find among these publications various classes. Some are intended for the edification and conversion of our allopathic colleagues, and take the form either of a

refutation of their objections, or an attempt to render the homœopathic theory and practice, *prima facie*, reasonable; others are intended, as it were, for home consumption, and consist in a development of the interior of the law of similarity, and in various theories of its action. The work we have under notice partakes of both these characters. It is devoted to proving that there is but a single law of cure, no matter what may be the remedies used, and that the remedies of Homœopathy are far superior to any other; this occupies the first and second parts, while the third contains a method of studying the *Materia Medica*, and illustrations of its application in practice.

Life, with our author, is action; if this action be perfect and integral, a state of health results; if there be less than the normal power of action, disease is the consequence. Disease is thus always the result of defective vital power, and those leaders in medicine who have held that some disorders were occasioned by excessive vital energy, have been grossly mistaken; such abnormal manifestations are simply due to the fact, that the vital force is not sufficiently strong to resist the power which produces them. Life, then, is *resistance*; the ability to resist a crowd of destructive causes, by which we are continually surrounded, and by which we should speedily be overcome, were it not for this power of resistance. To resist perfectly, is to be well; to resist in part, is to be diseased. But it is not only necessary to resist; we must sometimes *overcome*. We live by means of air and food, which are incessantly seeking to destroy us; if our vital force be sufficient to overcome and subjugate these hostile powers, the victory is ours; but if it fall below that point, we must succumb.

Diseases also attack us, and the same state of things results; if our vital activity is sufficient to overcome, we get well; if not, we die. A remedy, then, is a substance administered to the sick, which will so sustain, stimulate, or strengthen the vital force, as to enable it successfully to overcome the morbid attacking power.

This theory is far from being new in Homœopathy, nor is the reasoning by which our author endeavors to show, *a priori*, that the remedy must always be selected according to the Hahnemannian formula, particularly ingenious, or founded upon irrefragable data. It is one of the many unsuccessful attempts to substitute for the foundation of experience, a more showy, but less reliable, substructure of fundamental law. This will, no doubt, be done, but the time seems not yet

to have arrived; we *know*, from observation, that like cures like; we shall probably one day see *why* it does so, and be able to prove that it *must* do so.

Our author proceeds to show, in his second part, that the allopathic means of treatment are indirect, unsatisfactory, badly studied, employed hap-hazard, and a source of great danger to the patient, while those presented by the new system are direct, studied after a certain scientific method, well understood, selected by an unfailing law, and perfectly harmless. We find nothing valuable in this section, which is not already well known to our readers.

The remainder of the work is occupied by studies of several homœopathic remedies and a selection of cases homœopathically treated. We cannot say that we have found any thing in either that would justify the space it would take up in our pages.

II. *Vérité de l'Homœopathie ; ou Théorie Nouvelle propre à démontrer l'Action Réelle, le Mode et la Nature d'Action des Remèdes Infinitésimaux.* Par le Dr. Z. CASTAING (de Toulouse). Paris, 1853. 8vo. pp. 102.

The Truth of Homœopathy ; or a Demonstration, by means of a New Theory, of the Real Action of Infinitesimal Remedies, and of their Mode of Operation. By Dr. CASTAING.

If the hopes of our readers have been as often excited by the announcement of a perfectly satisfactory theory of Homœopathy as ours have been, they will feel but little disappointment when they learn that the *new* hypothesis of Dr. Castaing contains but little novelty. France seems to be, as it were, secluded from the rest of the world, in the matter of Homœopathy; and we find frequent instances of the production of thoughts with considerable parade and circumstance, which a little familiarity with foreign literature would have shown to have been already worked out and exhausted. The work before us is no exception to this remark; it goes over ground already fully occupied, and deals occasionally besides in a repetition of old absurdities, which a little reflection would have excluded. Thus, we are told that Hahnemann chose purified sugar of milk and *rectified alcohol* as the most inert substances he could find, for the purpose of diluting his remedies, when the experiment of swallowing a teaspoonful of absolute alcohol might have satisfied the author that it was not the *inertness* of that fluid that led to its selection.

The theory propounded, shortly stated, is this: that the remedies administered can only act by reaching the finest capillary divisions of the circulation, in order to act upon the ultimate nervous ramifications of the diseased part; and hence, that they must be divided to such an extent that the minute diameter of the capillary vessels may present no mechanical obstacle to their entrance and passage. To those who have been familiar with the history of Homœopathy, and have read Dr. Joslin's paper on this subject, this part of the theory will present no novelty. The remainder is the Hahnemannian hypothesis, "that the medicinal agent operating, as indicated by pure experiment, in the same way as the morbid cause, but affecting the already disordered nerves, more profoundly substitutes its own momentary action for that of the exciting cause of the disease, reduces it to the condition of a foreign body which must be eliminated, and, as its own action subsides, carries with it the primitive affection." (p. 63.)

The power of criticism has already been employed upon this theory, presented as it has been in various shapes since it was originally propounded by Hahnemann, and it is not necessary now to reëxamine it in detail. Suffice it to say, that it always has been and always will be exceedingly unsatisfactory to a large portion of the homœopathic school, who have from time to time endeavored to supply its place with other theories often liable to more numerous or more formidable objections.

We find on page 60 an allusion to some experiments, of which we should be glad to hear more in the hands of some of our able colleagues:—

"If we would have a more striking example of the power of small doses, we need only refer to the experiments of Dr. LAVILLE DE LAPLAIGNE of Bordeaux. He took a glass tube filled with a homœopathic preparation closed at both ends, and traversed through its whole length by a metallic wire, one extremity of which terminated in a point. By now passing a current of electricity through the wire, while the point was applied to the abdominal integuments of the subject, a sufficiently powerful dose of the drug was made to penetrate the system, to develop *all the characteristic phenomena* of the substance contained in the tube."

If this statement be true, the fact becomes an important and interesting one in many points of view, both therapeutically and physically.

Collectanea

Arsenic-eaters.—TSCHUDI, in the *Prague Medical Journal*, gives the following very instructive relation concerning a singular custom prevalent in some parts of Austria:—

“The custom of eating arsenic prevails to a very great extent among the peasants of Lower Austria and Steyermark, particularly in those mountainous regions bordering on Hungary. It is procured from pedlars, cow-doctors, and quacks of various descriptions. These arsenic-eaters have a double purpose in view for the acquisition of their habit, the first being a healthy and fresh appearance, with a certain degree of corpulence; this intention they for the most part gratify, while the more youthful among them are remarkably distinguished for blooming health and exuberant exterior. The second purpose of this use is to facilitate respiration, and thus aid in the constant necessity of ascending heights required from their residence in a mountain region. It is not to be neglected, however, that excessive employment of arsenic for these ends is followed by poisonous effects and death. When these people have a long ascent of the mountains to make, they commence by taking a small piece of arsenic in the mouth, where it is gradually dissolved, producing most surprising effects in the ease with which the labors of the way are overcome. They begin with somewhat less than half a grain taken on an empty stomach in the morning, and prudently supply the mouth until the quantity consumed reaches about four grains at the time that their exertions are completed.

“There is never the least appearance of an arsenic-cachexia, or chronic poisoning effect of this mineral to be observed in those persons who are in the full enjoyment of its habitual use; but should this habit for any length of time be suspended, the phenomena of a low grade of arsenical poisoning make their appearance, and are only removed by a return to the former custom.

“Arsenic is often strewed among the oats used by the horses, or a small piece, being wrapped in linen, is bound upon the bit, so as to insure its being gradually dissolved and supplied while the demand is being made upon the highest powers of respiration of the horse. A coat of great beauty, with a lively, spirited disposition, is thus insured to the horses, depending, however, upon their being continued upon this diet; for, should it be changed, they lose flesh, spirit, and the glistening coat for which they are so remarkable, though fed upon the choicest food, and are only restored when arsenic is again supplied. It is to be observed, in conclusion, that throughout this entire region, a knowledge of the abuse of the customary habit of making arsenic a diet, enters largely into questions of medical jurisprudence.”

Headache cured by Arsenic.—Dr. BUEL, of Sheffield, Mass., reports a case of an unmarried lady, aged 20, who had been troubled with severe headache for six months. The pain was in the upper and forepart of the head, and was not unfrequently accompanied by a painful and distressing sensation about the sternum; it had been almost incessant for six months, not violent, but aggravated at times to great intensity. She was a little dyspeptic, but in other respects her health was good. She could ride eight or ten miles on horseback, but was much sooner fatigued than when in health. About two months before she applied to Dr. Buel, she had had a *slow fever*, but

the headaches continued after it as before, and he could not discover any antecedent cause for the affection, which had resisted a most thorough course of bleeding, blistering, purging, vomiting, tonics, bathing, and electricity.

After trial of a *chalybeate conjoined with aromatics*, under which she gained some strength, but did not lose her malady, Fowler's solution was administered "in pretty liberal doses." After taking it for two or three days, she became indisposed, had feverishness, diminished appetite, and restlessness, which subsided in two or three days on omitting the medicine, but recurred again in an increased degree on resuming it. On the fourth day after recommencing, "a remarkable erysipelas-like inflammation spread over her head, neck, and shoulders, accompanied with intense heat and itching, and considerable tumefaction, particularly about the eyes. Such was the increase of action about these parts, that an emplaster of *Pic. Burgund.*, which had been applied *inter scapulas*, produced complete vesication, followed with superficial ulceration and as profuse a discharge as usually succeeds a vesication from cantharides. As this new affection obtained, her former disease subsided, and she now, for the first time in six months, was perfectly free from pain in her head and breast." She ceased using the medicine, the blister healed kindly, and the headaches did not return.—*Med. Repository*, 11, 1.

Tetanic Symptoms from the use of Kali-hydriodicum.—The following case is related by Dr. D. P. PHILIPS, U.S.N., in the *Philadelphia Medical Examiner* :—

"Whilst Acting Surgeon of the U. S. Ship Massachusetts, a fireman, named J. White, was admitted upon my sick list with rheumatism. I ordered the administration of iodide of potassium, grs. viii. ter in die, to be taken before meals in a spoonful of water. Soon after commencing with the remedy (probably the second day) he complained of some uneasiness and stiffness in the jaws; but supposing it to be some trivial affair, I paid but little attention to it. On the next day the difficulty had increased, and I directed frictions with some stimulating liniment; but when I saw him the day after, the jaws were immovable. Upon careful inquiry, I ascertained that ever since he had been using the iodide, he had experienced a burning and uneasy sensation in the oesophagus and stomach. Upon learning this, I discontinued the medicine, and ordered counter-irritation over the stomach. In a few days the tetanic symptoms entirely disappeared, and the iodide of potassium was renewed, but diluted in a tumbler half full of water, and given *after* each meal. The patient entirely recovered from rheumatism, and had no return of the trismus. I attributed the unusual symptoms entirely to the use of iodide of potassium in too concentrated a form."

Hysteria removed by Electricity.—The following case certainly deserves a record among the curiosities of medical experience :

"A young woman about 20 years old, some time in May, 1790, was suddenly seized with extraordinary pains in her head, back, and limbs. Medicines were administered without result, until at last, in July, electricity was resorted to, apparently as the only remaining device. She could neither see nor speak, and could, with great difficulty, be made to hear what was said to her; her tongue was so affected as to be almost useless; her jaw was almost entirely locked, for only a small part of a tablespoon could

be inserted between her teeth to convey her liquid nourishment; her right arm was without sensibility, as was nearly the whole of her right side. She had likewise a distressing constriction of the throat and chest, impeding respiration; continual fainting fits, often appearing as if she would not revive; took no food except a little liquid, and had had, for several months previous to her illness, a total cessation of the catamenia."

Under these circumstances, an electrician was sent for, who despaired of any good result, but passed "two light shocks through her paralytic arm; then two of the same strength through her lungs from her right hand to her left. *Immediately after the second shock* through her lungs, she made signs to her mother that the distress in her throat and chest was relieved." She then received a "universal shock" through the spinal marrow of double strength, and was about to get on in the right arm, when her sight was so far restored as to perceive the intention before it was executed, and her speech returned sufficiently to beg he would not proceed. In six or seven days everything became normal, and in a few months she recovered her health, was married, and had several children.—*Med. Repos.*, 5, 44.

Analgesia and Anæsthesia.—The following remarkable instance of insensibility to pain is related by Dr. Brown, of Lexington.—*Med. Repos.* 4, 255. Mrs. McL., of Bairdstown, Kentucky, aged about 40, has been deprived for more than two years of the power of sensation in her hands and feet. She is quite insensible of the effects of cutting instruments, or of burning coals applied to them. In one instance, when she was employed in shaping a piece of wood with a knife, she incautiously turned her eyes on some other object, and cut off the end of the thumb of her left hand without perceiving the smallest sense of pain. She cannot, from her sensations, discover the least difference between a hot and a cold iron, and has frequently burnt the skin and the flesh to a considerable depth, by mistaking the one for the other. These wounds and burns heal without any uncommon difficulty. She has perfect power of motion, all her functions are natural, and her spirits cheerful. She feels no uneasiness from her complaint, except a sense of fulness in the veins, which she ascribes to the slow circulation of blood in her extremities. As the sense of touch is entirely lost, she finds it difficult to retain substances in her hands without looking at them, as it is by sight chiefly that she regulates the degree of muscular contraction necessary to their retention. On turning her eyes aside, she often drops glasses, plates, &c., which she holds in safety as long as she looks at them.

Colchicum-autumnale.—Dr. MACLAGAN, in the December number of the *Edinburgh Monthly Journal of Medical Science*, publishes an article on this drug, in which he states that he can confirm the observation of previous experimenters, that it decidedly increases the amount of urea in the urine. He found it likewise to increase the amount of uric acid; in one experiment, after six days' use of it, the urea was found increased by nearly one half, and the uric acid was more than doubled.

Effect of the operation for Cancer.—M. BROCA, in a prize essay on the Pathological Anatomy of Cancer, published in the sixteenth volume of *Memoirs of the French Academy of Medicine*, adds some illustrations to the melancholy chapter of relapse of cancer, which he regards as of nearly constant occurrence. Among the patients operated upon by Blandin, in 1847 and 1848, there were 69 who furnished tumors, most of which, prior to

the employment of the microscope, would have been regarded as cancerous. On examination, 2 proved to be fibro-colloid, 5 fibro-plastic, 15 epithelial, and 6 partial mammary hypertrophy. Of 39 really cancerous patients, 11 died from the consequences of the operation, and 28 survived these. Of these last, 19 were kept in view, and every one of them had relapse, 16 within the first year, 2 in the course of the second, and the last at the end of the twenty-fifth month. By the beginning of 1850, 17 were dead, and the other two were expected soon to follow them.—*Brit. and For. Med. Chirurg. Review*, Jan., 1853.

Agaricus-muscarius.—M. GERARD has recently shown before a committee of the Paris Council of Health, that the poisonous mushrooms may be entirely deprived of their deleterious properties by being simply macerated and then boiled in water, to which a little vinegar has been added. The poisonous principle is perfectly soluble in water and is entirely removed. It is not soluble in alcohol except by virtue of the water which it may contain. This furnishes an important hint for the pharmaceutical preparation of the *agaricus* and other fungi, in which the alcohol used should be as largely diluted with water as is consistent with its preserving powers.

Fraxinus-excelsior.—Ash-leaves were highly recommended by RADEMACHER, and have been quite extensively used in Germany on his suggestion. In the *Union Médicale* for Nov. 27, 1852, two French physicians, Drs. POUGET and PEYRAUD detail several cases of gout and rheumatism cured by an infusion of ash-leaves in boiling water. Dr. PEYRAUD himself was one of those relieved.

“In 1842, Dr. Peyraud had his first attack of gout, which was severe, and lasted for twenty-five days. During the three following years, the attacks increased in frequency and severity. Having derived little benefit from the remedial means which he had resorted to, he listened to the suggestion of one of his patients, an inhabitant of the department of Dordogne, in France, who advised him to try an infusion of ash-leaves, informing him, at the same time, that his forefathers had been cured by this prescription, and that many of the country people got rid of ‘their pains’ by employing it. Dr. Peyraud took the infusion of ash-leaves and from 1845 to 1849 had no fit of gout. He then had an attack, which yielded in five days to the infusion of ash-leaves, used under the observation of Dr. Pouget. These circumstances recalled to the recollection of Dr. Pouget a fact which he might otherwise never again have considered. It was this: that when he was a physician at Soréze, in 1824, the peasants of that place had spoken to him of the great power which an infusion of ash-leaves had in driving away pains. He afterwards discovered that it had been used forty years ago as a gout-specific by the peasants of Auvergne.

“A commercial traveller, who had been gouty for twenty years, and had saturated himself with the syrup of Boubée and other vaunted specifics, consulted Dr. Pouget. At this time he was an almost constant prisoner in his room with successive attacks. After eleven days’ use of the infusion, he was able to walk two kilomètres (one and a quarter English mile); in fifteen days he resumed his journeys, and was able to travel without suffering, by diligence, from Bordeaux to Quimper.

“Several other cases are detailed, some of them acute, and others chronic. Articular rheumatism, in numerous instances, was also benefited by the infusion of ash-leaves.”

Miscellanea.

Medical Education.—While all other subjects are undergoing, in the present day, a development which is removing the accumulated dust of ages, and confounding those to whom that deposit was an object of the deepest veneration, it is desirable that the subject of Medical Education should not be overlooked. It remains now, in all its essential parts, as it has continued from the middle ages, and it becomes a reforming era, like that in which our lot is cast, to ascertain if there be not a necessity for a new order of things in this matter also. That there are evils, great and crying, in the present system, is testimony that meets us from all schools and all quarters; but the remedies proposed are various and discordant. Some propose an entire abolition of the present method of teaching medicine, being convinced that it is inefficacious, costly, and injurious to the position of the Art, while others think that it only requires a little modification and the reform of the more prominent abuses, to become everything that could be asked. Some among our own school are of the opinion that Homœopathy can never be taught by public lectures; that public teaching must be abandoned and the pupil be wholly entrusted to the instructions of private tuition, while others are equally strenuous that such a course would be the worst possible both for the student and the cause. We do not intend to examine the whole question at the present time, nor to suggest a perfect system which shall form a new code of Medical Education; our object is, simply to indicate an improvement which, as it seems to us, will go farther towards making the present method tolerable, than any other single reform which we have heard proposed, and the incorporation of which, in some form or other, into any new system, will be indispensable to its vitality.

It relates to the mode of conducting the examination of candidates for degrees. A degree being nothing more nor less than a certificate, from competent authority, that the recipient of it possesses certain qualifications, the readiest method of determining whether the candidate is entitled to it, is by a personal examination. The diploma of Doctor of Medicine is, in fact, a certificate that the holder of it is possessed of the knowledge and skill necessary to the treatment of the sick; it is founded upon an examination to which, as at present conducted, the principal objections are two: that it is *private*, and *verbal*. The remedy we propose is, that the examination shall be *public*, and *real as well as verbal*.

The objections to private examinations are very obvious. As at present conducted, the candidate and the professor being the only parties present, there is no security against favoritism on the one hand, and persecution on the other. Let the student be never so well qualified, yet, if obnoxious to the professor from obliquity of medical belief or any other cause, there is no appeal from his dictum that the trial was un-

satisfactory. On the other hand, let him be never so bare of the necessary requisites, there is no security to the public that the ignorant favorite of the teacher may not be turned loose to prey upon the community, with a false certificate in his pocket. But it is not necessary to suppose an aggravated case of *malice prepense* to show the danger of the private examinations. Where the rivalry of medical schools is unbounded, as it is in our day, and where the success of an institution, both pecuniary and popular, depends upon the number of its graduates, there will always be found teachers who will be anxious, rather that the applicant should receive a degree, than that he should be *fit* to receive it.

The remedy for this evil consists in giving the greatest possible publicity to the examination. Let them be conducted in open forum, and, if necessary, let them be reduced to writing, that, in case of dispute, there may be a record to appeal to. Here there could be no favoritism; powerful motives of every kind would be enlisted on the side of truth and justice, and there would be additional safeguards thrown around the granting of the diploma.

We cannot stay to develop these thoughts. It is plain that the examinations should be *public*. They should also be *real*; that is, the student should be required to exhibit his fitness *in things*, as well as *in words*. The physician is required to *know*, but he is also required to *act*, and the examination should recognize this important department of his duty. Many a student has been asked what he would do in case of dangerous arterial bleeding in the fore-arm, and has answered that he would compress the brachial artery, who would have had but little idea where to find it on the living subject for the purpose of applying his compression. Many a one has been found satisfactorily posted up in *Materia Medica*, who could not, for his life, have told jalap from cream of tartar if both had been presented to him. On this point we extract the following remarks from the *Association Medical Journal* :—

“Great improvements and great discoveries, when known, seem to be so simple and obvious, that the wonder to all is that they were never adopted or found out before. And there are few more simple and obvious improvements, and none perhaps of more vital importance, than the addition of *real* to *verbal* examinations, by the Examining Board of the University of London. A century hence, the mode in which students are now mostly educated for medical and surgical practice will, we trust, hardly be credited. The plan hitherto has consisted in crowded lecture-rooms, while the attendance in dissecting-rooms, botanic gardens, chemical laboratories, and the wards of hospitals has been miserably scanty. Young men have assiduously worked at books in their own rooms and under grinders, and have let slip the most precious opportunities of learning their profession. They have plied themselves with the thoughts, opinions, and acts of other men, without gaining the power of thinking or of observing at all. Who does not look back with a sigh, or with a more bitter feeling, at a system which compelled him to go from lecture-room to lecture-room, to hear for the most part *words*, in order that he might pass an examination of *words*; the one to fit him, and the other to convince the world that he was fitted, to practise, not a language, but a practical art, and a science dealing with *things*? The

whole system—teaching, grinding, and examining—was exactly calculated to make him believe that he had only to commit to memory a certain number of words, in order to cure disease—a most cruel treatment, nicely calculated to raise his hopes in order to disappoint them; to foster all his conceits at his acquirements, in order to show the falseness of their foundation. He was sent away with prizes and medals and parchments, which proved, not that he had in any way mastered his art, but that he knew how to talk about it. Now the fault which lies at the very bottom of this system, and on which it rests, is the examination at the end. Improve that, and the other must correct itself. Examine the candidates in *things*, and not in *words*, and they must know the things, and not merely the words representing them. Test anatomy by dissection, and the dissecting-rooms will be well attended. Test chemistry in the laboratory, and that will be the place of chemical study. Test surgery and medicine by the actual examination of patients, and the bedsides will be surrounded. This plan has been commenced by the University of London, and must sooner or later be followed by the other Examining Boards; and we feel convinced that the actual improvement in medical education will be rendered greater by this single alteration than by any new curriculum, however comprehensive.”

The system here advocated has long been practised at the German universities in all the demonstrative sciences, and cannot fail to recommend itself to every reflecting man. Homœopathy must not be behind the age in improvements in Medical Education, and we trust that, in any projected homœopathic institution, the examination of candidates for degrees will be such as will put to shame the practices of our allopathic cotemporaries, and confer upon the honors granted by our school a value, which is at present unknown to the American diploma.

The Progress of Homœopathy.—The Editor of the *Zeitschrift für homöopathische Klinik*, in commencing a new volume, takes a retrospect of the progress of Homœopathy during the year 1852, the substance of which we give, as it may be interesting to our readers to see how the matter is regarded by a German eye. In spite of all refusals to acknowledge the fact, the reform in medicine is solidly inaugurated. Thousands of physicians are daily demonstrating to millions of the laity in all parts of the world, by the irrefragable proofs of experience, that its facts are facts, and its guiding rule a law. It seems to our author that those countries in which spiritualism is in the ascendant, are those in which Homœopathy has made the most extensive and most rapid conquests, while its growth has been slower in those in which realism is predominant. Thus the Southern nations, with their sensitive character and devotional faith, have presented a more fruitful field than the cold North, with its skepticism and its sophistical speculations. Hence the contrasts presented by America and the Old World, Austria and Prussia; hence the strong representation of Homœopathy in England and France, which seem ready to outstrip the mother country of the new doctrine. Above all, *America* seems to have given the warmest

embrace to the reformed practice, where the pulse of life beats strong and unrestrained; there we see homœopathic colleges in Pennsylvania and Ohio, many associations of homœopathic physicians, a great number of journals for the laity, and from two to three thousand practitioners. In *England*, the persecutions of the old school have given a life and vigor to the new, which it would otherwise have lacked; money has been freely subscribed, societies for the protection of Homœopathy established, and hospitals and dispensaries founded. The number of physicians is large, and many intelligent laymen do what they can to supply the want of more. In *Spain* a new periodical has been lately issued, and judging from their importations of drugs from Germany, the school must be in full practice. In addition, Homœopathy is the adopted creed of the court and aristocracy of Madrid. In *France*, the number of physicians is increasing, two or three journals are regularly published, and a ward of the public Hospital, the *Hôtel Dieu*, is under homœopathic treatment. The relations of France, however, with other nations are very restricted in matters of Homœopathy, so that its development there is exceedingly isolated, and receives but little aid from the thought and discoveries of other nations. *Russia*, *Sweden* and *Denmark* give but feeble responses on this subject—still they are not altogether silent. In *Germany*, the reform progresses famously in *Austria*, where there are Hospitals and clinical instruction—zeal is not confined to the cities, but has reached the country also, and even invaded the ranks of the army physicians, as far as Hungary and Servia. In *Baden*, *Bavaria*, *Wurtemberg*, *Switzerland*, and the *Rhine* countries, our cause flourishes. In short, there are in Europe and America some fifty periodicals devoted to the propagation of Homœopathy, and near thirty Hospitals, not including the dispensaries; in Europe alone there are fifty societies for the spread of Homœopathy, composed of laymen.

The relations of the State to Homœopathy—a subject which, fortunately, gives us but little trouble in America—seem to have remained the same in Europe. No event of any great importance has taken place in that connection, either favorable or adverse to the progress of our cause. The position of the old school is as hostile and uncompromising as ever, and gives promise of remaining so. One striking difference in the conduct of the two schools will lead every one to reflect upon its cause: while, as Homœopathists, we use, with gratitude, whatever light is thrown by our opponents upon the pathogenetic or curative properties of drugs, or the natural history of disease, they, on the other hand, reject or entirely ignore our discoveries, or sometimes adopt them stealthily, denying the source whence they derived them. Whence this difference? Does it not imply a frankness and openness on one side, consistent only with a sincere desire to ascertain the truth, and the opposite qualities on the other?

The internal development of Homœopathy has not stood still during the past year. JAHR has published a Repertory; POSSART another; and MOHR a special Repertory, of much labor, on the affections of the teeth.

RÜCKERT has commenced the new edition of the *Klinische Erfahrungen*, a collection of the recorded cases of the new school. In England, the opposition of enemies has given a very polemical character to the productions of the press, and the war still rages. On the theory of Homœopathy, SCHNEIDER has developed the thought that all cures are merely varieties of one and the same simple, fundamental act; to wit, that the noxious cause excites an abnormal activity of the peripheric organism, which results in its expulsion from the economy. Internal diseases must, therefore, ultimate themselves externally, and this effect is produced by homœopathic remedies, which produce an irritation in the peripheric parts to which they stand in the same relation as the noxious cause, and thus free the nervous centres from the excitement necessary to perfect a cure. ARNOLD'S dissertation on "*internal and external similarity*" stands in closer practical relation to our school.

The pride of Homœopathy has always been its *provings*. It is we alone who possess a true *materia medica*, and in this respect the past year has not been unfruitful. We have had no full provings, but REIL has given us *Carduus-marianus*; PITET, *Nuphar-luteum*; PETIT, *Stannum-perchloratum*; PETROZ, *Actœa-spicata*, *Aconitum-lycoctonium* and *Allium-sativum*; LEMBKE, *Helleborus-niger* and *Bromum*; LIEDBECK has sketched out some of the effects of *Natrum-muriaticum*; and KURZ, those of *Verbascum-nigrum*. From America we have Dr. HERING'S great undertaking, of which *Glonoine*, *Millefolium* and *Apis-mellifica* are already before us. The Lusatian Association has carefully reprovved *Daphne-mezereum* and *Colchicum*—ALTSCHUL in Prague, and CATTEL in England, have proved *Sumbul*; RUSSEL has been experimenting with the poison of the *Cobra*, and CRAIG, with *Cotyledon-umbilicus*. The mineral waters, too, have not been neglected; RUMMEL has given a pathogenesis of *Gastein*; BOLLE, of *Lippspringe*; NATORP, of *Salzbrunnen*; PERUTZ of *Teplitz*, and PORGE is busy upon *Carlsbad*.

This certainly shows a very gratifying activity in the ranks of Homœopathy, which betokens life, and that of a vigorous kind. May it continue and increase!

Allopathic Science.—This wonderful system, which has been instructing the people for upwards of two thousand years, as its supporters are constantly boasting, must have taught them much that is useful in practice and sound in theory by this time. What the result of their teachings has been, let those answer who are daily obliged to combat the most absurd notions imbibed by patients with their mother's milk, and due to the instructions of old school physicians. Among these notions is that most hurtful, most destructive idea, that "the bowels must be moved" on every occasion of disorder in the economy, no matter of what sort or in what region. It is this idea, so strenuously insisted upon and so consistently carried out by allopathic physicians, that is

the true source of the popularity and sale of "Morrison's Pills," "Brandreth's Pills," and all the other purgative nostrums that deluge our markets and fill up our grave-yards. The resources of the old school are so limited, that they may be said to be confined, for all practical purposes, to Hufeland's three great sheet-anchors, bleeding, opium, and purging, and it would be safe to assert, that not a single case of serious disease is treated at this moment throughout the world, under allopathic auspices, in which at least one if not all of these destructive agents has not been freely employed.

If we would see how the people have been instructed by their medical teachers for the last hundred years, we must mingle in their society and listen to their talk among themselves. Let us hear, for instance, the *Rev. P. H. Shaw*, of Williamsburgh, deliver an address before the "New York Vegetarian Society," and prove the injuriousness of animal food:—

"The same conclusion may be arrived at in different ways. As, for instance, we know that animal food is the great cause of *bile on the stomach*; and this we also know is the great cause of disease of different kinds, as fever, dysentery, &c. *It is all but the uniform declaration of the attending physician, 'O, you're bilious; you want some bilious medicine and you will be better.'* And that weak lassitude that is so frequently complained of, what is it but the result of *bile on the stomach*? And bile is the consequence of the use of animal food. And now if this is so, it shows that animal food is not only not necessary, but that it does not secure the highest measure of health and strength, but is productive of weakness and disease. My own belief is, that the great source of disease that afflicts the human family is to be found in its use.

"But animal food is not only not necessary and productive of disease; it likewise vitiates the moral feelings. We may see this in the simple fact that we often say of the irritable person, 'He is bilious.' The two terms are often used the one for the other, as meaning one and the same thing; or of the angry person it is said, 'Let him throw off his bile; he will feel better;' thus imputing the irritableness of his spirit or temper to the existence of *bile on the stomach*. There is true philosophy in the thought. *Bile on the stomach* irritates the nervous system. That dark, sallow complexion which so much afflicts the ladies, has its existence also just here; and if they would disuse beef, &c., it would do more for the beautifying of their skin than all the cosmetics of the apothecary; and perhaps, if I may take the liberty to say it, not a little, also, for the softening and sweetening of their temper at the same time."

And now, if our readers would know what is this frightful "*bile on the stomach*," that is the author of all our ills, both physical and spiritual, we must refer them to the authors of the notion,—not the *Rev. P. H. Shaw*, but his teachers,—our allopathic colleagues. What it means, we confess we do not know and cannot imagine, and we must therefore wait for further light.

New Method of Potentizing.—We find in the *Amerikanische Arzneiprüfungen*, the following remarks by Dr. HERING (Vol. 1, p. 39.):

“Dr. JEANES (of Philadelphia) prepares the remedies in a peculiar way. He takes the strong tincture or saturated solution, and moistens pellets with it; of these he takes one and shakes it frequently for several days with a hundred drops of alcohol. With the fluid thus obtained, which he designates as (A.), he moistens other pellets, one of which, shaken in the same way with a fresh hundred drops of alcohol, furnishes the fluid (B.). With many remedies, he has carried the dilution as high as (M.) (N.) or (O.). *This method of preparation comes the nearest to JENICHEN'S, and is far more convenient, quicker, and cheaper.*”

Meetings of Societies.—The *Homœopathic Society of the State of New York* will hold their semi-annual meeting at the city of Utica, on the third day of June next. The address will be delivered in the evening of that day, by FREDERIC HUMPHREYS, M.D., of New York, late of Utica. A full attendance, and a spirited and interested meeting, are anticipated.

The *American Institute of Homœopathy* will hold its first session west of the Alleghanies, at the city of Cleveland, Ohio, on the eighth day of June next. The orator appointed for the occasion is Dr. BAYARD, of New York. Our western brethren, especially, will doubtless, in large numbers, embrace the opportunity of meeting with their eastern colleagues. We shall give a full report of whatever of interest may occur at either of these gatherings.

Homœopathy in England.—Our readers are so often gratuitously informed that Homœopathy is “going down” in England, that they may be glad to be told in what that operation consists. We can only enlighten them as to the results, however, which may be thus summed up. *Three* Homœopathic societies: the British Homœopathic Society, the Hahnemann Medical Society, and the North of England Homœopathic Society, besides a yearly Congress, which takes place this year in Manchester. There are *three* hospitals: the Hahnemann Hospital, with forty beds; the London Homœopathic Hospital, with thirty beds, and the Manchester Homœopathic Hospital, with twenty beds; besides numerous dispensaries. The cause is sustained by *seven* journals, conducted with more or less ability: the British Journal of Homœopathy, the Monthly Journal of Homœopathy, the Homœopathic Times, the Hahnemann Fly-sheet, the Homœopathic Case-book, the Norwich Homœopathic Record, and the Northampton Homœopathic Journal. There are two hundred known Homœopathic practitioners. And all this, where ten years since there was scarce a trace! If this is what is meant by “going down,” it is a very agreeable motion, which we trust may continue in the same direction for a long while to come.

FOREIGN PUBLICATIONS.

Amerikanische Arzneiprüfungen und Vorarbeiten zur Arzneilehre als Naturwissenschaft. Von *Constantin Hering*. Drittes Heft. *Das Bienengift*. Nebst einer Abhandlung über die Mittel beim Bienenstiche.

Praktische Andeutungen in Bezug auf das erfolgreichste Verfahren am Krankenlager, nebst jatrochemischen und einigen homöopathischen Notizen für Aerzte und Patienten. Von *Dr. Karl Edler v. Stur*. Wien, 1852.

Handbuch für reinen Pharmakodynamik. Von *Dr. Heinrich Gottfried Schneider*. 1. Lieferung. Die *Aconit-, Belladonna- und Pulsatilla-Krankheit*. Magdeburg, 1853.

Lehrbuch der physiologischen Pharmakodynamik. Eine klinische Arzneimittellehre für homöopathische Aerzte als Grundlage am Krankenbette &c., &c. 8vo., pp. 514; mit: Das therapeutische Polaritätsgesetz der Arzneidosen als principielle Grundlage zur physiologischen Pharmakodynamik. Von *Dr. Altschul*. Prag.

BOOKS RECEIVED.

A Treatise on Apoplexy: with an Appendix on Softening of the Brain and Paralysis. Based on TH. J. RÜCKERT'S Clinical Experience in Homœopathy. By JOHN C. PETERS, M.D. New-York: Radde, 1853. 8vo., pp. 164.

Proceedings of the Homœopathic Medical Society of the State of New-York, 1852—53. Albany (pamphlet), pp. 56.

Discovery of Curatives by Observation. An Address, delivered in the Assembly Chamber, Albany, before the Homœopathic Medical Society of the State of New-York, at its Annual Meeting, February 8, 1853. By B. F. JOSLIN, M.D., of New-York. Albany (pamphlet), pp. 24.

Valedictory Address, delivered at the fifth Annual Commencement of the Homœopathic Medical College of Pennsylvania, March 1, 1853. By MATTHEW SEMPLE, M.D., Professor, &c. Philadelphia (pamphlet), pp. 20.

The Philosophy of Medical Science; considered with special reference to Dr. Elisha Bartlett's "Essay on the Philosophy of Medical Science." A Boylston Prize Essay, 1849. By E. E. LEIGH, M.D., Townsend, M.D. Boston, 1853 (pamphlet), pp. 23.

The Philadelphia Journal of Homœopathy. Philadelphia. (Monthly.)

The Quarterly Homœopathic Journal. Boston.

The American Journal of Homœopathy. New-York. (Monthly.)

British Journal of Homœopathy. London. (Quarterly.)

The Monthly Journal of Homœopathy and the Journal of Health and Disease. London.

The Boston Medical and Surgical Journal. Boston. (Weekly.)

New-York Dental Recorder. New-York. (Monthly.)

NORTH AMERICAN
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Original and Translated Papers.

ARTICLE XXIII.—*Proving of Cornus-circinata, the round-leaved Dogwood.* By E. E. MARCY, M. D., New York.

CORNUS-CIRCIN. Round-leaved Dogwood.

I. BOTANICAL CHARACTERS.

Sex. syst., Tetrandria Monogynia; *nat. ord.*, Caprifoliaceæ.
Gen. ch., *Involucre* usually four-leaved. *Petals* superior, four. *Drupe* with a two-celled nut. WILLD.

There are ten indigenous species of *Cornus*, three of which, the *C. florida*, *C. circinata*, and *C. sericea*, have been introduced into the pharmacopœias of the old school.

They are supposed, by allopathic writers, to possess very similar medicinal properties.

“*Cornus-circinata* is a shrub, from six to ten feet high, with warty branches, large, roundish, pointed leaves, waved on their edges, and downy beneath, and white flowers disposed in depressed cymes. The fruit is blue. The plant is a native of the United States, extending from Canada to Virginia, and growing on hill-sides, and the banks of rivers. It flowers in June and July.”—WILLD.

II. MEDICINAL USE.

Cornus-circinata was introduced into practice as a remedy for bowel complaints, by Dr. Ives, of New Haven, some thirty years ago. Its empirical use, in the hands of this gentleman, proved it to be a valuable remedy in bilious diarrhœas, dysentery, cholera infantum, and against the diarrhœas peculiar to abdominal typhus.

The writer's experience with this substance, while a practitioner of the old school, was quite extensive, and the results have amply confirmed the favorable opinion entertained of it by Dr. Ives. This affords another of the numerous instances where the empirical use of a drug has led to a further and more accurate investigation respecting its merits, and, finally, to its adoption into the homœopathic *Materia Medica*.

In addition to the maladies enumerated, we have found it a serviceable remedy for chronic hepatitis, jaundice, and bilious disorders generally.

III. PROVINGS ON THE HEALTHY.

The following symptoms are detailed in the order of their occurrence, and our obligations are especially due to Drs. J. W. Crane, Freeman, and Fullgraff, for their valuable aid, in enabling us to accomplish the proving. We are also under obligations to other provers, for a limited number of symptoms.

1. *First Proving, by Dr. Marcy, with the Third Dilution.*

1852, June 8. Took *two drops* in the morning, at 10 o'clock, *two drops* at 12 M., and *two drops* at 9 o'clock P.M.

June 9. Took *five drops* at 6 o'clock. At 10 o'clock, slight griping pains in the abdomen, accompanied with rumbling of wind. These pains were experienced over nearly the whole abdomen, but chiefly in the vicinity of the umbilicus, and they did not subside until bed-time, at 11½ o'clock.

June 10. A copious stool this morning, slightly loose, and attended with slight pressing-down pain in the rectum. At 9 A.M., took *five drops*.

June 11. Stool looser, and more scanty than usual, with slight burning pain in the rectum during the evacuation.

June 12. Slept more profoundly, and later than usual, last night. A slightly relaxed stool at my usual hour this morning. At 9 o'clock P.M., took *five drops*.

June 13. Stool this morning, thin and scanty, with pressing pain in the rectum, smarting at the anus after the discharge, dull feeling in the head, drowsiness, and lassitude. At 11 o'clock P.M., took *five drops*.

June 14. Abdominal symptoms same as yesterday. Drowsiness, inability to apply the mind with vigor, sense of debility and lassitude.

June 15. Sense of fulness in the head, confusion of ideas, drowsiness, indifference with respect to matters which usually excite interest, tongue covered with a thin yellowish fur, clammy taste, flushes of heat, followed by easy general perspiration.

June 16. Sleep disturbed by unpleasant dreams last night. On waking this morning, felt weak and fatigued. Stool thin and scanty, and attended with some tenesmus, griping in the umbilical region, rumbling of wind, and large discharge of offensive flatus. Through the day, felt drowsy, and an entire disinclination to make any exertion, physical or mental.

June 17. Sallowiness of the countenance, tongue slightly furred, and general debility. Took *five drops* morning and evening.

June 18. Yellowish tinge of the conjunctiva; expression of countenance dull and sickly; aching pain through the eye-balls, heaviness of the eyelids, drowsiness; disposition to perspire on the slightest exertion; distension of the bowels, with occasional griping pains, chilly sensations, succeeded by transient flushes of heat.

June 19. Nausea, bitter taste, lassitude, dull pains in the back and knees, urging to stool, fulness and uneasiness of the bowels, unusual depression of spirits, great desire to sleep, loss of appetite, aversion to all kinds of food and drinks.

June 20. Dull, heavy pain throughout the whole head, increased by walking, stooping, or shaking the head; difficulty

in fixing the mind, and in attending properly to ordinary affairs, vague pains, and general sense of uneasiness in the bowels.

June 21. Free from painful sensations, but unusual lassitude and debility.

June 22. Slight fulness in the head, which was relieved by a copious, thin, and bilious discharge from the bowels. This evacuation was succeeded by slight tenesmus, and considerable burning at the anus, which lasted half an hour.

June 23. Itching of the scalp, the legs, and feet, increased by rubbing or scratching. After scratching, a painful burning sensation remains for some time.

June 24. Aggravation of an habitual scurfy eruption of the scalp.

June 25. Slight exercise causes free, general perspiration, and unusual fatigue.

June 26. Sleep last night disturbed by unpleasant dreams. Awoke once by a frightful dream, in a profuse perspiration. To-day, languid, and without appetite.

June 27. No symptoms.

June 28. No symptoms.

Up to July 10th, 1852, no phenomena were observed, which could be attributed to the action of the drug. We now noticed, however, that the scalp presented an unusually healthy appearance, the itching and humidity at several points having entirely disappeared, and the remaining portion of the scalp being more free from dandruff than usual.

From this period until August 20th, 1852, nothing worthy of notice occurred, except an occasional paroxysm of itching of the skin of the back, legs, and feet, coming on generally during the evening.

2. *Second Proving by Dr. Marcy, with the Tincture.*

1852. Sept. 5. At 9 A. M., took *ten drops*. At 11 A. M., experienced a dull pain in the forehead, accompanied with rumbling in the bowels.

Sept. 6. Took *ten drops* at 10 A. M.

Sept. 7. Took *twenty drops* at 8 A. M. At about 11 A. M.,

felt a griping pain in the lower part of the bowels, with rumbling of wind, and frequent discharges of offensive flatus. At 7 P. M., took *twenty drops*.

Sept. 8. Awoke this morning at six o'clock, with headache, distension and dull pains in the bowels, and urgent desire to go to stool. During the evacuation, which was thin, of a dark green color, and very offensive, the pains became more acute, and there were slight symptoms of tenesmus. The discharge was accompanied with copious emissions of foul-smelling flatus. During the day, have been very drowsy, and disinclined to make any effort. Have also experienced dull pains in the head, bowels, and small of the back.

Sept. 9. Slept very soundly last night, but woke up this morning without feeling refreshed as usual by sleep. Had a loose and scanty stool at 9 o'clock, attended with tenesmus, burning at the anus, and discharge of offensive wind. During the day, have been suffering from severe aching pains through the temples, and on the top of the head, great inclination to sleep, weakness, weary feeling in the legs, itching of the integuments of the head and legs, and of the nasal mucous membrane. At 9 P. M., took *thirty drops*.

Sept. 10. Slept very soundly last night, and awoke an hour later than usual. On rising, felt an urging to stool, confused feeling in the head, fulness of the brain, unusual heat in the head and face, great lassitude, and apathy. The countenance is yellowish, eyes sunken, tongue covered with a whitish fur, mouth and throat dry, and the general expression indicative of great physical and mental depression.

Sept. 11. Congestion of blood to the head and face, dull, throbbing pains in the vertex, flushes of heat and coldness in alternation, followed by cold perspiration, soreness of the scalp, aching pain in the eye-balls, rumbling of wind in the bowels, stitches in the chest and under the right scapula, sense of debility and fatigue.

Sept. 12. Yellow complexion, empty feeling in the stomach, eructations, and lassitude.

Sept. 13. Same as yesterday.

Sept. 14. This morning at 8, took *sixty drops*. At 10 A.M., nausea, dull pain in the umbilical region, great drowsiness, rather copious perspiration on making slight exertions, dull pains throughout the whole brain, heaviness of the eye-lids, stitches in the chest and back. Towards night, the mind became confused, the stupid, sleepy sensation became more strongly marked, and there was an almost entire inability to concentrate the thoughts upon any subject. At 10 o'clock, P. M., a small discharge of bilious and slimy matter, accompanied with copious emissions of wind, and some tenesmus. During and after the discharge, a severe burning pain was felt at the anus, and a short distance within the rectum.

Sept. 15. Sallowness of countenance, whitish fur upon the tongue, aversion to food, desire for sour drinks, slight uneasiness in the bowels, heaviness of the head, itching in different parts of the body, a fine scarlet rash on the breast, attended with itching, but which disappeared in two or three hours; face and hands hot, insipid taste in the mouth.

Sept. 16. Debility, lightness of the head, disinclination to make any exertion, mental or physical. Towards night, a scanty stool, with burning at the anus during the discharge.

Sept. 17. Countenance still somewhat yellow, great depression of spirits, weak and petulant.

Sept. 18. Same as yesterday.

Sept. 19. Had a natural stool this morning, appetite improved, strength returning, and spirits good. From this time up to the 29th instant, the symptoms continued to subside, when the system appeared to have recovered its former condition. But during the whole month of October, occasional pains were experienced in the bowels and head, which were probably due to the action of the drug. A few thin, bilious stools also occurred during this period, to which we had not been accustomed previously to taking the *Cornus*.

3. *Dr. Crane's Proving with the Tincture.*

J. W. CRANE, M. D., of New York city, æt. 53, of a bilious temperament, brown hair, dark complexion.

1852. June 9. At 9 P. M., took ten drops. At 9½ o'clock, felt a burning sensation in the stomach, which lasted until 11 o'clock.

June 10. Awoke at 5 this morning, with a sensation in the rectum as if he must have an evacuation. At this hour, (5,) rose and took *twenty drops*, and returned to bed again, but could not remain more than twenty minutes, on account of the increased sensation in the rectum, urging to stool. He rose at once to dress, fearing, however, that he should not have time on account of the increasing desire to evacuate. Accompanying this sensation in the rectum there was a bearing-down pain in the abdomen, which contributed to the disposition to evacuate. Had a dark, thin, and moderately large stool, with some tenesmus and burning at the anus. A 10 A. M., took *thirty drops*. No symptoms. At 12 M., took *forty drops*. At the end of half an hour, felt drowsiness, heavy feeling in the head, very great disposition to sleep, and sensation of emptiness of the stomach. By 6 P. M., the pain in the head, and drowsiness, became so great that he could not well endure it. As an antidote he took a cup of strong coffee, which afforded speedy relief to the headache and drowsiness. Slept soundly this night, a circumstance quite unusual on former occasions when he had taken coffee, as this beverage had always before kept him awake through the entire night.

From this period until June 12th, he had frequent inclinations to go to stool, but no satisfactory discharges,—the result being a small quantity of dark and slimy fluid, and much offensive flatus.

June 12. Depression of spirits, and difficulty in fixing the mind upon any subject, urine scanty and red, dull pain throughout the whole brain.

June 13. Strong and persistent erections frequently during the last night. On rising this morning, felt a burning sensation over the whole face, feeling as if it was flushed, but without redness of the cheeks; dull, heavy pain throughout the entire brain, lassitude, and an almost entire prostration of the mental and physical energies.

June 14. Dull pain in the forehead, loss of appetite, yellowish fur upon the tongue, yellowish tinge of the conjunctiva; distension of the stomach and bowels with wind, depression of spirits, weakness and weary feeling in the legs.

June 15. Drowsiness, and disinclination to think, read, or work.

June 16. Copious dark stool of natural consistence, attended with a pressing-down sensation in the rectum.

June 17. Nausea, bitter taste, confused feeling in the head, and a gnawing, faint feeling in the stomach. From this time all symptoms gradually disappeared.

4. *Mr. Füllgraff's Proving with the Third Dilution.*

Mr. F. is a resident of New-York, æt. 30, of a sanguine-bilious temperament, and dark complexion.

1852. June 3. Took *one drop*. No symptoms.

June 4. Took *three drops* at 10 A. M. No symptoms. 9 P. M., took *five drops*. No symptoms.

June 5. At 7 A. M., took *five drops*. At 10 A. M., took *five drops*. At 3 P. M., took *five drops*. At 10 P. M., took *five drops*. No symptoms.

June 6. Took *one drop* at 7 A. M., *one drop* at 9 A. M., *one drop* at 12 M., *one drop* at 4 P. M. No symptoms.

June 7. Slight headache and drowsiness. Took *ten drops* at 10 A. M.

June 8. Some symptoms of coryza early this morning.

June 9. No symptoms.

June 10. No symptoms.

June 11. No symptoms.

5. *Mr. Füllgraff's Proving with the Tincture.*

1852. June 12. At 10½ P. M., took *one hundred and twenty drops*. No symptoms observed during the night.

June 13. At 6 A. M., took *one hundred and twenty drops*. One hour later, had a large emission of very offensive flatus, and at 8½ A. M. a very offensive stool of a bilious character, and rather loose. At 9 A. M., constant working in the bowels, as

if their contents were all in motion. At 1 P. M., had another passage, rather less loose and less offensive. At 3 P. M., heavy pulsation in the stomach; drowsiness, almost irresistible desire to sleep; pain in the lower part of the back and abdomen; sensation of dragging or bearing down on each side of the thorax; accelerated pulsation of the heart; general loss of energy, nausea, general sense of weakness; hollowness of the eyes, dark circle under the eyes, yellow color of the conjunctiva, sallow countenance; sore pain in the lumbar region, worse by bending forward; drawing sensation from the back of the head to the nose, dull, throbbing pains in the temples and sides of the head.

June 14. On rising this morning, experienced a sore feeling in the chest and back, as if the parts had been bruised; griping, shooting pains from the centre of the chest, (apparently in the thoracic muscles) down to the lower part of the abdomen,—the pains coming on severely at intervals and then remitting; deep-seated, pulsatory pain in the occipital and parietal regions.

June 15. At 7 A. M., took *ten drops*. At 10 A. M., *twenty drops*. At 11 A. M., *twenty drops*. At 4 P. M., *twenty drops*. At 6 P. M., *twenty drops*. At 10 P. M., *twenty drops*. Considerable debility, reads without appreciating the meaning of the words, inability to concentrate the mind upon any subject.

June 16. At 6 A. M., took *twenty-five drops*. At 9 A. M., took *twenty-five drops*. Half an hour later, experienced a deep-seated, dull pain in the brain, under the centre of the skull, pain in the back of the head; drowsiness, prickling sensation in the nasal canal, a contracting feeling around the eyes, dark circle around the eyes, dull pain in the eye-balls, very dull feeling over the eye-balls; pulsations extending from the front to the back part of the head; feeling of indolence and loss of physical energy, weakness and trembling of the legs. At 11 A. M., increased prickling in the bony part of the nose, increased sense of debility, very much inclined to sleep, very heavy sensation around the eyes, severe pulsative pains

in the temporal regions. These pains gradually passed off during the afternoon and night.

June 17. Sallow countenance, weakness of the legs, depression of spirits, impaired appetite.

June 18. Still weak, and disinclined to mental or physical labor.

6. *Dr. Freeman's Proving with the Tincture.*

GEO. L. FREEMAN, M. D., of New-York, æt. 28, of a nervous-sanguine temperament, and fair complexion.

1852. June 10. Took *twenty drops* at 11 A. M. At 12 M., heavy confused feeling in the top of the head, with some drowsiness. At 1 P. M., slight, tensive, aching pain in the whole head, which continued for about one hour, when the action of the dose subsided entirely.

June 11. Took *sixty drops* at 2 P. M. Dull pains in the head, drowsiness, and lassitude during the day.

June 12. Same as yesterday. From this time up to June 21st, nothing worthy of notice was observed.

June 21. Took *ten drops* at 10 A. M., and *ten drops* at 11 A. M. At 11½ A. M., dull pain in the forehead. At 12 M., took *ten drops*. Slight pain over the right supra-orbital ridge.

June 22. Took *sixty drops* at 10 A. M. At 11 A. M., felt slight nausea and heaviness in the head. At 12 M., dull pain in the forehead and vertex. At 12½ P. M., took *one hundred drops*. Shortly afterwards felt increased heaviness of the head, with a great inclination to sleep, nausea, and copious general perspiration, which seems clammy. This perspiration subsided in about an hour, and was succeeded by a general chilliness. At 3 P. M., took *one hundred and fifty drops*. In half an hour the skin was covered with a general clammy perspiration; confusion of ideas, heaviness of the head; rumbling in the bowels, and some urging to stool, nausea, with feeling of debility and languor, sallow countenance, and complete disinclination to mental or corporeal exertion.

June 23. Aching pain over the right eye-brow, sunken eyes, with slight discoloration under the eyes; yellowish tinge of

the conjunctiva and of the face; eyes dull and heavy, as after a debauch; pain in the pit of the stomach during dinner, with distension of the bowels from wind, which were relieved by a loose, windy stool immediately after dinner, of a dark and bilious character.

June 24. Slept more soundly than usual last night, but had frightful dreams. On rising this morning, had a dark and thin stool, with slight tenesmus; dull, heavy, confused feeling in the head, forgetful of little things, inability to concentrate the thoughts.

June 25. Dull, throbbing pains in the temples, flushes of heat to the head and face, depression of spirits, sense of fatigue, uneasy sensations in the abdomen.

June 26. Still some debility, whitish fur upon the tongue, pungent taste in the mouth, poor appetite, itching of the skin at different points, soreness of the eye-balls.

June 27. Rumbling of wind in the lower part of the bowels, empty eructations, drowsiness, easy perspiration.

7. *Mrs. A.'s Proving with the Twelfth Dilution.*

Mrs. A., of New York, æt. 34, sanguine-bilious temperament, brunette.

1852. June 20. Took *one drop* at 11 A. M. No symptoms.

June 21. Took *one drop* at 8 A. M. No symptoms.

June 22. No symptoms.

June 23. No symptoms.

June 24. Took *one drop* at 7, 9, and 11 A. M., and *one drop* at 2, 4, and 10 P. M.

June 25. Slept very soundly last night, but woke up this morning at 7, without feeling refreshed. Had also heat on the top of the head, dryness of the mouth, bad taste in the mouth, fullness and oppression in the stomach and bowels.

June 26. Had a stool at 7 o'clock this morning, scanty, and dark-colored, and attended with burning pain at the anus; head feels light, giddiness on shaking the head, or on stooping.

June 27. At 8 A. M., took *one drop*. During the forenoon

has felt fatigued; drowsy, shooting pains through the whole brain, heaviness of the eye-lids, itching on the legs, thighs, and around the labia; peevishness; aversion to meat and bread; transient flushes of heat pervading the whole body.

June 28. Drawing pains in the back part of the head, and in the nape of the neck, bitter eructations, sense of weight in the lower part of the abdomen, great depression of spirits.

June 29. Stool this morning at 9, hard, dry, and scanty, with slight pressing in the rectum; choking sensation in the upper part of the thorax; nausea, poor appetite. From this time until July 6th, no new phenomena were observed.

8. *Master C.'s Proving with the First Dilution.*

Master C., of New York, æt. 13, sanguine-bilious temperament, fair complexion, blue eyes, light hair.

1852. June 12. Took *five drops* at 8 A.M. At 1 P.M., took *five drops*, and at 7 P.M., *five drops*. No symptoms.

June 13. At 9 A.M., *five drops*; at 11 A.M., *five drops*; at 2 P.M., *five drops*. During the afternoon and evening, headache in the temples, drowsiness; smarting in the mouth and throat, sensation of burning in the stomach and bowels, some desire for a stool.

June 14. Restless during last night, continually turning from side to side in bed; sense of fulness and pressure in the head, which prevented sound sleep. Very early this morning, was obliged to get up to relieve the bowels, but could do nothing at all satisfactory, or which gave relief, the discharge consisting of only a few slimy lumps, and being attended with pressing and smarting at the anus. During the day, has felt weak and sleepy, with dull pains in the head, back, and bowels.

June 15. Head and face hot, coldness, followed by flushes of heat and perspiration, itching of the skin all over the body, no appetite, sleepy feeling, occasional griping pains in the bowels.

June 16. Bitter taste, weakness in the stomach, nausea,

great debility, sleepy and stupid feeling, burning of the face, hands, and feet.

June 17. Dull, heavy pain over the whole head, head feels too full, and confused, urine scanty and red, has to pass water oftener than usual.

June 18. A large, loose, and dark stool this morning, with some griping and tenesmus, sensation of faintness in the stomach and bowels, head hot, hands and feet cold.

June 19. Slight debility, and dread of making any exertion, tired feeling in the legs, on walking, or ascending a stairs.

June 20. Lassitude, and lightness of the head.

June 21. Still some debility, but, in other respects, pretty well.

9. *Master J.'s Proving with the Tincture.*

Master J., æt. 15, nervo-bilious temperament, brown hair, fair skin, gray eyes.

1852. June 11. Took *twenty drops* at 9 A.M.; *twenty drops* at 10 A.M.; *twenty drops* at 11 A.M. At 1 P.M., began to feel drowsy, and sick at the stomach. At 2 P.M., had griping of the bowels, with inclination for stool, but could not effect anything. From this time until bed-time, had headache, drowsiness, rumbling of wind in the bowels, occasional drawing pains from the stomach to the lower part of the abdomen, giddiness, prickling of the arms and legs, general sense of weariness.

June 12. Had a small and somewhat loose evacuation from the bowels this morning, with much discharge of offensive flatus, and burning at the anus.

June 13. Small appetite, bad taste in the mouth, unusual weakness, heavy feeling in the head.

June 14. Feels somewhat weak, but, otherwise, as well as common.

IV. DIGEST OF THE SYMPTOMS.

Mind and Sensorium.

1. Drowsiness.
Confusion of ideas.
Indifference with respect to subjects which usually interest.
Drowsiness, with entire disinclination to mental or corporeal exertion.
5. Depression of spirits.
Difficulty in fixing the mind, and in attending to ordinary business.
Mind confused, stupid, with inability to concentrate it upon any subject; worse towards night.
Lightness of the head.
10. Great depression of spirits, and petulance.
Very great disposition to sleep, with apathy and indifference.
Feeling of indolence, and loss of energy.
Lassitude, confusion of ideas, vertigo.
Giddiness and lightness of head, worse on shaking it or on stooping.
15. Dread of making any exertion.

Head.

- Dull, heavy pain in the whole head, with drowsiness, the headache increased by walking, stooping, or shaking the head.
Sense of fulness in the head, relieved by a copious stool.
Dull pain in the forehead.
Aching pains through the temples, and on the top of the head.
20. Confused feeling in the head, and sense of fulness in the brain, with unusual heat in the head and face.
Congestion of blood to the head and face, throbbing pains in the vertex, and soreness of the scalp.
Heavy, aching pains in the head, with almost irresistible desire to sleep.

- Drawing sensation (pain) from the back of the head to the nose.
- Dull, throbbing pains in the temple and side of the head.
25. Deep-seated, pulsating pains in the occipital and parietal regions.
- Deep-seated, dull pains under the centre of the skull.
- Dull pain in the back of the head.
- Pulsations, extending from the front to the back part of the head.
- Severe pulsative pains in the temporal regions, which passed off during the evening and night.
30. Heavy, confused feeling in the top of the head.
- Slight tensive, aching pains throughout the whole brain.
- Slight pain over the right supra-orbital ridge.
- Dull pain in the forehead and vertex.
- Flushes of heat in the head and face.
35. Heat in the top of the head.
- Head feels light and giddy, worse on shaking the head, or on stooping.
- Shooting pains through the whole brain.
- Drawing pains in the back part of the head, and in the nape of the neck.
- Sense of fulness and pressure in the head, preventing sound sleep.

Eyes.

40. Aching pains through the eye-balls.
- Heaviness of the eye-lids.
- Eyes sunken.
- Yellowish tinge of the conjunctiva.
- Hollowness of the eyes.
45. Dark circle under the eyes.
- Sense of contraction around the eyes.
- Very dull sensation over the eye-balls.
- Sense of weight around the eyes.
- Eyes dull and heavy, as after a debauch.
50. Sore pain in the eye-balls.

Nose.

- Itching of the nasal mucous membrane.
- Coryza early in the morning.
- Prickling sensation in the nasal canal.
- Severe prickling sensation in the bony part of the nose.

Mouth and Throat.

- 55. Tongue covered with a thin, yellowish fur.
- Insipid taste, and clammy mouth.
- Tongue covered with a whitish fur, with dry mouth and throat.
- Pungent taste in the mouth.
- Bitter taste in the mouth.
- 60. Smarting in the mouth and throat.
- Bad taste in the mouth, with loss of appetite.
- White fur on the tongue, with desire for cold drinks.

Appetite and Stomach.

- Nausea, with bitter taste, and aversion to all kinds of food.
- Empty feeling in the stomach, with tasteless eructations.
- 65. Aversion to food, and desire for sour drinks.
- Burning sensation in the stomach, which lasted an hour and a half.
- Flatulent distension of the stomach.
- Nausea, bitter taste, and a gnawing, faint feeling in the stomach.
- Heavy pulsations in the stomach, with nausea and impaired appetite.
- 70. Pain at the pit of the stomach during dinner, with distension of the stomach and bowels, relieved by a copious stool after dinner.
- Nausea, with great debility and empty eructations.
- Fulness and oppression in the stomach, with bad taste and dry mouth.
- Nausea, with bitter eructations, and loss of appetite.
- Smarting and burning in the mouth, throat, and stomach, with desire for stool.

75. Weakness of the stomach, with bitter taste and nausea.

Sensation of faintness in the stomach and bowels.

Drawing pains from the stomach to the lower part of the abdomen.

Abdomen.

Slight griping pains in the abdomen, accompanied with rumbling of wind. The pains pervaded the whole abdomen, but were most severe in the vicinity of the umbilicus.

Pressing-down pain in the rectum during stool.

80. Slight burning pain in the rectum during an evacuation.

Pressing pain in the rectum, and smarting at the anus, in the morning, during and after a thin and scanty stool.

Tenesmus at stool, with griping in the umbilical region, rumbling of wind, and large discharge of offensive flatus.

Urging to stool, with fulness and uneasiness of the bowels.

Vague pains and general sense of uneasiness in the bowels.

85. Slight tenesmus and considerable burning at the anus, after a bilious discharge.

Abdominal pains more acute during stool.

Urging to stool (sensation in the rectum) in the morning at 5 o'clock. On taking more of the drug, this bearing-down sensation extended to the bowels, increasing the disposition to evacuate.

Stool accompanied with some tenesmus and burning at the anus.

Distension of the stomach and bowels with wind.

90. Constant working in the bowels, as if their contents were all in motion.

Shooting pains from the centre of the thorax to the lower part of the abdomen—the pains coming on severely at intervals and then remitting.

Distension of the bowels with wind, relieved by a copious, dark, and bilious stool, immediately after dinner.

Sense of weight in the lower part of the abdomen.

Burning sensation in the stomach and bowels, with some desire for stool.

95. Urging to stool very early in the morning, but unable to accomplish anything satisfactory—the discharge consisting of a few slimy lumps, with pressing and smarting at the anus.

Sensation of emptiness in the stomach and bowels.

Drawing sensation from the stomach to the lower part of the abdomen.

Stool.

Slightly loose stool in the morning, accompanied with slight pressing-down pain in the rectum.

Stool thin and scanty, with burning at the rectum, and at the anus, during the discharge.

100. Thin, scanty, and slimy stool, attended with griping in the umbilical region, tenesmus, rumbling of wind, and large discharge of offensive flatus.

Copious, thin, and bilious discharge, succeeded by some tenesmus, and burning at the anus, which lasted half an hour.

Dark green, thin, and very offensive stools, accompanied by copious emission of offensive flatus.

Bilious and slimy stool, with much wind, some tenesmus, and severe burning pain at the anus, and a short distance within the rectum, which continued after the motion.

Dark, thin, and moderately copious stool, with some tenesmus, and burning at the anus.

105. Frequent, small, dark, and slimy stools, with much offensive flatus.

Copious dark stool of the natural consistence, attended with pressing-down sensation in the rectum.

Large emission of very offensive flatus.

Hard, dry, and scanty stool, with pressing in the rectum.

Stool, consisting of a few thin and slimy lumps, with pressing and smarting at the anus.

Urine.

110. Urine scanty and red or pale.

Sensation of fulness and weight in the region of the bladder.

Urine scanty and high-colored, and frequent inclination to pass water.

Larynx and Chest.

Stitches in the chest and back.

Stitches in the chest and under the right scapula.

115. A fine scarlet rash upon the chest, attended with itching. Sensation of dragging, or bearing down on each side of the thorax, with accelerated pulsations of the heart.

A sore, bruised feeling in the chest and back.

Shooting pains from the centre of the thorax to the lower part of the abdomen, severe at times, and then remitting.

Choking sensation in the upper part of the thorax.

120. Smarting in the mouth and throat.

Frequent inclination to take a long breath.

Back.

Dull pains in the small of the back, with drowsiness and lassitude.

Stitches in the back and chest.

Pain in the lower part of the back.

Sore pain in the lumbar region, worse on bending forward or to either side.

125. Occasional paroxysms of itching in the back, especially in the evening.

Upper Extremities.

Burning and itching sensation in the hands and arms.

Coldness of the hands following a loose stool.

Prickling sensation in the arms.

Itching sensation in the arms, mostly in the evening, and at night.

Sense of weakness and fatigue in the arms.

Lower Extremities.

130. Weary feeling in the legs.

Itching in the legs.

Weakness and weary feeling in the legs.

Weakness and trembling of the legs.

Itching on the legs and thighs, and around the labia.

135. Burning sensation in the feet.

Coldness of the feet following a loose stool.

Tired feeling in the legs when walking, or ascending stairs.

Prickling sensation in the legs.

Paroxysms of itching in the legs in the evening.

Sleep.

140. Profound sleep during the night.

Drowsiness and lassitude.

Very great drowsiness, and disposition to perspire.

Sleep disturbed by frightful dreams.

Very sound, but unrefreshing sleep.

145. Very great disposition to sleep, with entire loss of mental and physical energy.

Sleep disturbed by fulness and pressure in the head.

Sleepy, and weak during the day, with dull pains in the head, back, and limbs.

Stupid and sleepy feeling, with nausea, and burning of the face, hands, and feet.

Genital Organs.

Strong and persistent erections through the night.

Increased sexual desire during the evening and night, with diminished power.

Fever.

150. Flushes of heat, followed by easy general perspiration.

Chilly sensations, succeeded by transient flushes of heat.

Congestion of blood to the head and face, throbbing pains in the temples and vertex, flushes of heat and coldness in alternation, followed by cold perspiration, soreness of the scalp, aching pains in the eye-balls, rumbling of wind in the bowels, stitches in the chest and under the right scapula, sense of debility and fatigue.

Heaviness of the head; drowsiness, nausea, dull pain in the forehead and vertex; copious general clammy perspiration, succeeded by general chilliness.

Transient flushes of heat pervading the whole body, with

shooting pains through the brain, heaviness of the eyelids, peevishness, aversion to meat and bread, and itching of the legs, thighs, and around the genital organs.

155. Head and face hot, coldness, followed by flushes of heat and perspiration, general itching of the skin, loss of appetite, drowsiness, and griping pains in the bowels.

Skin.

Itching of the scalp, legs, and feet, increased by scratching or rubbing, and succeeded by a painful burning sensation.

Aggravation of an habitual scurfy eruption of the scalp.

Amelioration of a long-standing herpetic eruption, while under the influence of the drug.

Occasional paroxysms of itching of the skin of the back, legs, and feet, mostly at night.

160. Fine scarlet rash on the breast, attended with itching.

Itching in various parts of the body.

Burning sensation over the whole face.

Skin covered with a copious clammy perspiration.

Itching around the genital organs.

165. Itching and burning sensation over the whole body.

Prickling sensation in the arms and legs.

Generalities.

Dark and bilious stools, with griping and tenesmus.

Dysenteric symptoms.

Bowel complaints generally, with pains in the bowels before, during, and after the discharges.

170. General debility, and impaired mental energy, with great drowsiness.

Bilious derangements.

Dull, heavy sensation in the head.

Shooting, aching, or throbbing pains in the head.

Disposition to perspire on slight exertion.

175. Nausea, loss of appetite, bitter taste, lassitude.

Symptoms resembling jaundice.

Cholera infantum.

Diarrhœa, with excessive debility and nervous excitability.
 Chilliness, followed by flushes of heat and sweat.
 Sleep unrefreshing, and disturbed by unpleasant dreams.
 Diarrhœa, with great prostration of the whole system.

V. CLINICAL REMARKS.

Cornus, in our hands, has proved curative of nearly all the phenomena which we have included under the head of "*Generalities*." Its chief action appears to be upon the liver and the intestinal canal. A marked influence is likewise exerted upon the brain; but whether the action of the drug is direct upon this organ, or whether the head symptoms proceed from the bilious derangement induced by it, is a question.

We take occasion in this place to state, that several persons, to whom we have not alluded above, have taken the drug at different times, but as the symptoms thus produced are, in the main, like those we have enumerated, we have omitted to detail them in this paper.

We have taken especial pains to exclude all sensations and symptoms which might be considered peculiar and natural to each individual. On this account, a goodly number of phenomena are omitted as of uncertain value.

ARTICLE XXIV.—*Characteristic Effects of Allium-Cepa,* the Common Onion, with a History of the Remedy.* By C. HERING, M.D., Philadelphia.

I. HISTORY.

ON the 15th of September, 1847, the conversation turning upon the epidemic of yellow fever, then prevailing in New Orleans, a lady friend in the company related an anecdote concerning the last appearance of that disease in Philadelphia. She said, that a gentleman, flying from the city to avoid the pestilence, was seized with it on the road; he was permitted

* An extended pathogenesis of this remedy may be found in the "*Amerikanische Arzneiprüfungen*, i., p. 423.

to crawl into a barn, and there finding a pile of onions, he endeavored to quench his thirst with them, and recovered without any other remedy. On the same day, a patient of mine told me, how that, when a boy in the country, he was so desperately sick with the measles, as to be given over to die; a servant-girl happening to pass with some onions, he stretched out his little hands for one, which was given him out of compassion, and greedily devoured, whereupon he fell into a pleasant slumber, and recovered shortly afterwards, to the astonishment of everybody.

This coincidence induced me, the very same day, to slice up some onions, and set them digesting in alcohol: I took this preparation, and at the same time looked over my scrap-book, in which I found many stories about this vegetable, derived from old books, popular usages, and the relations of patients and others.

I got a catarrh, and a so-called catarrhal sore-throat. Now, the weather was quite sufficient to account for that, and I was especially disposed at that time to such a disorder; but I can tell, without difficulty, a drug-catarrh from an atmospheric one, and was, therefore, convinced that it was owing to the onion. Let any one make a couple of dozen provings, and he will find out this secret, not only for coryza, but for pains in the limbs, &c., &c.; the feeling is altogether different, and varies with every remedy. Still, I repeated the experiment under more favorable auspices as to weather.

My cepa-catarrh seemed to me most like that of chlorine, and it was then easy to jump to the accounts of the ancients, with whom the onion played the part of a destroyer of miasmata that chlorine does with us. A little classical illumination was now shed upon the two wonderful little tales with which I began. The merest spoonful of brains would have been enough to have rejected them as unworthy of credit; but now they are more plausible, for the measles is a catarrh, and yellow fever a miasmatic disorder. The indications and cures of the old herbals helped along further.

And thus, the time had not amounted to weeks before

cepa had become a polychrest to me and my friends, and has so remained to this day. It fills a chasm between *aconite* and *ipecacuanha*. It can be used in some cases at all periods, but during the prevalence of a catarrhal "*genius epidemicus*," that is, one corresponding to the character of the remedy, it may be successfully employed in almost every case that comes up. At such times, the riders of the *aconite* hobby, who are almost tempted to say that that drug does not "cure fever," because it is then constantly injurious, may perhaps be disposed the more willingly to mount the back of this "catarrh-curer."

Now that the egg stands upon its point, or rather, now that the onion is dressed, I should not at all wonder if it should be discovered that others "had had the same idea." May it be of service to their patients, and may they be enabled to complete and perfect the characteristics of *cepa*, which I have appended! Others will lump the whole matter, and think they have manifested a vast amount of wisdom, when they have said that the drug "is intimately concerned in the catarrhal process." I cannot agree with them; *habeant sibi*.

It is a remedy, however, that certainly deserves development, and I trust that in this way something new may turn up. An analysis of the very peculiar gases which are so abundantly secreted among krommyophagites would also be of service. In the mean time, let the following hints answer the end, after all, the most important one, of relieving the sick.

I had not taken ten drops, nor spent, at most, more than ten hours on the subject, before the remedy had cured, or at least ameliorated, hundreds of cases. This result was assisted by the consideration that while *cepa* showed itself only collaterally connected with *chlorine*, it possessed a complementary relation to *phosphorus*; that is, as I have often explained the theory, it may be successfully employed either before or after *phosphorus*, or to complete, with greater rapidity, cures which that drug had left unfinished.

There is a precisely similar relation between *garlic* and

arsenic, squills and antimony, aloes and sulphur, &c., &c., all of which I intend to develop fully in another place. We see here, how remedies from the mineral kingdom, nearly allied to each other, correspond to plants mutually closely connected; an observation as important to the advancement of the science, as it is convenient to the physician in practice.

I consider these relationships to indicate the laws of distribution of the therapeutic powers of nature. I had the same idea twenty years ago, but was laughed out of it. Everything will be satisfactorily settled by means of provings upon the healthy, complete, impartial collections of observations, and clinical records. But we must have many more remedies, and one man cannot do everything.

There needs no divining-rod to discover more such polychrests, which shall become living springs; no such wonderful exertions, great sacrifices, nor the voluntary poisoning of whole associations. In the very same way, we have formed a weighty polychrest of *garlic*; the like may doubtless be done with *ginger, calamus, caraway, fennel, anise, horse-radish, celery, mustard, thyme, marjoram, mint, sage, black pepper, cinnamon, &c.*, as it has already been accomplished with *coffea, capsicum, crocus, nut-moschata, lupulus, and raphanus*.

If we have but a single proving in which a single moderate dose has been succeeded by decided symptoms, this result not only *may* but *must* contain something characteristic of the drug, if we only know how to seize it. If we have, in addition, cases in which the same remedy has been employed clinically, even if they are most superficially indicated by the merest nosological names, we have further ground to go upon. If we meet with cases which do not call in a striking manner for any particular remedy, or which resist those best indicated, and have some of the undetermined characteristics of the new remedy, we have an opportunity of testing its power. If it produces no result, we are no worse off than before; if it is followed by effects, these may be either curative or pathogenetic, or both; the first are set down as such, the new symptoms are noted for further confirmation. It is in this way that remedies grow like onions.

I remember to have seen the question very naïvely propounded in relation to *cistus-canadensis*, *daphne-indica*, and that redoubtable polychrest, *podophyllum-peltatum*, how the cures harmonized with the drug-indications? He who has learned to make a great deal out of a little can afford to smile at such objections.

We must not, however, expect that all this will take place in as little time as it takes us to read the account. Many drugs grow slowly; many not at all: all require labor, abundant, untiring toil,—even those that grow the fastest. How much must be set down in the first instance as merely conjectural! In how many cases must it have been employed, helpfully or not, before this or that indication can be considered as a sure characteristic, or even as somewhat probable! How many times must the whole collection be written and re-written, corrected, amended, blotted, and transcribed, before it is susceptible of its final end! But all this toil and trouble is amply repaid when an occasional lucky cast brings up a netful of living, struggling symptoms!

The proving of drugs has been called a duty, and its undertaking has been urged upon conscientious grounds. I have nothing to say against such a view, but, for myself, it seems to me rather like the begetting and bringing up of children: an occupation not without its pleasures! Let him whose disposition is so framed, beget, bring up, and educate his children simply from a sense of duty; let him also, from the same motive, perform the same office for his drug-offspring; he will, in this way at least, be kept out of the ranks of the old maids of both sexes, who curl up their noses, criticize, find fault, and are constantly either fretting or chuckling over the short-comings of their neighbors' children.

II. PREPARATION.

The red, longish, and strongest onions are to be selected, and if possible, not raised from ground which has been cultivated for centuries.

DIOSCORIDES, PLINY, ORIBASIVS, ÆTIUS, and PAULUS ÆGINE-

TA, consider the long onions to be stronger than the round, prefer the red to the white, the dried to the fresh, and the raw to the prepared. SERAPION, too, agrees that the red are the strongest; others give the preference to those that grow farther north; SCHRÖDER thinks the longish ones are stronger.

The roots are to be cut off, for the onion is no root, as the learned STUMPFF has it; the placenta, too, contains but little moisture, and the outside skins none at all. We express the juice from the inner parts, add the strongest alcohol, and after a few days decant it; or the onion may be crushed, digested in alcohol, and pressed.

III. MOST STRIKING PECULIARITIES.

Dizzy, dull, and weak.

Fear lest the pain should become unbearable.

Despair, with colic.

Dulness, pressure, fulness, heaviness in the head, especially in the occiput and posterior portions of the vertex, with heat, *while having a catarrh*. *Worse in the evening, better in the open air, aggravated by returning into a warm room.*

Numbness as if in the cranial bones.

Electric shock through the head.

Stitches from the sinciput, or from within to the ear.

Pain in the temples when winking the eyes.

Letters seem too small, when becoming sleepy.

Eyes misty, weak, sensitive to light; with a catarrh.

Lachrymation (mild).

Redness of the eyes, itching, stitches, sensibility, more of the left side; burning, smarting, as if from smoke; propensity to rub them.

Itching, heat, stitches in the eye-brows.

Swelling around the eyes.

As though the eye were attached to a cord and torn.

Thread-like pains towards the ear.

Ringing in the ears, distant sounds, roaring.

Pains, twitching from the neck to the meatus and about it.

Sneezing on coming into the warm room in the evening.

Fluid running from the nose, sneezing, acrid watery discharge, excoriating the nose and upper lip.

Fluent catarrh, with lachrymation, headache, heat, thirst, loss of appetite, cough, trembling of the hands; worse in the room in the evening, better in the open air.

Thread-like pain in the upper jaw; over the right eye, towards the root of the nose, from the cheek towards the eye.

Heat in the face.

Disgusting taste; tongue coated with dirty mucus.

Foul smell from the mouth and throat.

Teeth dirty yellow.

Pains in the molars, after a cold damp wind, in the warm room, aggravated by warm drinks, relieved by cold water, and by teasing and sucking them.

Feeling of numbness in the throat, behind.

Pains in the throat, at the root of the tongue, palate, the Eustachian tube to the ear, *like a lump*.

Dryness of the mouth, root of the tongue, soft palate, throat.

Hawking up of lumps of mucus, behind *from the choanæ*, with disgusting taste, in the *evening*.

Small appetite, much thirst.

Nausea mounts with a rush from the throat upwards.

Disgust, nausea, back in the throat, ascending the throat on standing up.

Eruclatations, with heat, rumbling and inflation of the abdomen; vomiting.

Emptiness, weakness in the stomach, pressure on the cardiac orifice backwards; pain below the sternum, on the right side, at the pylorus.

Pressure in the stomach, and yawning.

Aching in the hepatic region, with creeping in the back, and coldness.

Compression in the splenic region, sticking when lying down.

Cutting, as by a thread, towards the middle.

Colic in the umbilical region, worse when seated; better when walking; as if from thrusts; left side. Transient flush; heat; *violent pain in the left side*, below, with desire to urinate, and burning on making water.

Abdomen inflated, and head confused, with fruitless inclination to stool, ending in diarrhoea.

Inflation of the abdomen, rumbling, more on the left side, and fruitless call to stool, accompanied by heat, colic, oppression of the respiration, tightness of the clothing, ceasing after discharge of flatulence. *Very fetid, slippery flatulence.* Much inodorous flatus.

Diarrhoea, after midnight, towards morning, early.

Difficult evacuations; constipation.

Fruitless inclination to stool, stitches in the rectum.

Cracks in the anus; smarting, creeping.

Violent pressure on a small spot on the right side within the pelvis; violent cutting, as if with a small knife.

Burning pressure in the bladder, then in the small of the back.

Pain in the renal region, more on the left side, in the flank. *Pressure and other pains in the vesical region*, in the left inguinal ring, in the pubic and uterine regions.

Feeling of weakness in the bladder and urethra (warmth).

Copious urine, with catarrh, paralysis and otherwise.

Foamy urine, iridescent.

Red urine, with much tenesmus, burning in the urethra.

Increased sexual impulse. (Bladder and prostate painful after coitus.)

Drawing in the seminal cord. Burning in the glans.

Early menstruation; rapid labor.

Tickling in the larynx, hoarseness.

Oppressed breathing from pressure in the middle of the chest.

Hacking cough on inspiring cold air.

Cough and catarrh.

Rattling of mucus, and oppression of the chest.

Aching in the upper part of the chest, stitches, with burning, in the middle of the left side, on a deep inspiration.

Creeping in the back, pain under the right scapula after sitting.

Stitches in the loins.

Pains in the small of the back, with constipation.

Pains in the arms, especially in the left fore-arm; lame in the joints.

Numbness in the left elbow.

Trembling of the right hand.

Hands dry and red.

Weakness of the hip. Pains in the thighs; lame in the knee; pains in the ankle and great toe.

Urticaria on the thighs.

Excoriated sore spots on the feet.

Pains in the joints.

Feeling of weakness and debility, inclination to lie down.

Yawning, with headache, and pressure in the stomach.

Yawning, heavy sleep.

Dreams of ocean storms, high waves, *nearness to the water*.

Unpleasant dreams of convalescents.

Restless at night, and sleepy in the morning.

Chilliness, creeping in the back, especially at night, downwards, with increased urine, followed by heat and thirst.

Alternations of cold and heat, with catarrh.

Heat, with rumbling in the abdomen, with catarrh, *accompanied by thirst*.

Perspiration easily excited, copious, in the axillæ, and palms of the hands.

Pulse accelerated, full (slow and hard).

Needle stitches in the skin.

Redness of the skin.

Wounds heal slowly.

Violent itching.

Pain below the right shoulder when sitting, colic, and pain in the pubic region.

Increased pain in the right side, when lying down, roaring in the ears, toothache.

IV. GENERAL CHARACTERISTICS.

Ameliorated in the open air; catarrhal difficulties, headache, lachrymation, nasal flow; pains in the limbs.

Aggravated by coming into the warm room; headache, sneezing, toothache, and all the catarrhal troubles.

Cold relieves the toothache, heat aggravates it.

In the afternoon; gastric difficulties.

In the evening; general aggravation, particularly of the symptoms of the head, eyes, and nose, accompanying the catarrh; the pains in the ear, teeth, jaw, as well as those in the gastric region, liver, pelvis, bladder, small of the back, and limbs; eructations, rumbling, discharge of wind and urine, *asthmatic troubles, and chest expectoration*; fever.

In the morning; disgusting taste, foul tongue, mouth and fauces; colic; and discharge of flatus.

Stool in the morning.

Symptoms proceed from *right to left in the upper part of the body*; the reverse below.

(On the right side pains over and towards the eye; left, ocular catarrh; right, crawling; left, running of the nose; right, then left, toothache.)

In the left side of the abdomen, pain, and in the flank and chest.

Renal pains, more on the left side.

Most of the pains, in the limbs, on the *right side above, and on the left below.*

V. INDICATIONS.

Consequences of damp sea winds, especially if cold; consequently, of SCHÖNLEIN'S "*Sudewetter*"; in this country, of north-east and east winds; in Europe, of north-west and west winds.

(Distinguished from *aconite*, which is only serviceable after dry land breezes, and north winds; and from *ipecacuanha* [and *bryonia*], which are appropriate after hot and damp winds.)

Colics from cucumbers and salad.

Consequences of wet or damp feet, impure air or water.

Bruises, burns, animal poisons, and other injuries.

As appropriate to cold and moist phlegmatics as to those of a choleric temperament.

In children; affections of the head and eyes, catarrhs, and constant discharge from the nose, sore throat, cough, rattling in the chest, colic and flatulence, troubles, arising from worms and urinary difficulties; but only where there is a profuse discharge, either too much, or, after being suppressed, too little, and when they like the open air. (*Iod.*, *phosph.*)

In old people; affections of the head and eyes; oppression of the chest, senile asthma, and the accompanying or alternating affections of the kidneys, bladder, and urinary apparatus; disorders of the stomach and bowels, chilliness, and many other affections, which are ameliorated by the open air. (*Kali-hyd.*)

ARTICLE XXV.—*Abstract of the Report on the Medical Treatment at the Protestant Half-Orphan Asylum in the City of New-York, during the last Ten Years, and its Results.* By B. F. BOWERS, M.D., New-York.

The building for this very excellent charity is situated in the Sixth avenue, between Tenth and Eleventh streets. The Institution was established in 1835, and has now reached its 17th anniversary. During the first year, Dr. FREEMAN was the medical attendant. The children were remarkably healthy, and only one death occurred. From 1836 to the summer of 1842, the medical management was entrusted to a distinguished physician, the late Dr. JAMES A. WASHINGTON, to whom the managers repeatedly acknowledged their great obligations for his kind and continued professional services. Dr. WASHINGTON was also assisted by the counsel of eminent medical gentlemen.

The first report, for 1836, observes, "that the inmates of this establishment have at all times been remarkably healthy, which is undoubtedly to be attributed to the system of diet, regularity, and cleanliness observed in this Institution."

In the fall of 1837, "fifteen of the children were attacked by small-pox, of whom, however, only two died. At the same time the scarlet fever appeared among the children, and two of them also fell victims to it."

In 1838, "few of the children suffered from illness, and those only in a slight degree." But in this year appeared that inveterate ophthalmia, which, with the cutaneous eruptions, proved so great a scourge to the Asylum.

In 1839, there seems to have been little sickness, but the ophthalmia still prevailed.

In 1840, finding the ophthalmia still unmanageable, and knowing the importance of separation and change of air, the Board sent 47 ophthalmic patients to Morristown, N. J., for the summer, in the hope and expectation that pure country air, with good plain country fare and opportunities for exercise, would do much towards restoring them to health.

“Their health materially improved,” but the ophthalmia still continued.

In 1841, matters getting no better, but rather worse, a part of the family were sent to Long Island to try the effect of that locality, but without essential benefit. The Report for this year says: “The children are not at present in so good training, either as to their studies or discipline, as on preceding anniversaries, owing to an unusual degree of sickness during the summer and autumn,” among other causes.

The spring of 1842 was marked by the appointment of a new matron, and great improvement in the condition of the children was expected from her excellent management. Everything was put in perfect order, and still the ophthalmia and cutaneous diseases prevailed and spread, attacking every new comer, and frequently appearing with renewed violence in such as were temporarily relieved. The children became sad and dull. There was no sound of mirth and joy. The smiling face, the bounding step, the joyous spirit of childhood, had given place to dull, moping stillness. An effectual barrier was interposed to the proper training of the children. Their first need was not to be trained, but to be cured, and to be cured was an essential prerequisite to their proper training. The family had been for more than a year commodiously established in their new spacious building on Sixth avenue, the house on Tenth-street being used as a hospital. Great pains were taken to secure thorough ventilation of the school and lodging-rooms. Dr. E. DELAFIELD was called in, as an experienced oculist and physician, to advise in the treatment and sanatory regulations, and no effort was spared to carry out the recommendations of the physicians. The utmost attention was paid to cleanliness. Two nurses were employed, and one woman was constantly occupied in washing the sore eyes, having a separate cloth for each child. Everything seemed ineffectual, and the idea of collecting children together to be infected with such diseases, and to incur the risk of becoming permanently blind, was so painful to the benevolent minds of the managers, that there was serious talk of disbanding and

breaking up the establishment. It is difficult to to give an adequate idea of the condition of the poor children afflicted with ophthalmia. They sat holding their heads down and shading their eyes, or lying on their faces, unwilling to hold up their heads, and some of them had not been able to open their eyes for a year. There were also inveterate cutaneous eruptions, which, as well as the ophthalmia, were endemic and contagious. And thus in despondency and gloom closed the first era in the medical history of this Asylum.

Dr. CLARK WRIGHT succeeded Dr. WASHINGTON as physician to the Asylum, which situation he occupied for more than five years, until December, 1847, when he resigned, and was succeeded by the present incumbent.

During the last five years, while I have attended the Asylum, there has been a great increase of the more dangerous, principally epidemic and contagious diseases. In the winter of 1847-8, typhus fever, prevailing in the city as an epidemic, under the name of ship-fever, was introduced into the Asylum, and during the winter and spring there were 45 cases. Through January and February, 1849, the hooping cough prevailed, and in January typhus fever again made its appearance—through the year there were 51 cases. The cholera, prevailing in the city, invaded the Asylum, and also a severe form of diarrhœa and dysentery.

For more than ten years there has been a radical change in the medical treatment here pursued. In this period there has been no bloodletting in any form, venesection, leeching nor cupping; no emetic, cathartic, nor blister, not a grain of calomel nor opium, not a drop of laudanum nor paragoric has been used, and not more than half a pint of castor oil. The eight-gallon jug that used to be filled with castor oil, is now used for lamp oil, and the old medicine-case is converted into a wardrobe. The change of practice has been entire.

How was it brought to pass, and what have been its practical results?

The change was providential. At the urgent solicitation of the matron, Dr. WRIGHT was requested by the managers, in

June, 1842, to prescribe for four of the worst cases of ophthalmia, and in July, after the cure of these four patients, he was requested to treat all the cases of ophthalmia in the Asylum. His arrangements prevented his commencing the treatment until the 11th of August.

Dr. WRIGHT then invited Dr. PARKER, Professor of Surgery in the College of Physicians and Surgeons, to examine 53 cases, which he did, in company with Dr. GILMAN, Professor in the same college. Six weeks thereafter, Dr. PARKER, finding these same children cured, frankly declared that the success of the treatment was unprecedented.

In the annual report presented in December following, "the Board are happy to state that the ophthalmia, which has heretofore so troubled and distressed the children, has almost wholly disappeared. It has been found one of the most serious interruptions in the education of the children."

Next to the ophthalmia the cutaneous eruptions had been found most annoying and unmanageable. In consequence of his success in curing the ophthalmia, Dr. WRIGHT was requested to treat the children having eruptions, and being successful with these cases also, and declining to take charge of the ophthalmic and cutaneous cases unless the children to be cured were submitted to his treatment exclusively, he was at the close of 1842 requested to take the sole charge of the medical treatment of the whole establishment. The report for 1843 says: "The troublesome cutaneous diseases which have usually prevailed in the Asylum, and the still more distressing ophthalmia, have entirely disappeared."

Thus the introduction of the new practice was signaled by the rapid cure of these inveterate diseases, which had heretofore proved incurable. These diseases, however, were not easily eradicated from the Asylum. Almost every child, within a few weeks after admission, was affected either with eruptions or ophthalmia, or both; and as there were frequent admissions, there was a succession of cases, and the diseases reappeared from time to time for years. There have been 184 cases of ophthalmia, and 236 cases of cutaneous diseases cured since my appointment.

It was only by adopting the plan of giving the remedies to all the children in the Asylum, and especially to every child on admission, that they have been overcome.

COMPARATIVE RESULTS OF ALLOPATHIC AND HOMŒOPATHIC
TREATMENT.

In the first period of seven years, two nurses were employed, and there was paid for extra nursing \$59. For removal to the country \$36 25. Paid for medicine \$239 64—\$334 89.

In the last period of ten years, only one nurse, who has faithfully endeavored to supply to the sick the want of a mother's kindness and care, has been employed, and nothing has been paid for extra nursing. For box of medicine \$32 25, castor oil 50 cents, and a trifle for camphor and arnica—making up, perhaps, \$35.

In the first seven years, under the old practice, there were of small-pox 15 cases and two deaths; also two deaths from scarlet fever the same season, which appears to be the only time when there were any cases of the dangerous contagious diseases.

The average annual number of children in the Asylum was 106. The total number under care was 1063. There were 22 deaths, or 1 in 58 of the whole number under care, and 1 in 33 of the average annual number.

During the last ten years there have been of

Typhus fever,	- - - -	98 cases.	4 deaths.
Cholera and diarrhœa,	- - - -	207	"
Asiatic cholera	- - - -	42	" 10 "
Dysentery,	- - - -	150	"
Mumps,	- - - -	20	"
Hooping cough,	- - - -	86	"
Measles,	- - - -	42	"
Erysipelas,	- - - -	30	"
Scarlet fever,	- - - -	70	" 1 death.
Croup,	- - - -	25	"
Varioloid,	- - - -	27	"
Small-pox,	- - - -	19	"

So that, for ten years, under the new practice, there has been no death in this Asylum from diarrhoea, dysentery, mumps, hooping cough, measles, erysipelas, croup, varioloid, small-pox, and only one death from scarlet fever, out of an aggregate of 676 cases of these diseases which have been treated. In the last five years there have been of scarlet fever 59 cases and no death. In the first and second of the last five years there were 4 deaths from typhus fever, and 10 from cholera. Since February, 1850, *almost three years, there has been no death.*

The average annual number of children in the Asylum for five years, from 1842, was $161\frac{1}{3}$ —the average for the last five years is $176\frac{2}{3}$. There are 15 adults in the Asylum who have also been treated for this time, making the annual average for the last five years $191\frac{2}{3}$.

Excluding the adults, the mean annual average for the last ten years is $166\frac{1}{6}$. The total number under care in the ten years is 2,522. There were 21 deaths, or 1 in 120 of the whole number under care, and 1 in 80 of the average annual number.

If the expenses for medicine, &c., for the ten years had been in the same ratio as for the first seven years, instead of \$35 they would amount to \$771 95.

The rate of mortality for the last ten years would give for the first seven years less than 9 deaths, instead of 22; and a rate of mortality equal to that of the first seven years would give, for the last ten years, instead of 21, more than 51 deaths.

Statistics of Cases Treated in the Asylum from Aug. 11, 1842, to Dec., 1852.

Disease.	Cases.	Cured.	Died.	Remarks.
Abscess,	11	11		
Ascites,	1			
Asiatic Cholera,	42	32	10	1 left Asylum.
Brain, congestion of,	3	3		
“ concussion of,	5	5		
“ inflammation of,	5	4	1	
Bronchitis,	93	93		
Burn,	1	1		
Canker sore mouth,	23	22		
Chicken-pox,	2	2		
Cholera morbus,	9	9		
Cholerae,	56	56		
Colic,	2	2		
Consumption of lungs and bowels,	2		2	
Convulsions,	5	3	2	
Croup,	25	25		
Diarrhœa,	151	151		
Dysentery,	150	150		
Dropsy,	1	1		
Eruptions of various kinds,	468	460		7 left Asylum.
Erysipelas,	30	30		
Fever,	38	38		
“ catarrhal,	53	53		
“ continued,	13	13		
“ gastric,	7	7		
“ remittent,	14	14		
“ scarlet,	70	69	1	
“ typhus,	98	94	4	
Heart, organic disease of,	1		1	
Hip disease,	3	2		1 left Asylum.
Fracture of forearm,	3	3		
“ “ collar bone,	2	2		
“ “ thigh bone,	2	2		
Hooping cough,	86	85		1 left Asylum.
Injuries, mechanical,	24	24		
Jaundice,	7	7		
Lungs, inflammation of,	7	7		
Marasmus,	3	3		
Measles,	42	42		
Mumps,	20	20		
Ophthalmia,	439	432	..... }	4 left Asylum. 3 under treatment.
Peritonitis,	4	4		
Pleurisy,	7	7		
Quinsy,	23	23		
Rheumatism,	9	9		
Sciatica,	1	1		
Scrofula,	3	3		
Stomach, inflammation of,	2	2		
St. Vitus' dance,	1	1		
Worms,	2	2		
Varioloid and Small-pox,	46	46		
Total,	2114	2072	21	

DETAILS OF TREATMENT.

Preliminary Remarks.—The introduction of the homœopathic practice into a large public institution is a matter of public importance; and accordingly the announcement of the fact, with a statement of the results of the practice, has attracted attention, and very naturally led to the expression of a wish for more full information respecting the treatment. I regret that the arduous duties of daily practice have not allowed time for so full a record of cases and treatment as is desirable.

In 1842, the children had suffered for years with an inveterate ophthalmia and cutaneous diseases. The managers, despairing of relief, and having no faith in Homœopathy themselves, yet consented to try it in a few cases as an experiment, to satisfy a zealous friend of that practice. There was no intention, on the part of the managers, of introducing the practice into the Asylum—no idea that it would be possible to do so, but a firm belief that, on trial, it would fail even more signally than the means previously used.

A majority of the managers are still opposed to Homœopathy and do not use it in their own families. There has been so much opposition as to prevent any official acknowledgment of the fact that Homœopathy has been practised in the Asylum up to the time of the last anniversary, when it was voted to publish the medical report then read with the annual report of the Society. This was subsequently opposed, and not carried into effect. On previous occasions, the medical reports, which invariably stated the fact that the practice was exclusively homœopathic, had been alluded to at the public meetings, but passed over without reading. Homœopathy was here put on trial in the face of its enemies, and so far from meeting with any favor, or palliation of its defects, had it not done more and better than anything else had been found to do, it would long since have been abandoned.

The introduction and success of the homœopathic practice in this Asylum is an important item in the history of the in-

roduction and progress of Homœopathy in these United States, the country soon to become the great field of its triumphs. The opposition has been ever vigilant, and hitherto successful, in keeping out of their records all acknowledgment of the fact that they have had homœopathic practice in the Asylum. A solemn sense of duty, therefore, has constrained me, having a known official relation to the subject, to make a public statement of the facts, and to make it while the witnesses are here present who can vouch for its truth.

Those who know that there is an immense improvement in the practice of medicine, as well as in other departments of art and science, also desire that all should enjoy its benefits. They therefore desire to bring the improved practice to the test of experiment, and seek publicity for the results. It is important that the opportunities afforded by public institutions for observation and experience on a large scale should be made available for the settlement of those important practical questions which can only be satisfactorily determined by careful induction from a great number of facts.

The medical management of such an institution, containing so many children for so many years, is a work of some magnitude. Surely the condition of the children in 1842, when they first came under homœopathic treatment, and at various other times, was such as to call for prompt and efficient aid. Whenever a work is to be done, means adequate to its accomplishment are required. Whenever a work has been done, the very accomplishment of the work furnishes the strongest evidence that adequate means have been employed. As the children taken in charge when in a very bad state were rapidly brought into an uncommonly good condition, their diseases being so successfully treated, that, notwithstanding an unusual prevalence of such dangerous diseases as typhus fever, scarlet fever, dysentery, cholera, measles, and small-pox, the rate of mortality for the last ten years is lower in this than in any other asylum in the city, the general results being highly gratifying, the enemies of Homœopathy themselves being judges, it would seem to follow as a logical conclusion,

that the treatment has been eminently efficient. With those, however, who consider preconceived opinions and *a priori* reasoning as the sure guides in settling practical questions, facts must bend to theories; and there is no reliable experience but such as agrees with their prejudices.

It may be seen that Dr. C. WRIGHT and myself, in succession, have had the entire charge of the medical treatment of the Asylum for the whole time indicated (more than ten years), and can vouch for the fact that it has been exclusively homœopathic. There has been no mixed practice. What Homœopathy could do, imperfectly administered by us, has been done. What Homœopathy in our hands failed to do, has been left undone. The one great law of cure, *similia similibus curantur*, was our hope and guide. Thank God, the results have justified our course!

General directions.—Arnica in tincture, diluted with water, is used as a local application in cases of mechanical injury.

Camphor in tincture also is sometimes given internally.

Generally, all the remedies are given in the form of globules dissolved in water. The attenuations used range from the 3d to the 2000th. For the last five years, there has seldom been anything used below the 30th.

When medicine is given to all the children in the Asylum, a few globules are dissolved in a sufficient quantity of water to give them all a spoonful, care being taken to mix it thoroughly. Dry wheat flour is applied to burns. Except for injuries, no external medicinal applications have been used. "There has been no change in ventilation or regimen from former years, except the prohibition of pepper with food, and latterly the disuse of molasses with bread."

Special diseases.—ASLATIC CHOLERA—42 cases—10 deaths.—The cases of cholera were unusually severe. The year preceding, there had been some cases of sudden prostration and sinking, threatening collapse. During the prevalence of the epidemic, the drain from the water-closets, which carries off all the waste water from the whole establishment, was obstructed, causing an overflow of the back water, and flooding

the cellar. The necessity for opening and clearing the sewer, and draining the cellar, in hot weather, could hardly fail to increase the noxious effluvia and aggravate the disease. Twice the matron was struck down, and her life in imminent peril, by the cholera. The nurse was struggling with the premonitory symptoms of cholera for months during the whole prevalence of the epidemic, and was enabled to discharge her duties only by the most determined resolution, and by the constant use of remedies. The teachers and servants of the institution were also affected. A memorandum, made on the 8th August, states that there were on that day 26 cases of dysentery, diarrhoea, and cholera, in the nursery; on the 11th there were 33 cases. There was much to excite apprehension and alarm, little to inspire confidence and hope.

Two cases of cholera occurred in April, one in May, eleven in July, sixteen in August, twelve in Sept. On the 18th May, *verat.* 30 was given to all the children not under treatment as a prophylactic, followed on the 25th by *cupr.* 15.

Verat. 30 and *cupr.* 30 were given alternately four times in June, five times in July, six times and *sulph.* 30 twice in August to the 13th; *camph.* 200 twelve times, from 15th August to 1st Sept.; *verat.* 30 nineteen times, *sulph.* three times, from 3d to 24th September.

Ten drops of spirits camphor, dropped on sugar, were mixed with about a tumbler of water, and kept in a bottle ready for use. On an attack of cholera, a spoonful of this camphorated water was immediately given by the nurse, and repeated every few minutes according to the urgency of the case. The patients were put to bed and kept as quiet as possible, and, in a great many cases, relief was obtained and danger averted by these simple means. *Camph.* 3 was frequently given with the best effect. *Verat.* 30 generally followed the *camph.*, and if there were cramps, *cupr.* 30 was given. In bad cases *cupr.* and *verat.* were alternated at short intervals. Profuse watery dejections were frequently checked by *phos-ac.* 30. When the patient was pulseless, *carb-v.* 30 was used, and frequently the pulse came up under its use.

When reaction came on, especially if *camph.* were used, there was generally headache. *Acon.* 30 had a very good effect in such cases. Sometimes, when the headache was severe, and the nausea still very distressing, the vomiting and diarrhoea being checked, but ready to recur on the slightest imprudence, the patient oscillating as it were between reaction and collapse, and trembling between life and death, *acon.* 700 and *camph.* 200 acted like a charm. The *acon.* relieved the head, and *camph.* the stomach; and by giving these two remedies in alternation, some of the most critical cases were carried to a safe result. *Ipec.* 30 was sometimes serviceable. *Ars.*, *bry.*, *merc.*, *nux-v.*, *phos.*, *rhus*, *sulph.*, were also used, according to circumstances.

Fatal cases of Cholera.—1. P. H., a feeble, consumptive boy, died 5 A. M., May 5th; was sick four days,—not bad until a few hours before his death. Relieved by *camph.*

2. John Foley died August 2d, 9 A. M., sick 9 hours. Taken in the night, and collapsed when first seen in the morning.

3. John Lille died Aug. 4th, at 7½ P. M., sick 2 hours. Had dysentery before.

4. George Keen died August 16th, at 10 P. M., sick 11 hours.

5. John Kenny died September 3d, at 8¼ A. M., sick 11 hours.

6. William Murdock died Sept. 4th, at 10 A. M., brought into the nursery at 6 A. M. Taken in the night, sick 9 hours.

7. Mary Lincoln died September 9th, at 12 ¼ M., sick 8 hours.

8. Hannah Millar died Sept. 12th, sick 4 days. Pulseless when first seen on the 8th.

9. William Taylor died Sept. 16th, at evening. Was very sick Aug. 6th. Had cramps in his legs, took *cupr.* 3 times, which relieved him. Aug. 31st, pulseless two hours; skin of his hands corrugated; has taken *camph.*, *ipec.* 30, *cupr.* 30. Take *carb-v.* 30. Sept. 1st. Has come up under *carb.* and is convalescent. *Ars.* 30, *acon.* 30. 2d, A. M. Better; continue. 5½ P. M. Has copious watery discharges, black round the eyes, pulse quick and small, *camph.* 200. 3d, A. M. Rather better; *camph.* 200. 6¼ P. M. Diarrhoea bad; constant thirst, vomit-

ing drinks; *verat.* 30, *ars.* 30. 4th. Bilious evacuations up and down, but improving; continue. 5th. Same; continue. 6th. Same; *carb-v.* 30. 7th. *Ars.* 30. 10th. Red spots over face and body, with great tenderness on touch—tongue red and dry; *bell.* 30; erysipelas. 11th. Covered with red eruption; left cheek inflamed, diarrhœa better; tongue red and dry; *rhus* 30. 13th. Mouth and cheek bad; *nux, sulph.* 14th. Cheek swollen, and his condition bad; *merc.* 700. 15th. *Merc.* 700. 16th. Cheek and tongue are mortifying, and he is insensible. *Ars.* 3. His cheek mortified, and he died at night. Sick 17 days.

10. Maria Holland died Sept. 20th, sick 7 hours. Attacked at 3 P.M. Pulseless 2½ hours, vomiting; copious watery discharges. Took *camph.*, *verat.* 30, *carb-v.* 30. Will now take *carb-v.* 30, *ars.* 30, in alternation every 15 minutes.

CHOLERINE—56 cases.—During the prevalence of the cholera, the epidemic influence was pretty generally felt by all persons residing in the regions where it prevailed. In many it produced the premonitory symptoms of cholera, or cholerine, which, perhaps, might properly be considered as the first stage of cholera. When this condition was neglected or mismanaged, it frequently resulted in a severe attack of cholera. *Camph.*, exhibited as in cholera, was very useful. The tincture, the 3d and 200th, were all given, and all with good effect. Being exposed to great fatigue that season, and feeling at times the need of remedies, I was frequently relieved by *camph.* 200, and took it in no other form. *Ars.*, *merc.*, *phos. phos-ac.*, *ipecc.*, *verat.*, were also useful.

CANKER SORE MOUTH—22 cases.—At times this has been a very troublesome complaint, the cases being much worse than I have seen elsewhere. There were canker spots on the tongue, gums and lips, and ulceration on the inside of the cheeks, swelling of the tongue, gums, lips, and cheeks, with œdema of the face, salivation and foetid smell of breath. Remedies used, *ars.*, *carb-v.*, *merc.*, *nit-ac.*, *nux*, *sulph.*

CROUP—25 cases.—Great care is taken to discover the first approach of this disease, which is sometimes very insidious. The incipient symptoms being promptly met, the more dangerous forms of the disease are generally prevented. Sometimes, however, the cases had become very dangerous when first noticed. *Acon.*, *spong.*, *hep.*, *lach.*, *phos.*, have been completely successful.

DIARRHŒA—151 cases.—While the children in the Asylum are exempt in some degree from the attacks of diarrhœa brought on by improper food, many of them come in with chronic affections of the stomach and bowels, and suffering from previous exposure and mismanagement. *Camph.* is often given, if the attacks are severe, attended with coldness and prostration of strength. *Ars.*, *calc.*, *carbo*, *cham.*, *china*, *ipéc.*, *merc.*, *nux*, *phos.*, *phos-ac.*, *rheum*, *rhus*, *seal.*, *sulph.*, *verat.*, according to circumstances, have sufficed for the cure of this troublesome disease.

DYSENTERY—150 cases.—It may be remembered that the dysentery prevailed epidemically in 1849, in a very severe and fatal form. During that season there were 42 cases in the Asylum. They were treated principally with *acon.*, *ipéc.*, *merc.*, *nux*, and *sulph.* Other remedies were sometimes given, but *merc.* seemed to be the most important remedy, and was given either alone or in alternation with *acon.* or *ipéc.* The preparation used in these cases was *merc-sol.* 700, that being the one generally used in all cases in the Asylum. In protracted cases, *nux* and *sulph.* were given night and morning, in alternation, with good effect.

No injections were used.

ERUPTIONS—468 cases.—The great cause of the miserable condition to which Allopathy had brought the children in the Asylum was mismanaged psora. It had been treated with external applications, and repelled with sulphur ointment. In many cases it fell upon the eyes, producing ophthalmia.

The homœopathic treatment of the ophthalmia brought out the eruption again, and accordingly, Dr. WRIGHT says: "In October, 1842, nearly all those who had recovered from ophthalmia were the subjects of cutaneous eruptions, which, spreading among others, soon in turn became the prevailing complaint, and again threatened to pervade the whole establishment—their treatment for this disease was added to my former charge, and now commenced."

"The disease first made its appearance on the hands, arms, and neck in large distinct pustules, like itch; on other parts of the surface, which it ultimately invaded, it took the form of a miliary rash. In many cases, there was painful erysipelatous swelling of the hands and feet. A few cases of tinea impetigo and herpes composed the remaining cutaneous affections." These eruptions were more obstinate than the ophthalmia, and alternated with it. Under homœopathic treatment, the eruptions came out worse; and as it was impossible to separate the children, new cases were constantly occurring, and those apparently cured were reinfected. It became necessary, therefore, to administer similar medicines to all the children, to the uninfected as well as to the infected; and in this way only was the disease eradicated.

The remedies chiefly used were *ars.*, *calc-c.*, *carb-v.*, *hep.*, *merc.*, *rhus-r.*, *sep.*, *sulph.* A bad case of recent psora improved rapidly under the use of *sulph.* 2000, and I believe was cured without the use of any other remedy. *Sulph.* 2000 was repeatedly given to the uninfected as a preventive, with the best effect. *Rhus-r.* 30 was given for the same purpose, and was also very useful in curing the eruptions, as was *merc.* and *sep.*

OPHTHALMIA—439 cases.—Dr. WRIGHT thus describes the ophthalmia as it appeared on the 11th Aug., 1842, when he took charge of the medical treatment of the children affected with it:

"Fifty-three cases were found requiring treatment, and twenty of these were of an aggravated form, presenting the

following characteristics: Eyelids inflamed and swelled, some of them entirely closed, others nearly so; a thick crust of adhesive matter upon the margins. The outer coat of the eyeball red with inflammation; the eye painful, and most intensely so when exposed to light. Four had granulations on the upper eyelids. Five had ulcers on the cornea. In the remaining thirty-three cases, the eyelids were congested and the external coat of the eyeball slightly inflamed and constantly suffused with a muco-purulent matter. The attack of ophthalmia was generally preceded, for twenty-four or forty-eight hours, by unusual stupor, sleepiness, headache, and some degree of fever."

The disease has presented much the same symptoms whenever it has reappeared, up to the present time. It is often complicated with eruptions, and sometimes there is great inflammation of the eyelids, externally, with erysipelatous inflammation extending down upon the face.

Acon. 3, given for a few days and then suspended, followed after a short interval by *bell.* 3, in the same way, rapidly cured the first acute cases submitted to Dr. WRIGHT's treatment, made a strong impression, and led to the introduction of Homœopathy into the Asylum.

The following remedies have been found useful: *Acon.*, *apis*, *ars.*, *bell.*, *calc.*, *caust.*, *clem.*, *con.*, *cupr.*, *hep.*, *merc.*, *natr-m.*, *nux-v.*, *rhus-r.*, *sulph.*, *stram.* *Ars.* 30, *sulph.* 30, were used for ulcers on the cornea. Opacity of the cornea, of long standing, has been removed by *sulph.* 2000. Latterly, *apis.* 30 has been used with good effect for opacity.

In severe cases it is found advantageous to keep the children in bed, as they are much more easily controlled.

SCARLET FEVER—70 cases, 1 death from consecutive disease.—These cases occurred in different seasons, and partook of the character of the several epidemics which prevailed. In February, 1851, thirty-three cases of a mixed character, resembling measles, were treated with *bell.* 30 and *puls.* 30. There was high fever, with coryza, cough, sore throat, swell-

ing of cervical glands, and a red, somewhat rough, and slightly elevated eruption.

In February, 1852, there were twenty-six cases. It came on with fever, pain in stomach, vomiting, diarrhœa, headache, sore throat, pain in the ears, teeth, and limbs, face red as scarlet, and then pale. Some had bleeding at the nose, delirium, dizziness, and inability to stand steady. All the children in the Asylum coughed, and many had diarrhœa. The cough was so general and incessant, that at prayers, one day, when the matron attempted to read, she was fairly coughed down, and had to give it up. On requesting those who had a cough to stand up, they all stood up. Thinking that the cough was probably occasioned by the scarlatina miasm, and was at any rate a Belladonna cough, I gave *bell.* 30 to them all. The effect was truly surprising, the cough was so much relieved. The same remedy was continued during the prevalence of the fever, both for the cough and as a prophylactic. The 26 cases of fever were all rapidly cured by *bell.* 900.

SMALL-POX AND VARILOID—46 cases.—These cases varied from very dangerous confluent small-pox, to mild varioloid. There were chilliness, nausea, vomiting, headache, pain in the back, delirium, and in some cases coma. The gastric symptoms were severe. Pulse in many from 120 to 150.

The eruption was confluent in five cases; in nineteen it was general and ran about the usual course. In the remaining twenty-seven cases, there was less; in some, little or no eruption, and it dried up more rapidly. Some had convulsions before the eruption came out, and diarrhœa sometimes occurred in the course of the disease.

The remedies used were *acon.*, *ars.*, *bell.*, *bry.*, *merc.*, *rhus-r.*, *sulph.*, *tart.*, *thuy.*, *varioline.*

Thuy. 200 was given, but being little used and not depended upon, I am not certain as to its efficacy. *Tart.* was used only a few times. *Acon.*, *bell.*, *bry.*, *merc.*, *rhus-r.*, *sulph.*, according to circumstances, were generally used. *Rhus-r.* was especially serviceable in relieving the burning, itching

irritation of the eruption. *Varioline*, third trituration, dissolved in water, was given to all the patients, when there was no special indication for another remedy. It seemed to have a good effect in mitigating the fever and promoting desiccation. I should think it had some effect to prevent pitting, as the worst cases were less marked than could have been expected. It was also given to the other children as a preventive; but as they were vaccinated too, its efficacy in that respect is not ascertained. The *varioline* would have been used in a higher dilution could it have been obtained.

In several, the eyes were dangerously affected, and in one case the sight of one eye is probably lost, the specific inflammation of the disease having produced organic change in the eye. The inflammation was removed, and the coats of the eye were clearing up with increasing perception of light, when he left the Asylum. In another case, where the sight was impaired, the opacity of the cornea is nearly removed, and the sight will soon be perfectly restored. Other cases, where it produced ulcers and opacity of the cornea, were soon cured. *Apis*. 30 was very useful in these cases.

TYPHUS FEVER—98 cases, 4 deaths.—This disease prevailed epidemically, and was very fatal in the city in 1848, and again in 1849. In these two years there were 96 cases in the Asylum. A good many were sick simultaneously. It came on with great weakness, loss of power in the limbs, nausea and vomiting, vertigo, so as to pitch about and fall like a drunken man, pain in the limbs, violent headache, delirium. All had a heavy sweat, with a disgusting smell. *Bry.* 30 and *rhus r.* 30 were the principal remedies used. *Ars.* 30, *bell.* 30, and *merc.* 700, were sometimes very serviceable, and *stram.* 300 quieted the violent delirium in one case, and produced sleep. *Chin.* 200 was used.

Of the four deaths, two were directly from the fever, and two from consecutive diseases. Of the former, one, Hugh Roper, was a feeble sickly child, the other, Samuel Cahill, was carried off during the prevalence of the cholera. Of the latter

Emma Ward, died a week or more after the febrile excitement had left her, with mortification of the cheeks, mouth, and tongue, and Robert Shaw died of marasmus, or consumption of the bowels, several weeks after the fever left him.

It should be observed that the frequent changing of the children very much increases the amount of sickness in the Asylum. When they are all brought into proper training and good health, it is comparatively easy to keep them so. With a new set, all the labor has to be gone over again. It was the admission of new children which constantly furnished new subjects for ophthalmia and eruptions, and made it so difficult to get rid of those diseases. Not only is the condition of the children when admitted relatively bad, but the door is opened for the entrance of epidemic and contagious diseases, and in this way have come in, at various times, the mumps, measles, scarlet fever, typhus fever, and small-pox.

It is worthy of remark, also, that the children reported cured of cholera, diarrhœa, dysentery, measles, catarrhal fever, scarlet fever, typhus fever, and small-pox, are actually cured, and did not die of the consecutive diseases, which so often prove fatal when these dangerous diseases are neglected or improperly treated. Three deaths, 2 from convulsions, and 1 from scarlet fever, comprise all that have occurred for more than ten years, from diseases to which children are peculiarly subject. Headaches, congestion of brain, colds, coughs, pleuritic pains, and inflammation of the lungs, are relieved by the mild power of appropriate homœopathic remedies, and consequently there have been no deaths from dropsy of the brain, nor inflammation of the lungs, and one only from pulmonary consumption.

The treatment, always relying upon attenuated medicines, has demonstrated their efficacy, rising from the third to the higher and the highest,—curing with the latter the dangerous forms of acute disease.

ARTICLE XXVI.—*A few cases of Enuresis successfully treated. Collected by J. W. METCALF, M.D., New York.*

MY attention having been specially called, some time since, to the subject of *enuresis nocturna*, I have thrown together a few cases to which I had references, in which that and similar affections had been removed by the use of a single drug. The disorder is often very obstinate, resisting the entire routine of old-school treatment, from infancy to adult years, but it rarely fails to yield in a short time to the appropriate homœopathic remedies. Some of these will be found indicated in the following cases.

The secretion of urine is incessantly going on in the kidneys, a constant stream of arterial blood being sent through them, for the purpose of being deprived of certain substances which, if retained, would be injurious to the economy. But, as it would be exceedingly inconvenient to have this fluid constantly dribbling away from the body, a reservoir of a limited capacity has been provided in the pelvic cavity, which may be gradually filled with the secretion, and then emptied at once, at stated intervals, of its accumulated contents. That this organ, the bladder, may perform its functions properly, it is provided with two sets of apparatus: a group of muscular fibres, situated at its outlet, assisting in performing the office of a sphincter, and thus preventing the passage of the urine until the appropriate time, and a further group, contained in the body of the bladder, by the contraction of which, its capacity is diminished, and the fluid contained is forcibly expelled.

The due performance of the vesical functions depends upon the proper relative adjustment of these two forces; if either be in excess relatively to the other, a morbid state results. If the balance of power be on the side of the sphincter, the urine is no longer voided, and *retention* is the result; if the balance be in favor of the extrusor muscles, the water escapes involuntarily, and some form of *enuresis* follows.

Of this latter affection, there are several varieties. In some cases, as in those of complete paralysis of the sphincter, the urine dribbles away as fast as secreted, by the mere effect of gravity; this is the highest grade of incontinence. In others, the sphincter still retains some power, but the irritability of the antagonist muscles is so great, that the moment a certain quantity of fluid is accumulated in the bladder, they are excited to an action which the sphincter cannot resist, and the urine involuntarily escapes. There is another form of apparent incontinence, which is really due to retention, where the bladder fills in consequence of the expelling muscles being paralyzed, and the continual excess of urine slowly filters away through the urethra.

The variety indicated by *enuresis nocturna* is familiarly known as "wetting the bed," and is almost exclusively confined to children. The patient has generally perfect command over the bladder at other times, and seems well in other respects. The discharge of urine in some cases takes place two or three times every night, in others only once a night, and in others it occurs only at intervals more or less distant. It is said to be more frequent in girls than in boys, a fact which may perhaps be accounted for, in part, by the shortness of the female urethra.

The pathological *cause* of nocturnal enuresis is a want of adjustment between the forces of retention and expulsion, the latter, in such cases, being, in the absence of the will, the more powerful of the two. It is not necessarily attended by a profuse secretion of urine. It is sometimes the result of a want of attention or laziness, on the part of children, who, allowing the bladder to be distended to its utmost, before they empty it, during the day, so weaken the sphincter that it is incapable of proper resistance when the influence of the will is withdrawn. The affection is usually aggravated by illness, such as indigestion, over feeding, or great fatigue, and may continue from very early childhood to advanced puberty, and even further.

The *treatment* of this affection has been exceedingly various,

Mechanical means have been tried. Various forms of apparatus have been contrived to be affixed to the penis in boys to prevent the flow of urine. A bougie has been tightly applied, by means of sticking-plaster, along the outside of the urethra, thus obliterating the passage for the time. Some part of the meatus has been made sore by the application of caustic, so that the pain, caused by the passage of urine over the spot, might wake the sleeper, and bring the force of the will to bear upon the bladder. But it is evident that these contrivances, besides other exceedingly weighty objections to them, do not aim at radically curing the disorder, but only at temporarily remedying the inconvenience.

Moral means have been used to an extent, no doubt, in many cases, entirely unjustifiable, physical force having been resorted to where the disease was entirely beyond the control of the patient. That the affection is sometimes the result of careless habits, however, and to be remedied by compelling the attention of the child to the indications of nature, is beyond a doubt. In some cases, too, where a strong and abiding impression can be made upon the mind, it will operate even during sleep, either to prevent the occurrence of the discharge, or to waken the patient when it is about to take place. Fear has been frequently used as a means of cure, and sometimes with most striking results, as exhibited in the following relation :

CASE 1.—In one of the public institutions for children, in Berlin, wetting the bed had become so common a difficulty among the inmates, that the persons connected with the establishment were at their wits' ends, and summoned Dr. CASPER to their assistance. Remembering BOERHAAVE'S successful experiment with the epidemic of hysteria, he collected twenty-three of the most confirmed bed-wetters in a circle, and produced and heated red-hot, before their eyes, some small cauterizing-irons. He then told them that he was not there to punish them, but that he feared their disorder could not be radically cured without the application of the iron to their skins, so as to burn them very slightly ; in spite of their supplica-

tions and tears, he selected three of the rankest offenders and applied the iron lightly to the upper arm, informing the others that in a week he should come again and select three more of those who were uncured for the same operation, and so on until there were none left. The superintendent informed Dr. CASPER that, of the twenty witnesses of the process, eighteen were radically cured, two remaining unaffected, while, of the three cauterized, one was also cured, and the other two, with the exception of a few relapses, relieved.—CASPER'S *Wochenschrift*, 1834, No. 7, 110.

That this was a homœopathic cure every one will admit, who is aware of the powerful influence of the depressing emotion of fear or fright upon the sphincters. It is not uncommon for those under the influence of this emotion to void their urine and even fæces involuntarily. The following case is an illustrative instance, related by M. DUFRESNE :

CASE 2.—A healthy boy, æt. 10, of a poor family, went to bathe in the river with some companions, during the month of August, 1832; while there, they were furiously pursued by a fisherman whose occupation they disturbed. Either to frighten them more completely, or intending in his rage to do them bodily harm, he fired a loaded musket towards them; the boys dispersed, of course, and the poor little fellow in question ran home at the top of his speed, and arrived trembling and exhausted. He could not be reassured, and soon became affected with both urinary and fæcal incontinence, pains in the stomach and bowels, and rapid emaciation. He remained in this pitiable state for twenty-three months, when M. DUFRESNE found him pale, small, ill-looking, and exceedingly emaciated. He was wet and dirty, urine and stools passed involuntarily, especially at night, pains in the stomach and bowels, and frequent eruption of pimples upon the scalp. *Phos.* 30, two doses, a week apart, entirely restored him to health in less than a month.—*Bibl. hom.*, 4, 179.

CASE 3.—Dr. CURTIS informs me that a little girl of three years old, under his care, had received two moderately severe whippings, to cure her of a habit of wetting the bed, without

effect, when the fright produced by a single shower-bath, and the fear of its repetition, radically cured her.

Of the *medicinal* treatment, it is enough to say here, that its course in the allopathic profession has been distinguished by that vacillating variety which universally marks the proceedings of a school destitute of a principle of therapeutics. They have occasionally, after trying a number of drugs, hit upon a true specific, and effected homœopathic cures. Such, so far as I have met them, I shall detail under the appropriate head when speaking of the

Homœopathic Treatment. At least thirty different remedies have been recommended and used for the cure of *enuresis nocturna*, and no doubt there are many others which would be found efficacious in the appropriate cases. The main symptom of the disorder being always the same in every case, viz., a nocturnal discharge of urine, it is evident that the ground of selecting the remedy must be found in the circumstances of age, constitution, accompanying symptoms of other organs or systems, the cause, and the general history of the patient.

CASE 4. *Alumen*.—Dr. MARCUS reports a case of urinary incontinence in a boy of 15, which had lasted eight weeks, in which the cure was effected by *alum*, from 17 to 18 drachms having been administered in a short space of time.—FRANK'S *Mag.* iv. 20.

- CASE 5. *Aurum-muriaticum*.—GRÖTZNER relates the case of an old man, who had suffered from dropsy, having its origin apparently in a paralysis of the bladder, and who had incontinence of urine, especially at night. The *chloride of gold* was given with happy effect, and gradually resulted in powerful voluntary urination and recovery.—RUST'S *Mag.*, 21. h. 1., p. 28.

Belladonna.—A group of remedies, standing in somewhat close relation, is frequently recommended in this affection. It comprises *bell.*, *cic.*, *hyos.*, and *stram*.

The nerves of the bladder are derived from two sources, the spine and the ganglionic system. These are intimately con-

nected with each other and distributed to all parts of the organ, but the cervix has a preponderance of the sympathetic filaments, while the body and fundus are more largely supplied with branches from the spine. We should naturally expect, under this state of things, that those remedies, which act by exciting the sympathetic system, would increase the proportionate irritability of the cervix, and thus have a tendency to produce retention rather than enuresis. The four remedies above named are remarkable for their action upon this portion of the nervous organism, as is evidenced by their all producing dilatation of the pupil, great heat of skin, fever, and other violent disturbances in the vegetative life. The remarks in relation to *cantharides* will also apply to them, as the symptoms of strangury and retention are much more prominent than those of an opposite kind. They may, perhaps, be serviceable where the affection depends upon irritability of the fundus, arising from the spine or upon an excessive secretion of urine. In a case of poisoning by *stramonium*, (to be found *N. A. Hom. Jour.*, 2, p. 415) it is stated that the patient, in a state of delirium, "passed large quantities of urine involuntarily, as she wandered over the floor." I have been able to find but few instances in which these remedies have been successfully used. TROUSSEAU and BRETONNEAU, are reported to have used *belladonna* with great success in this affection (*Brit. Jour.* 8, 456), but on referring to their cases, it appears that they used very large doses and found it necessary to continue them a very long while, as the patients had numerous relapses—so that the cure is not a very promising looking *homœopathic* one, and perhaps depended upon producing a belladonna-retention. Another case is related by Dr. GAUWERKY, (*Allg. hom. Zeit.*)

CASE 6. A wild, ill-mannered, wilful boy of four years, who used to wet himself not only at night, but also while playing during the day, was cured by a single dose of *bell.* 200.

Benzoic-acid.—This remedy acts very powerfully upon the urinary organs, and, when taken in quantity, is almost wholly evacuated in the urine in the form of hippuric acid, into

which it is converted in the economy. It causes irritability of the bladder; too frequent desire to evacuate the bladder; urine increased in quantity and voided frequently; urine smelling like horse-urine, exceedingly high-colored, scalding and irritating in its passage through the urethra. Dr. CHAPMAN relates the following case:—

CASE 7. A beautiful girl of 15, from her infancy to the age of adolescence, had been in the habit of wetting the bed, though in all other respects perfectly well. *Benzoic acid*, in the 2d and 3d triturations, cured her speedily and permanently.—*Brit. Jour.* 8, 390.

Dr. CHAPMAN adds, that, in many other cases of enuresis in children, the effect has been equally beneficial.

CASE 8. M. DELCOUR states, that he exhibited the *benzoic-acid* with perfect success, in a case in which *strychnine* and *cantharides* had failed.—RANKING'S *Abst.*, 1845, 1. 71.

CASE 9. M. DE FRAENE, of Brussels, records a successful case in a girl between 13 and 14 years of age, who was attacked with nocturnal incontinence, after recovering from a second attack of acute rheumatism. The complaint was neglected for several months; there was no pain in the part, the appetite was good and the bowels regular, but the face was pale. Various remedies were tried without success, after which two drachms of *benzoic-acid* were made into forty pills, four of which were taken night and morning, and the complaint was entirely cured.—RANKING, 1847, 2, 209.

The principal indications for the use of *benzoic-acid* will be found in the quality of the urine. It rarely fails to help when the water is irritating, very high-colored, and has an intense smell of horse-urine.

CASE 10. *Camphor*.—A woman aged forty was received into the Hôtel-Dieu, under M. GUÉRARD, to be treated for incontinence of urine and pulmonary emphysema. The incontinence appeared to depend upon a phlogosis of the cervix. The urine passed involuntarily day and night. Enemata of four grains of camphor, mixed with yolk of egg and water, were ordered, which removed the incontinence for some time;

but in a few weeks it returned again, and, at the time of the account, the enemata were continued as a prophylactic.—RANKING, 1847, 2, 290.

This is the only case I find treated with *camphor*, and it hardly professes to be a cure. The effects of *camphor* upon the urinary organs are striking, but they are all on the side of strangury and retention, and therefore not likely to direct the physician to this drug in a case of enuresis.

Cantharides.—In any affection of the urinary organs, one of the first thoughts of the physician is of *cantharides*. It certainly stands at the head of the remedies belonging to the genito-urinary system, yet I think it will generally be found inapplicable to the large majority of cases of *enuresis*. The characteristic symptoms of *cantharides* point to a very irritable, excited, inflammatory condition of the urinary passages from the kidneys to the glans penis; violent pressing-tearing pains in the bladder; stitches in, and painful sensibility of, the urethra; *constant, violent tenesmus of the bladder, with perfect urinary retention, the sphincter being in a state of spasmodic constriction*, and the passage of a little urine giving rise to violent pains and burning in the urethra, obstinate strangury, with tenesmus and pains in the back; violent inclination to urinate, with impossibility of doing it, the bladder being full, and the urine dribbling away in drops.

It is plain that this picture does not correspond to the affection of which we are treating. It does correspond, however, with great accuracy, to an affection which is sometimes mistaken for incontinence of urine, and which is called by the French "*retention d'urine avec régorgement*," of which the following case was probably an instance, though it is reported as one of incontinence.

CASE 11. A lady, *æt.* 32, after a tedious labor, had given birth to a dead female child at full term. On the fourth day, constant, involuntary dribbling of urine set in, which continued for five weeks, in spite of all medication. The disorder was cured after using half an ounce of tincture of *cantharides* for a fortnight, in doses of six drops, morning and

night, gradually rising to thirteen drops. No bad effect was perceived from the remedy.—ELSÄSSER, *Blumhardt's Med. Corresp.* 14, No. 4, p. 29.

Another case is too meagrely reported to admit of any conclusion.

CASE 12. A lymphatic, but healthy, large, and well-built girl of 17, had suffered from nocturnal enuresis from her birth. She took a pill, containing a twelfth of a grain of powdered *cantharis*, night and morning, for eighteen days. On the first night, the affection was removed; after four days it again recurred, and then ceased forever.—FRANK, 1, 211. FORCKE, *Holscher's Annalen*, 4, 749.

It is always to be borne in mind, however, in the administration of homœopathic remedies, that they may act curatively both by their primary and secondary effects, and thus the same drug be effectual in curing directly opposite disorders.

Apis mellifica and *meloe-majalis* stand in close relation to *cantharides*, but I am not aware of any recorded cases in which they have been used in the cure of enuresis.

CASE 13. *Causticum*.—Dr. H. DUNSFORD relates the cases of two young boys, brothers, ten and twelve years old, who had wet the bed from their birth, and on whom all medicinal and moral means had been tried in vain. *Causticum* in water (dilution not stated), a spoonful every morning, cured the younger in 3 doses; the elder was radically cured by the subsequent administration of *natr-mur*.—*Bibl. hom.* 6, 265.

CASE 14. *Dover's powder*.—Dr BRÜCK prescribed Dover's powder to an old man and his five-year-old grandson, who both suffered from nocturnal enuresis, arising from excessive irritability. As soon as a little water had accumulated in the bladder in the night, it escaped. The boy was better for the first ten days only; four grains every night for eight days cured the old man.—CASPER, *Woch.* 1835, No. 48, p. 779. FRANK, 1, 279.

CASE 15. *Dulcamara*.—Dr. GAUWERKY reports the following case: A pale, thin, irritable, quarrelsome young lady

of 16, who had never menstruated, was, in consequence of a chill, attacked by coryza, cough, and a troublesome strangury. She was long treated allopathically without result. There remained shaking cough, now dry, now moist, with catarrh, hoarseness, dryness in the chest, often with choking, suffocating respiration, general emaciation, little appetite, little thirst. The strangury had ceased for six weeks, and in place thereof, the patient suffered from that time from wetting the bed at night. *Puls.* 24 and 200, continued for some time, did little, except relieve the catarrhal symptoms somewhat. The patient got impatient and more quarrelsome. Two pellets of *dulc.* 200, in 4 ounces of water, a tablespoonful every afternoon, cured the disease quickly and radically.—*Brit. Jour.* 8, 560.

In cases where the incontinence is the result of a catarrh of the bladder, *dulcamara* will be likely to be of service. It produces copious urine, turbid, foul smelling, and burning; its sphere, however, in cases of enuresis, is probably limited.

CASE 16. *Hyoſcyamus*.—An old gentleman, nearly 70, had suffered more than a year from frequent micturition. He was obliged to rise in the night so frequently, that his rest was broken to such a degree as to make him miserable. A suppository, containing five or six grains of the extract of *hyoſcyamus*, was directed to be introduced into the rectum every night, and in two or three weeks he was able to do without the suppository, and had no recurrence after a lapse of two years.

CASE 17. A gentleman, aged 38, with a similar affection, which had cost him his sleep for several nights, was cured by a similar application in a few days.—CHAPMAN, *Brit. Jour.* 8, 230.

Kali-nitricum.—M. DELCOUR reports a case of *enuresis* in a lady, cured by nitrate of potash, after cantharides had been given in vain.—RANKING, 1845, 1, 71.

Dr. STEWART reports four cases cured by the same remedy, a drachm being rubbed up with an ounce of sugar, and administered a pinch at a time.

CASE 18. *Lycopodium*.—BERNDT (*Encyc. der Med. Wiss.* Bd. 17) considers *lycop.* indicated in cases where the acidity of the urine may be suspected as the cause of the nocturnal enuresis. KREBEL employed it with much success in persons of a nervo-lymphatic temperament, even in the latter years of youth; he used it also in spasmodic retention in hysterical subjects, but considered it here as only palliative. FRANK has used it also in cases of retention, even where it was the result of severe pressure during labor. The remedy was administered as an electuary, prepared with syrup, or in powder, or as an emulsion. The dose was from half a teaspoonful to two teaspoonfuls, repeated from two to four times a day. FRANK, however, remarks, that if the *lycop.* be well rubbed up with sugar of milk, far smaller doses will act quite as well and more quickly.—FRANK'S *Mag.*, 4, 213.

This is rather unsatisfactory testimony as to the clinical efficacy of *lycopodium* in enuresis, and the certainty is not greatly increased from the pathogenetic side. The primary effect of the drug seems to be to diminish the quantity of the urine, and the symptoms bear no striking resemblance to incontinence.

CASE 19. *Natrum*.—Mr. URE has recorded a case in which incontinence of urine was supposed to have followed a continual use of *soda* as a remedy for acidity of the stomach. The case was cured by a pill composed of *benzoic-acid*, *balsam of tolu*, and *copaiba*.

Dr. RANKING remarks on this case, that it is an old opinion that the use of *soda* is in some manner detrimental to the genito-urinary apparatus, the sexual power, in particular, having been supposed to be influenced by its use. RANK., 1845, 1, 71.

CASE 20. *Nux vomica*.—Two brothers, 13 and 14 years old, of lymphatic temperament, had been affected with incontinence of urine from their birth. A grain of extract of *nux vomica* was given morning and night, and, after three days, removed the trouble for a fortnight, as long as the drug was taken. There was then a relapse, with a similar result, and

a second relapse. The remedy was a third time given, and continued for a month, when both boys were radically cured. FRANK'S *Mag.*, 3, 290.

CASE 21. Dr. BALBER gave five to eight grains of extract of *nux-vom.* to a boy, eleven years old, affected with incontinence, with the most perfect result.—FRANK, 3, 597.

CASE 22. A cap-maker, æt. 18, fair, under-sized, with a pale, but easily reddening, and somewhat bloated face, inclined to anger, but otherwise industrious, decent, and manly, had wet the bed from his childhood. During the day, he usually made water every half hour in the forenoon, and somewhat less often in the afternoon, and could only restrain it a few seconds, after feeling the inclination, by the greatest exertion. The urine was frequently examined, and was always clear, and of the usual color, reddening litmus-paper slightly; pressure over the bladder caused neither pain nor inclination to urinate. Sexual organs normal, and no tenderness of the spine. *Nitrate of strychnine*, $\frac{1}{8}$ of a grain three times a day was given, unfortunately accompanied by a blister and an irritating salve. The first night there was no wetting; on the third, there was a relapse, but afterwards he was able to rise during the night, which he was frequently obliged to do, and void his urine; he could retain it a little longer during the day. The strychnine was continued, and he was cured.

CASE 23. In the case of a young girl of 16, who had been affected with *enuresis nocturna* from infancy, every appliance of medicine had been exhausted in vain. Some applications were proposed, as a dernier resort, which could not be assented to by the parents, and the case was given up as hopeless. Some time after, she came under my care, suffering from sick-headache and gastric derangement, manifested by sour stomach, sour taste in mouth, constipation, vomiting, and languor. *Nux-vomica*, administered in a descending scale from 700 to the first trituration, entirely relieved her of all her difficulties in a few months.

Phosphorus.—A case has already been detailed, in which

the enuresis occasioned by fright was cured by phosphorus.

CASE 24. *Pulsatilla*.—A girl 5½ years old, of fair complexion, frequently changing color, delicate frame and soft, mild disposition, suffered for two years from wetting the bed. The complaint had been preceded by an acute exanthem, probably measles. *Puls.* 24, a dose every evening, sufficed to cure her in eight days.—GAUWERKY, *Brit. Jour.*, 8, 559.

CASE 25. The following case, by Dr. LIEBECCK, is introduced here, though not strictly belonging to the subject. A woman had suffered, since the birth of her eighth child, a year before, from incontinence. Urging to urinate, with scanty secretion; the urine issued while she was lying down, with a sensation as if the bowels would follow it; pain in the external parts when walking; leucorrhœa, &c. The doctor considered it a paralysis of the sphincter, and prescribed *puls.* 30 by olfaction, and a dose of the same every three days. She was cured in a month.—*Hygea*, 5, 434.

CASE 26. *Rhus-toxicodendron*.—Major de Berar, residing at Brood, in consequence of numerous wounds and great fatigue, was attacked with incontinence of urine, which was declared by all the physicians to be incurable, and which was of the following character: He could not hold his water long; if he felt the inclination and did not immediately indulge it, the urine issued involuntarily, particularly when at rest, or lying down. Sometimes too, it issued drop by drop, without his perceiving any call. When walking, he could retain it better, and it was rare that it was then discharged involuntarily. *Rhus-tox.* 30. Three days after, there was a considerable aggravation, followed by a gradual diminution of the affection, and a complete cure, without relapse, in a fortnight. SONNENBERG, *Archiv.* v. 1, 100.

The next case is inserted from the striking result obtained by the administration of a single remedy in allopathic hands.

CASE 27. A cooper had suffered for several years from a variety of symptoms, having more or less direct connection

with each other, and which, if not immediately traceable to an arthritic constitution, were at least remarkably modified by it. When Dr. D'ALQUEN first saw him, in May, he resembled a person affected with *marasmus senilis*. He was constantly emaciating, was almost confined to his chair, and had little appetite; all his corporeal functions were sluggish, and performed with diminished energy; the lower limbs were constantly as cold as ice; but he slept tolerably well, and complained of no especial trouble above another, except a disagreeable, and, to use his own expression, *doughy* feeling in the abdomen. The secretion of urine was diminished, stools hard and tardy. He was ordered good diet, and diffusible stimulants, &c.

Six weeks after, towards the end of June, a regular retention of urine set in suddenly, in consequence of paralysis of the fundus of the bladder, due perhaps to its previous too great distension. The catheter was applied without difficulty, and after the fruitless employment of the remedies most in repute, *rhus-tox.* was given morning and evening, a dose of the powdered leaves, rising rapidly from a quarter of a grain to a scruple.

When he was taking a grain at a time, perfect enuresis set in, to his great joy, as it relieved him from the annoyance of the catheter. This indicated paralysis of the neck of the bladder, and the remedy was continued in increasing doses. When these had reached six grains, the urine ceased to come away in drops, and began to flow in larger quantities at a time, but still scarcely a tablespoonful, and very frequently during the day; under eight grains it was discharged more seldom, but in greater quantity (about a large teacupful), and when the dose had reached a scruple morning and evening, he was entirely free of the difficulty. From twelve to fourteen weeks afterward, he remained cured, and was so much improved in his general health, that for a long time he had been able to go about without assistance, since he had for some time rubbed an ethereal solution of *phosphorus* with *spir. serpill.*, &c., into his lower limbs. The patient was entirely relieved from

the vesical paralysis in a fortnight, having taken 100 grains of *rhus*. His appearance is good, appetite normal, feet warm, and strength increasing from day to day.—HARLESS, *Jahrbücher*, Bd. 10, H. 1., 135.

CASE 28. *Sepia and Sulphur*.—Dr. GAUWERKY (*Allg. h. Zeit.*) states that most of the subjects he had seen were of the male sex, generally delicate, pale, lax, melancholy subjects, and mostly came under treatment after they had attained the age of puberty. Where they had had the itch previously, he gave from 16 to 20 doses of *sulphur* 30, a dose every 8th morning, fasting, until they were cured. They were ordered to wash the nates, and genitals every morning with cold water, and rub the parts dry and to retain their urine by day as long as they could. This treatment was satisfactory, and relapses seldom occurred.

Children of the upper ranks were usually between 3 and 5, and generally boys, with smooth, light hair; it was rarer among those with curly or black hair, except among the Jews. These were usually also cured by *sulphur*. If it was ascertained that the urination occurred in the first stage, *sepia* 30, every 8 days, or 200, in water, a teaspoonful every morning, was effectual.

CASE 29. A strong, healthy girl of 18, of fresh, blooming appearance, regularly menstruating, of cheerful disposition, had for years suffered about every three, four, or eight days, from *enuresis nocturna*. *Sulph.*, *bell.*, *sep.*, *sil.*, *caus.*, *kalicarb.*, were given at long intervals without success. Cold sitz-baths morning and evening for five minutes, and *sulph.* 200, in 6 oz. of spring water, a tablespoonful every morning, cured her of her troublesome complaint.

CASE 30. *Silicea*.—A young girl of seven, received a blow upon the head when three years of age, soon after which, nightly incontinence of urine set in, and continued until she was seen by me. A few doses of *silicea* 3 completely removed the affection in a few weeks.

CASE 31. *Staphisagria*.—CHR. F., 23 years old, of moderately strong constitution, has never been especially sick;

since her confinement, six months ago, which was very severe and instrumental, she has had enuresis, the urine {so acrid that it has excoriated the adjacent parts, and causes very severe burning pains, aggravated by the least motion. A stool every two or three days, with straining and pressure on the bladder, without the passing of any urine. No other notable symptoms. During the first fortnight, one dose of *staph.* 30, and two of *staph.* 18, produced no change; she began to get better, however, under the third dilution of the same remedy, repeated every four days, and after a treatment of nine weeks was perfectly cured.—*Allg. h. Zeit.*, 28, 101.

CASE 32. *Sulphur and Pulsatilla*.—Dr. DUPLAT records the case of a Mr. NICOLET, 60 years old, who had had incontinence of urine for eight years, especially at night. Two doses of *sulph.* and two of *puls.* 30, in water, a tablespoonful morning and night, cured him in a month.—*Bibliot. hom.* 8, p. 25.

Dr. LIETZAU, of Darkennen, cites WENDT, as recommending the *mesembryanthemum-crystallinum*, or common ice-plant, in a sort of *enuresis spastica*, in which, if the constantly recurring inclination to urinate is not instantly attended to, the urine begins to pass away in drops, before the patient can reach the vessel.—*Allg. h. Zeit.*, 24, 58.

The following is a list of the remedies above referred to :

Alumen,	Dulcamara,	Phosphorus,
Aurum-muriaticum,	Hyoscyamus,	Pulsatilla,
Belladonna,	Kali-nitricum,	Rhus-toxicodendron,
Benzoic-acid,	Lycopodium,	Sepia,
Camphor,	Mesembryanth.	Silicea,
Cantharides,	Staphisagria,	Strychnia,
Cansticum,	Natrum,	Sulphur.
Dover's powders,	Nux-vomica,	

ARTICLE XXVII.—*Fragmentary Contributions to Materia Medica and Therapeutics.*I. *Case of Puerperal Convulsions homœopathically treated.* By
E. U JONES, M.D., Concord, N. H.

THE following case of powerful convulsions is so strikingly similar to the case reported by Dr. MAROY, in the February Number of this Journal, and is so confirmatory of many of the remarks there made, that a report of it may not be uninteresting or uninformative.

Mrs. L—, aged about twenty-seven years, is of a nervous sanguine temperament, and plethoric habit. She was confined on the fourth of June, at 6 A. M., with her fourth child. Her confinement was earlier than expected, by three weeks, and came upon her suddenly, before she had made the necessary preparations; and I have since learned that she sat up the whole of the preceding night, sewing. The nurse also told me that she had been complaining of a severe frontal headache, for one or two weeks previous to her confinement. She was attended by a midwife, and was in bed scarcely an hour. For a short time, the discharge was natural both in quantity and character, and then wholly ceased. She was restless and wandering, face somewhat flushed, when the midwife, to bring back the discharge and relieve the restlessness, gave her a glass of gin, and in about an hour another was administered by another person. This brought on a considerable flow, but did not relieve the restlessness. Delirium came on, and the restlessness increased to almost uncontrollable tossings and desire to cast off the bed-clothes and get up. At about eight o'clock in the evening, I was called to her, and found her kept upon the bed only by her husband's strength, moaning and unconscious, head hot, pupils dilated, pulse rapid and full, constantly in motion; she could not be made to recognize her husband or to speak. A solution of *bell.* 3, two drops in a third of a tumbler of water, was made, and one teaspoonful of it given. In five minutes the restlessness began

to subside, and in fifteen she was lying quietly, and could be roused sufficiently to recognize her husband and friends, and be introduced to me. She complained to me of this pain in her head, saying that it was confined to her forehead and eyes, and exceedingly severe. I remained with her half an hour longer, when, as the headache had somewhat abated and she remained quiet, I left, after administering another teaspoonful of the *belladonna*, as the improvement seemed to be stationary, ordering the medicine to be given once in one, two, or three hours, as the headache and other symptoms seemed to require.

Mrs. L—, had never had homœopathic treatment before, and I told her husband as I left, that, being myself unwell and almost exhausted, I would give him full liberty to call in an allopathic physician. He replied that he had not resided in town long enough to become acquainted with the physicians, and that he wished me to continue the case, as he was perfectly satisfied so far.

June 5th. Was called up at two o'clock this morning, as Mrs. L— had become restless again. The *belladonna* had been given hourly since my departure the previous evening. I found the symptoms had somewhat changed. She was less easily roused, with an occasional deep sigh and yawn, startings of single limbs, headache confined to a single spot, &c.,—symptoms which led me to prescribe *ignatia*. The change for the better was slight at 7 A. M., when I left, but she seemed more conscious and quiet, recognized her friends, and said that she had but little headache.

At 10 o'clock I was sent for again, and found her in a convulsion, the third she had had within twenty minutes. They had lasted about five minutes each, with intermissions of about the same time, of deep stertorous breathing. They commenced with convulsive twitchings in the limbs and muscles of the face, the finger-nails became purple, the eyes assumed a wild and staring appearance, and immediately afterwards the convulsion became fully developed. The face and lips assumed a livid hue, the finger-nails became still more purple, the veins of the head and neck very much distend-

ed, the skin over the whole face was exceedingly tense and shining, the face and body were frightfully distorted by violent and general convulsions, accompanied by opisthotonos, and foam, mixed with blood from the bitten tongue, issued from the mouth at every expiration. The convulsion had just commenced as I arrived; *stramonium* 3 was rubbed upon her lip, and the convulsion soon ceased. A solution of *stramonium* was now prepared, gttss. 5 in a half glass of water, a recurrence of the spasm being momentarily expected. In about ten minutes symptoms of a return of the convulsion became evident, which were promptly arrested by the *stram.* Thirty-five minutes passed in this struggle between the coming spasm and the medicine, when a slighter convulsion ensued, lasting only about two minutes. This was her last.

A comatose state followed, oppressed and stertorous breathing, &c., for which *opium* 3, one drop in ten teaspoonfuls of water, two teaspoonfuls hourly, was prescribed. At the same time, as there had been no genital discharge, warm wet cloths to the bowels and pudenda, and cold ones to the head, were ordered.

At 4 o'clock, I again saw her, and found two of our oldest and best allopathic physicians present. They held a consultation, at which I was present, and as far as diagnosis and prognosis was concerned, there was perfect agreement between us. The treatment proposed by them was bleeding, with ice to the head, sinapisms to the feet, hot cloths to the bowels, and the head to be shaved. But upon further thought, it was not considered safe to bleed, and as neither of the physicians dared to do it, and the application of ice to the shaven head was voted dangerous from fear of coagulating the supposed clot, they could do nothing, and the case rested in my hands. It was considered a perfectly hopeless one, and certainly there was not much room for hope.

On further consideration of the case, *arnica* 3, two drops in a third of a glass of water, one teaspoonful hourly, was prescribed, and a teaspoonful of the solution of *stramonium* directed every third hour.

At 8 o'clock P. M., I found her conscious; she could be roused with comparative ease, and her breathing was less stertorous and longer. When first awakened, she was confused, but would soon recognize her husband and friends. Continued the medicine through the night as ordered.

June 6th. At 6 A. M., saw her again. She had passed a quiet night, and had had good though short naps. Her breathing had lost its stertorous character, and become rattling, the trachea and larger bronchia being filled with mucus, which she detached and raised with difficulty. *Tart-em.* ʒ was given.

At 3 P. M., again visited her, but found no marked change. *Phosphorus* and *arsenicum*, in alternation every two hours, so entirely relieved her, that before 10 o'clock she was breathing almost as quietly and easily as in perfect health.

June 12th. Mrs. L—— has been steadily gaining, though slowly; is perfectly free from all pain, except that from a severe bruise upon the right nates, received before I was called to her; has no headache, though her head sometimes feels a little confused; has lost her restlessness, and sits up most of the day. Her memory, however, is very much impaired, especially of recent events. She recognizes her friends, and calls them by name, but she will ask a question, receive the answer, and in five minutes repeat it, having forgotten the whole circumstance.

Belladonna ʒ and *phosphorus* ʒ have been the remedies which she has received for the week past. Occasional doses of *aconitum* and *arsenicum* have also been demanded by the symptoms.

June 19th. A steady and rapid improvement has been manifested. Her memory has much increased in power, her appetite has been almost too good, and her sleep most excellent. She would be entirely well, she says, were it not for her sore hip. *Bell.* ʒ and 200, and *sil.*, have been the prescriptions.

In this case *belladonna* seems to have been more demanded than *aconite*, nor did it at all disappoint the expectation. As consciousness and feeling returned, the third attenuation ag-

gravated, and the thirtieth was substituted with most excellent effects. As she grew better and more sensitive to pain, the attendant, an old Scotch nurse, who had never before taken care of any one treated homœopathically—said that each dose was shortly followed by a wild look of the eyes and dilatation of the pupils, and whenever there had been a substitution of another medicine, she could always tell me when I returned to the *belladonna*. The 200th of JENICHEN has since been given.

Belladonna seemed to control the "highly excited condition of the circulatory system," referred to by Dr. MARCY, better than *aconitum*. This exalted action of the heart and arteries was evident in Mrs. L——'s case, for some time previous to confinement; and had it been taken in season, the convulsions would probably never have occurred. The main reliance of the physician, in such cases, must undoubtedly be upon the *aconite* and *belladonna*. But after this premonitory stage has completely passed, and the spasm actually commenced, *stramonium* in the lower attenuations, and administered sufficiently often, has seldom failed to relieve the spasms, and prevent their recurrence. It is equally successful in the clonic convulsions of children. A strong similarity exists in its pathogenesis to that of *belladonna* and *hyoscyamus*, its convulsion being quite as often attended with loss of consciousness as that of either of the others. But there are usually more strongly marked spasms of the lower extremities, and a greater degree of opisthotonos attending; the face, too, is paler, and the skin more tense and shining. It seems well worthy more prominence in such cases than it has usually had.

II. *Inflammatory Bilious Fever of the Southern States.* By
D. BRADWELL, M.D., of Bainbridge, Ga.

Every practising physician, especially at the South, is convinced from sad experience of the fact, that a case of well-defined and clearly developed inflammatory bilious fever is

no light or transient case of disease. On the contrary, this form of malady is universally a very important, and oftentimes unmanageable one. An experience of its sudden attack and strong hold upon the most important organs of our system, is calculated to convince any practitioner of its importance and magnitude.

As this is my first communication to a medical journal since I have become in some measure convinced of the truth of the great law—" *Similia similibus curantur*," I have thought it well to report a few cases of the bilious fevers of this climate; and for that purpose, have selected those of my wife and two of my children. My residence is near Bainbridge, Ga., on the Flint river, about 31° N. lat., 10° W. long., from Washington. As there were few symptoms in these cases to distinguish them from each other, it will be more convenient to group them all together.

The mother is 47 years of age, has had nine children; dark hair, eyes, and skin; bilious or melancholic temperament. One of the daughters resembles her mother, but is large and fleshy, weighing 150 pounds when taken sick, æt. 18. The other is 22, rather small, with dark hair, blue eyes, fair skin, and temperament a mixture of the sanguineous and melancholic.

Symptoms.—Tongue red, slightly furred, dry, a little pointed at the end, great thirst on the renewal of each paroxysm, with pain in the epigastrium, and vomiting, first green, then of thick yellow bile, with great sinking and universal prostration of all the energies of life, great anxiety and intense distress of mind, difficulty of breathing, especially in the youngest. In describing the symptoms, it is well to remark that the form or type of all three of these cases was remittent—a renewal of the paroxysms taking place early in the morning, and on each alternate day at 12 m., without any perceptibly clear intermission between each accession.

Therapeutics.—During the violence of the vomiting, I gave *tart. em.* 30, with mustard to the epigastric region. I thought these did but *little* good. As soon as the vomiting stopped,

and the skin became hot and dry, I gave *aconite*, with marked and signal success. For the pain of the head, which was a tormenting feature of the disease, I alternated *bell.* with *acon.*, with much relief. For the purpose of relieving the torpor of the alimentary canal, which was another bad feature, I administered an enema of starch with Epsom salts, with happy results.* For the difficulty of breathing, which was conspicuously distressing in the youngest, and which amounted almost to fits of hysteria, I gave *veratrum* 30, with immediate good effects. In order to administer to the hepatic system, the functions of which were accelerated in a remarkable manner, I gave *merc-sol.*, alternating it with *merc-iod.*

During the declension of the fever, I gave a few drops of the solution of *quinine*, first attenuation, by mixing 30 grains of the sulphate with half a pint of alcohol, the attenuation being made from this preparation.

The above simple treatment cured the two elder patients. Unfortunately for the younger, the remaining force of the disease fell upon the spleen, and that case has for several days presented a pure case of splenitis, which is now better under the administration of two grains of the third attenuation of *calomel* with sugar of milk, every night. I have no language to express my feelings of gratitude for the discovery of the theory and practice of the long hidden and wonderful law, "*Similia similibus curantur.*" One of the mightiest terrors to the whole people of the South is to be found in the inflammatory bilious fevers of this region, and a few simple remedies, five or six in all, are discovered to possess the wonderful power of controlling, conducting, and curing this heretofore frightful enemy of man. All good men will ere long learn to appreciate the wonderful skill, talents, and virtues of the great Hahnemann, the founder of Homœopathy, and benefactor of our race.

* Our colleague will excuse us for adding a simple protest against what appears to us an entirely unnecessary and unhomœopathic addition to his treatment.—Eds.

III. *Case of Disease of the Eye homœopathically treated.* By L. HUBBELL, M.D., Maysville, Ky.

I send you a case of amaurosis which I treated some twelve months ago with success. The patient was a boy aged 8 years. When four years old, he had scarlatina, which was maltreated by suppression of the rash. On the disappearance of the eruption, the affliction above stated came on. His sight was so much impaired that light could only be distinguished from darkness, no distinct vision of objects could be formed. The pupils were permanently dilated. He received *bella-donna* 6, three globules every night. In about three days a scarlet rash made its appearance on all parts of the body, to all appearance the reëstablishment of the scarlatina, which had been suppressed for four years. In about three days the rash disappeared. The eye-sight began to improve, and in four weeks was entirely restored, the cure remaining perfect to the present time.

IV. *An Antidote against Musquito Bites.* By E. E. MARCY, M.D., New-York.

Having had occasion several weeks since to pass through a district infested with musquitoes, we found, on emerging from the marsh, that these troublesome insects had left numerous itching elevations upon our face and hands. As we had always previously suffered many hours from the bites, we invoked the aid of *similia*, and applied to a portion of the stings a small quantity of *tincture of apis-mel.*, and with immediate relief to the itching sensations. The bites to which the *apis* had not been applied continued to annoy us for several hours, when they were also promptly cured by another application of the antidote.

Since this period, we have applied it in four different instances, and always with prompt and entire relief.

V. *Case of Membranous Croup treated with Bromine.* By S. S. GUY, M. D., Brooklyn, N. Y. *Reported to the last meeting of the American Institute.*

On the 29th of January, I was called at 4 o'clock, A. M., to visit a lad four years old, who had been attended, without success, for twenty-four hours previously, by an allopathic physician, and who now exhibited the following symptoms:

Exceedingly loud and difficult breathing, somewhat resembling the sound of sawing; head thrown back, and neck stretched to its utmost; nostrils collapsed, lips drawn upon the teeth, and arms thrown convulsively up at every inspiration; deathly paleness around the nose and mouth, eyes wide open, with wild and staring look, altogether giving an expression of superlative agony. Great restlessness, and constant desire to change position; unusual heat in every part of the body, with profuse perspiration about the head and neck; pulse 130, and tense; considerable thirst, but could not be induced to drink for fear of suffocation, and could with difficulty be made even to swallow the medicine. Tongue slightly coated and somewhat red at the tip and along the edges; fauces of deep red color; tonsils considerably enlarged, and much inflamed, exhibiting, with other portions of the mucous membrane in that region, quite large diphtheritic patches.

Prescribed *acon.* 3, and *spong-mar-tost.* 6, to be given in alternation every twenty to thirty minutes. At 9 o'clock, A. M., no improvement. Exhibited *bromine*, aqueous solution, prepared impromptu, of about 2d dilution, teaspoonful every fifteen or twenty minutes. At 12 o'clock, M., rattling in throat greatly increased, and accompanied by a kind of fluttering sound; face nearly purple; constantly tossing about in the most wild and agonizing manner; inspiration was nearly impossible, and suffocation seemed inevitable; presently, by an almost superhuman effort, he threw off several large pieces of well-formed, tough, and leathery membranous substance, some of which were more than two inches in length, and seemed to have been torn off by the desperate effort made to expel them.

From this time he was greatly relieved. His breathing became much easier, in fact almost natural, although, at intervals of from one to three hours, he would have paroxysms when inspiration was very difficult. There was also almost complete aphonia. Continued *bromine* in alternation with *hep. sulph. calc.*, at intervals of thirty, forty, and sixty minutes.

30th. 9 o'clock, A. M.; had a very comfortable night; slept at one time for two hours; pulse 90, and rather soft; paleness, and agonized expression; aphonia slightly abated; could not stand on his feet or sit up without support. *Bromine* 3, every two hours; 6 o'clock, P. M., continues to improve; *bromine* 3, every four hours.

31st. Still better, but very hoarse; *hep. sulph. calc.*, every three hours. Feb. 1st. Had, during the night, two or three slight suffocating paroxysms, which, however, were of but short duration. *Samb-nig.* 3, every four hours. On the 2d, hoarseness about the same; tonsils continue somewhat inflamed and swollen; *belladonna* 12, every four hours. 3d. Tonsils much inflamed, but hoarseness slightly increased; *carb-v.*, third trituration, every four hours. 4th. About the same; *carb-v.*, as above. 5th. Hoarseness rather less, and improving generally; *carb-v.* 30, every six hours.

7th. Had improved very much, but some slight ulcerations now made their appearance in the buccal cavities, and the edges of the tongue retained impressions of the teeth; *merc-sol. Hahn.* 30, every six hours.

12th. Had taken slight cold; general dryness of the skin, with thirst; pulse 110, and rather full; *acon-nap.* 3, every three hours.

13th. Febrile symptoms almost entirely gone, but hoarseness was considerably aggravated, with some increased inflammation and soreness of throat, which had assumed a much darker hue; *phos.* every four hours.

14th. Symptoms all abated; continue *phos.* every six hours.

15th. Still better; continue *phos.* as above.

16th. Rapid improvement; is able to walk a little, and

talks with considerable ease. There remain some slight ulcerations in the mouth; *merc-sol.* *Hahn.* 30, every night.

20th. Slight hoarseness, and some remains of the ulcers; *merc-sol.*, as above.

23d. Discharged cured.

VI. *On some Curative Indications for Chelidonium-majus.* By C. NEIDHARD, M.D., Philadelphia. *Extracted from a communication to the American Institute.*

As I shall be prevented from being present at the annual meeting of the American Institute at Cleveland, I will at least comply with the resolution of the Institute, adopted in 1851, viz., "that every member should make some written communication," by contributing some small memorial to the archives of the Society.

In the course of my homœopathic practical life, I have been daily more convinced, that the main difficulty in many cases of disease, in discovering the *simile* for distinct and well-marked symptoms, does not so much lie in the paucity of the articles already contained in our *Materia Medica*, as in the totally insufficient manner of their provings, and particularly the unphysiological mode of arranging and recording the symptoms. I will illustrate my view by some examples.

Chelidonium was celebrated, in ancient times, for diseases of the liver, and we have a tolerable proving of it in our *Materia Medica*. But with the symptoms, as they are at present laid down, we can hardly find its range of action. By dint of great exertion, I have discovered a group of symptoms, which not unfrequently occur in practice, and for which *chelidonium* acts "like a charm."

The first case is that of Mrs. —, who had for many years been subject to liver complaint, of which she now again had an acute attack. It presented the following features: Pain in the right side of the back, with weight of the back of the head, pressing against the left ear, also pressure in the eyeball, sore tonsils, bitter taste in the mouth, nausea, bowels costive.

At first sight, many remedies would apparently meet the above symptoms; but on a closer examination, by collecting the scattered symptoms, we shall find that *chelidonium* more closely meets the pathological state than any other remedy. For modern physiological experiments have shown that, when the right side of the spine is affected, or any organ situated on that side, the left side of the head, or the corresponding organ, will be in sympathy. Thus we have in Hahnemann's *Materia Medica*, under *chelidonium*, "pinching, cramp-like, in the internal border of the right scapula, with a sort of pressing stitch from the left side of the occiput to the forehead," which in the comparatively imperfect trial of this remedy, must suffice for the present; for, except the bitter taste in the mouth, with considerable nausea, we have no other data of a disease of the liver in this remedy, and yet the above case was fully and permanently cured by *chelidonium*.

Now let me ask, could there not be devised a mode of proving this or any other remedy, which would preserve the link of these symptoms, so nearly related to each other, physiologically and pathologically? These few symptoms constitute, in fact, the marrow, the very essence of the pathogenesis of the remedy.

Another consideration presents itself: Remedies will often cure a case, for which only a few characteristic symptoms are found among the provings, while others are not, because the latter are very imperfect.

Ellen —, for many years subject to bilious vomiting, giddiness in the head, nausea, choking during bilious eructations, *shooting pains in the region of the liver to the back*. This last symptom will not be found among the pathogenetic symptoms of *chelidonium*, but it was nevertheless cured by it, like all the rest. Lately, I have cured some cases of a similar nature by *chelidonium*.

VII. *Proving of the Rhus-laurina.* By M. J. RHEES, M.D., Stockton, Cal. *From a communication to the American Institute.*

Sexual System : Pentandria Trigynia. Genus RHUS ; General character, *Calyx* 5-parted ; *Petals* 5 ; *Berry*, one-seeded, small, subglobular.

Rhus-laurina: Specific character, a shrub growing from two to eight feet in height ; stem branching, irregular, glabrous ; leaves ternate ; leaflets elliptical, emarginate (often sinuate), very glabrous ; panicles crowded ; flowers greenish-white, diœcious ; calyx 5 or 6-parted ; petals 5 or 6, sessile, reflexed ; male flower, 5 stamens and rudiments of a style, filaments very erect, hirsute, extending beyond the corolla ; anther sagittate, giving off a bright yellow pollen ; female flower, 5 abortive stamens ; 3 stigmas standing on a globular germ. Blooms in April.

This variety of the *rhus* will be found partially described in Mrs. Lincoln's Botany, page 155. It differs from the *rhus-toxicodendron* principally in the shape of the leaves, and in the entire absence of the slightest pubescence, both on their superior and inferior surfaces. The plant grows abundantly in the great Sacramento and San Joaquin valleys, as well as in the mountains. To the best of my knowledge, it is found in all parts of the State. The leaves first make their appearance in March, and are then of a beautiful dark claret or maroon color. This is more particularly the case with the leaves of the male plant. The sap of the plant is a thin milky fluid, but when allowed to touch the skin, it produces a dark purple stain ; and for three or four days afterwards, whenever the part is washed, it looks as if it had been recently touched with nitrate of silver.

On the 4th of the present month, at 10 o'clock, A. M., I procured several branches of both sexual varieties of the *rhus-laur.*, and cut the leaves, tender shoots, and clusters of flowers, into small fragments, and put them into a vial, with the intention of making a tincture. While doing so, I was troubled with a smarting and burning in the eyes. My hands were

protected at the time by kid gloves, and I washed them carefully with strong soap before I touched any part of my body. In the evening I began to experience slight itching and burning in the face, particularly about the eyes and forehead; and voluptuous itching on the scrotum and prepuce. At night, felt a sense of oppression, as if the air was too heavy.

April 5th. Last night, the sleep was disturbed and full of dreams, which were lascivious, and of venereal pleasure; felt heavy and unrefreshed in the morning; during the day, the itching in the face has increased and spread over the nose, the edges of the nostrils, the upper and lower lips, the external ears, and the inferior portion of the neck immediately above the sternum and clavicles; the skin on these parts feels rough, and is covered with a minute eruption of lenticular vesicles, filled with transparent serum; itching on the back of the hands, particularly between the fingers. The itching on the scrotum and prepuce has become more troublesome, and is much increased by scratching; scratching or rubbing of the parts is followed by intense burning; the prepuce is slightly swollen. In the evening the nose is quite red and shining; the redness is not removed by pressure.

April 6th. This morning, I felt weak and languid; dull, aching pain, and weakness across the loins; redness, and swelling of the skin of the forehead, eyelids, nose, cheeks, lips, and ears, behind the ears, and on the front of the neck; the skin on these parts is covered with the minute lenticular vesicles spoken of yesterday, which are more filled with serum. These vesicles seem to be situated in the rete mucosum; at least they involve a deeper tissue than the cuticle. During the day, some of them find their way to the surface, and are ruptured while being scratched. The itching is so intolerable that it is impossible to resist the inclination to scratch. After scratching, the parts burn and sting, become more swollen, and feel stiff and dry; the prepuce is much swollen and very red, and the itching is unbearable about once in five or six hours on this part and the scrotum; the scrotum is red, swollen, and much corrugated. After scratching for a few min-

utes, the itching is entirely relieved for several hours; eruption of pimples and minute vesicles, with excessive itching on the backs of the hands and between the fingers; itching on the inside of the thighs.

April 7th. The same symptoms continue as were noted yesterday, but with increased violence. The eyes were nearly closed in the morning, by the swelling of the lids. Chilly sensations during the day, through the whole body, while sitting in a warm room.

April 8th. The itching and swelling on the face, between the fingers, and on the scrotum and prepuce, became so intolerable, that, fearing it would incapacitate me for business, I took *rhus-tox.* 6 every four hours, and bathed the parts with cream. This treatment alleviated the symptoms somewhat. At night, itching and redness on the inside of the thighs, from the perineum to the knees.

April 9th. The itching and swelling in the face is very much abated, as well as that on the scrotum and prepuce. The itching on the hands and between the fingers is very harassing, and is much increased by rubbing and scratching. The itching comes on at intervals of 5 or 6 hours, but it may be produced at any time by rubbing or scratching. Scratching is followed by excessive burning, and between the fingers by a dull, aching pain, the skin becoming more swollen, hard, and white, as in urticaria. This evening, took a hot bath, as hot as it could be borne, using Castile soap and the flesh-brush freely. This was followed by immediate and complete relief for several hours. Continued the *rhus-tox.* as yesterday, and the cream externally.

April 10th. The itching in the neck returned at bed-time last night, and was somewhat troublesome through the night. This morning, the itching returned with great severity in the hands, and was again relieved by bathing them in hot water, which was repeated this evening. The face is very dry and rough, and has a scurfy appearance, and the skin seems to be thickened and indurated; all other parts have been comfortable through the day, with the exception of the thighs and the

skin covering the lower portion of the abdomen, which has at long intervals itched considerably.

April 11th. Bathed the hands again in hot water this morning, and they have not been at all troublesome through the day. There has been some itching on the thighs and scrotum, but not nearly so much as formerly.

April 12th. The hands have been very troublesome at intervals of 12 hours during the day. This morning, vesicles made their appearance in the palm of the left hand wherever the sap of the plant had touched the skin in gathering it.

April 19th. Up to the present time, the itching and burning in the palm of the left hand, and between the fingers of both hands, have been very annoying, almost painful, at intervals of 10 or 12 hours. Wishing, however, to know how long the effect of the plant would continue, I have made use of no remedies since the 11th instant. It is now evidently abating.

Some persons are much more readily and severely affected by this plant than others, while a very few are entirely exempt from its influence. The great majority are more or less susceptible to its action. I have seen very many cases of poisoning by it. Some have presented the same symptoms and the same kind of eruption as were present in my own case, but in more severe form. I have seen eyes completely closed for 24 hours by the swelling, and the scrotum and prepuce have been so badly swollen in a few cases, as to render it necessary to support them with a suspensory bandage. In other instances, the vesicles are much larger than in my case, and become confluent, forming a dark scab of an inch or more in diameter. I have not seen any case in which the tongue or pulse were materially disordered. I have been informed by a gentleman in this city, that two persons, with whom he was acquainted, died from the effects of the poison, but I have been unable to learn anything concerning their symptoms. Dr. Lewis Post, of San Jose, California, informs me, that if he rides within ten feet to leeward of the plant, he is speedily affected by it, particularly and almost exclusively on the scro-

tum and prepuce. It seems to have a great affinity for this part of the body, as almost all the cases I have seen have complained of the intense voluptuous itching of the external genital organs and the inside of the thighs.

In the treatment of the toxicological effects of this plant, Dr. Post informs me that he has used *rhus-tox.* with excellent success. As I have heretofore been under the impression that I had to deal with poisoning by *rhus-tox.* itself, I have never used it, fearing to employ a remedy identical with the cause. Dr. Post also considered it identical, yet he used it, notwithstanding. Since I have examined it botanically, and have satisfied myself that it is a different plant, I shall hereafter use *rhus-tox.* in cases of poisoning by it. As will be seen by the report of my own case, I used *rhus-tox.*, and probably with good results. I have generally made external applications, such as a solution of salt in water, diluted spirits of camphor, and olive oil. Occasionally, I have found the internal use of *bell.* very effectual, in other cases, *bry.*, and in one case, where the face was very much swelled, and the eyes closed, the use of *ars.* was followed by prompt relief. Salt and water is the favorite remedy with the native Californians. Cream from cows' milk is an excellent and very soothing application. But I now believe the hot bath, at as high a temperature as can possibly be borne, to be the best and most suitable external application under homœopathic treatment.

ARTICLE XXVIII.—*Drug-Symptoms, from Allopathic Sources.* By E. E. MARCY, M.D., New York.

ONE of the chief arguments urged by our opponents against Homœopathy consists in the supposed fallacy of our drug-provings. That a collection of symptoms, so numerous, so precise, and so much at variance with those drawn from the musty tomes of antiquity, should have been accumulated by the new school in comparatively so short a period, passes their comprehension. With minds moulded by the absurd

maxims of the past, and entertaining a superstitious veneration for the teachings of their heathen predecessors, they cannot appreciate, and therefore denounce, all new modes of investigation, and all new discoveries. But, fortunately for the cause of truth, accident has furnished so much corroborative testimony, in favor of the reliability of the homœopathic *Materia Medica*, in the form of reported cases of accidental and intentional poisonings, that no well-read gentleman of the old school can longer doubt the reality and truthfulness of our pathogenetic symptoms.

It is true that the symptoms which have been collected by our rivals are quite limited in number, from the fact that they have been derived from accidental sources, instead of regular, systematic trials with drugs upon their own persons. But so far as these symptoms extend, they corroborate, at every point, the accuracy of the homœopathic *Materia Medica*. How clearly, for example, do the *belladonna* symptoms, enumerated by ORFILA and PEREIRA, verify the pathogenesis of this substance, as detailed by HAHNEMANN and his disciples! And the same is true with respect to nearly every other substance which has received special attention at the hands of these gentlemen.

We enumerate the following symptoms of *belladonna* to illustrate our assertion:—

PEREIRA.*

Dilatation of the pupils.
 Visual illusions.
 Obscurity of vision.
 Amaurosis.
 Injection of the conjunctiva, with bluish blood.
 Protrusion of the eye, with ardent and furious expression, or dulness of the eyes.
 Dryness of the lips, tongue, palate, and throat.
 Deglutition difficult, or even impossible.

HAHNEMANN.†

Dilatation of the pupils.
 Optical illusions and visions.
 Obscuration of sight.
 Amaurosis for three days.
 Inflammation, ecchymosis, or redness of the eyes.
 Eyes protrude, with dilated pupils, and furious expression; or with dull and listless expression.
 Dryness of the throat, fauces, and tongue.
 Impeded deglutition, or inability to swallow.

* *Mat. Med. and Ther.*, p. 311.

† *JAHR'S New Manual*, p. 237-50.

Constriction about the throat.

Swelling and redness of the face.

Confusion of head, giddiness, and delirium.

Delirium, like intoxication, combined with, or followed by, sopor.

Gay delirium, with vacant smiles.

Delirium, extravagant, pleasing, or furious, followed by sopor, and the remarkable affection of the mouth and throat.

An exanthematous eruption, like that of scarlet fever.

Ringing in the ears.

Febrile symptoms, followed by nausea, vomiting, headache, swelling and redness of the face, sore throat, difficulty of deglutition and of articulation, delirium and sopor.

Pulse hurried and small.

Continual motions with the hands and fingers.

Ineffectual desire to go to stool.

Numbness of the face.

Diminished feeling.

Throat feels narrow and contracted.

Red and swollen face.

Head heavy, confused, giddy, and wandering.

Delirium, with great mental exaltation, followed by stupefaction.

Merry craziness, with smiles and laughter.

Violent, merry, or furious delirium, followed by stupor, and redness and dryness of the throat.

Scarlet redness and swelling of the skin, like scarlatina.

Roaring and humming in the ears.

Fever, with gastric disturbance, headache, redness and swelling of the face, sore throat, difficulty in swallowing or articulating, and sopor.

Pulse quick, hard, and small.

Great uneasiness of the hands and feet, obliging the patient to move them continually.

Frequent desire for stool, without evacuation.

Crampy feeling in the malar bones.

Stiffness and insensibility of the limbs.

ORFILA.

Dilated pupils.

Unnatural expression of countenance.

Gay delirium, accompanied with fever.

Great agitation.

Talking at random.

Running, leaping, and sardonic laughter, with purple face, and very rapid pulse.

Extreme agitation.

Subsultus tendinum.

Frequent introduction of the fingers into the nose.

Violent delirium of a gay character.

HAHNEMANN.

Dilated pupils.

Horrible contortions of the face.

Frantic delirium, with febrile symptoms.

Great uneasiness, anguish, and agitation.

Senseless prattle.

Attempts to escape, to jump out of the window, to run, with crazy laughter, flushed cheeks, quick, hard pulse.

Great uneasiness and irritability.

Startings and convulsions of the limbs.

Violent merry delirium.

- Vision almost abolished.
Eyes alternately fixed, and very mobile.
Spasmodic movements of the muscles of the face.
Grating of the teeth.
Voice feeble and veiled.
Swelling of the left side of the neck, and burning sensation in the œsophagus.
Aversion to liquids, and spasmodic action of the pharynx, on attempting to drink.
Frequent erections, and involuntary emissions of urine.
Disagreeable metallic taste, and hoarseness, then redness of the face, dilatation of the pupils, and general *malaise*.
Sense of intoxication, and desire to quarrel, to laugh, and to talk.
Pulse very frequent.
Hallucinations, followed by furious delirium.
Head and body burning hot.
- Vivid redness of the buccal mucous membrane, without saliva.
- Accelerated respiration.
Distension of the abdomen.
Convulsive movements.
- Eyes dilated and immovable.
- According to ORFILA and PEREIRA, *belladonna* exercises a marked specific action upon the brain and nervous system.
M. FLOURENS asserts that its most characteristic action is upon the *tubercula quadrigemina*.
- Partial or entire loss of vision.
Staring eyes, with occasional spasmodic movements of the balls.
Distortion of the muscles of the face.
Grinding of the teeth.
Hoarseness—aphonia.
Pressure in the nape of the neck, with violent burning of the throat.
Aversion to every kind of liquid; furious at the sight of water.
- Enuresis*.
- Disagreeable taste, and hoarseness, with red face, dilated pupils, and general uneasiness.
- Feeling of intoxication, with great disposition to talk, laugh, &c.
Pulse quick and hard.
Alternations of foolish delirium and furious delirium.
Head, face, and body red, and burning hot.
Red, inflammatory swelling of the mouth and fauces, with dryness of the mouth.
Short and hurried inspirations.
Distension of the abdomen.
Spasms, and convulsions of the limbs.
Pupils dilated and immovable.
- According to HAHNEMANN, *belladonna* is suitable in affections of the brain and nervous system.

Symptoms in Cases of Poisoning with Iodine.—(ORFILA, *Toxicologie*, p. 101.)

“Vomitings, alvine discharges, pains, more or less severe, in one or more parts of the digestive canal, thirst, generally urgent, pasty mouth, agitation, palpitation, tremblings, convulsive movements, faintness, violent eructations, uterine

hæmorrhage, frequent loose discharges, pains in the epigastrium, cramps, small and frequent pulse, emaciation."

Action of iodine on the organism.—"Solid iodine, given in small quantities, acts as a slight excitant, and provokes vomiting. In doses of 4 grammes, it caused death in dogs, when the œsophagus has been tied. Ulcerations are gradually produced at those points of the mucous membrane in contact with the iodine. Administered in the solid state to dogs, in doses of from 4 to 8 grammes, it rarely causes death, as the substance is rejected by repeated vomitings. Applied externally, it does not destroy life, but causes eruptions, blisters, etc. Iodine has been found in the urine, sweat, and saliva, of men and animals. After iodine has been absorbed, it acts particularly upon the lymphatic system, and upon the organs of generation."—ORFILA, *Toxicologie*, p. 102.

Treatment of poisoning by iodine.—"We should provoke vomiting by large quantities of warm albuminous water, and then administer a weak decoction of amidon starch. Injections of amidon starch-water are also indicated. To combat the *gastro-enterite* which may arise, the usual means must be resorted to.

Among the symptoms produced by *iodine* on the human body, PEREIRA* mentions, "nausea, sickness, heat of stomach, and loss of appetite, especially after its use has been continued for some days; relaxation of the bowels."

"On the organs of *secretion*, *iodine* acts as a stimulant, and increases the secretions." In small doses, according to LUGOL and JÖRG, "iodine increases the nasal, salivary, and urinary secretions." LUGOL praises its virtues highly as a *diuretic*. He asserts, that all who took it under his direction passed urine copiously. PEREIRA, COINDET, and others, have not observed any diuretic effects from its use. Other effects of *iodine* in small doses, observed by PEREIRA and others, are, *salivation* and *diaphoresis*. "Two most remarkable effects which have been produced by iodine are, *absorption of the mammae*, and *wasting of the testicles*."

* PEREIRA'S *Mat. Med. and Ther.*, p. 234.

Another effect of *iodine* is, a "disordered condition of the cerebro-spinal system, indicated by headache, vertigo, giddiness, drowsiness, intoxication, and stupor."

Iodine exerts a specific effect upon the skin. Under its use, the skin has become brown, and red hair has assumed a chestnut-brown color.

Iodine sometimes causes *embonpoint*, and at other times, the reverse effect. Much will depend on the doses given, the length of time it is taken, and the condition of the system upon which it acts.

Iodine gives rise to a disordered state of the system, termed *iodism*. These symptoms are, "violent vomiting and purging, with fever; great thirst, palpitation; rapid and extreme emaciation; cramps, and small and frequent pulse, occasionally with dry cough, and terminating in death." Dr. CORNER attributes these *iodic* symptoms to the saturation of the system with *iodine*; and the fact that iodine has been detected in the tissues of animals for weeks after they have ceased taking it, would appear to warrant this conclusion.

In very large doses, *iodine* acts as an irritant poison. Among the symptoms then produced are, "restlessness, burning heat, palpitations, very frequent pulse, violent priapism, copious diarrhoea, excessive thirst, trembling, emaciation, and occasional syncope."

The *modus operandi* of *iodine* is by absorption into the blood, whether used externally or internally. Its influence on the tissues of the body is chemical, as it is always found in the state of *iodide*.

By comparing the *iodine* symptoms above enumerated with the pathogenesis of this drug, as given in JAHR'S *Manual*, it will be observed, that the latter not only contains all the phenomena announced by ORFILA and PEREIRA, as peculiar to *iodine*, but many more, equally as important and trustworthy.

We deem it useful to institute comparisons between the most eminent writers of the old school and our own drug-provers, both for the purpose of corroborating the accuracy of

our *Materia Medica*, and of refuting the absurd charge of our opponents, with respect to the non-reliability of our drug-symptoms. From time to time, therefore, we shall place before our readers pure drug-symptoms of important remedies, derived from reliable allopathic sources; hoping thus to be able to impart, even to the *experts* of our own school, an occasional hint of value, both in pathology and therapeutics.

ARTICLE XXIX. *Can Pulsatilla cause Version in Malpresentation of the Fœtus during Labor? A case reported by Dr. HUREAU, of Paris. Translated for the North American Homœopathic Journal.**

CROSERIO, in his little treatise on medicinal midwifery, cites the following case of Dr. BETHMANN, from the *Allgemeine Zeitung* :—

“Dr. BETHMANN was called to the assistance of a lady in child-bed; the membranes being unbroken, and the os but little dilated, notwithstanding frequent and severe pains, he recognized a shoulder presentation. Not desiring to hurry anything, he administered a dose of *pulsatilla*; some minutes afterwards, the patient experienced a violent pain, with such a sensation of *bouleversement* in the abdomen, that she was frightened; subsequent to which, the pains, after a little interval of rest, became regular again, and BETHMANN, on a second examination, was agreeably surprised to find the head in a favorable position. The delivery went on to a successful termination.”

CROSERIO thinks he several years ago obtained a similar result, in a like case, by the same means, in a lady in St. Denis street; but he cannot affirm it with certainty, as his remembrance of it is not sufficiently distinct; he advises, however, that a dose of *pulsatilla* should be administered in cases where, before the rupture of the membranes, a false presentation can be diagnosed.

* *Journal de la Soc. Gall.* iii. p. 522.

Such relations require great faith in the power of homœopathic remedies. *Pulsatilla* has often rendered me efficient service in putting a stop to false pains simulating labor-pains; I have found it serviceable in modifying ill-directed efforts, in regulating the uterine contractions, as well as in shortening the time of labor when the medicament was well indicated. It has succeeded in the female of our domestic animals, as well as in the human race.

Uterine contractions, the pains of labor, are well represented in the pathogenesis of *pulsatilla*. But, however well persuaded we may be that the *anemone* acts with great power upon the genital apparatus of both man and woman, especially the latter, and however great our confidence in the energetic action of a well-chosen remedy in its appropriate case, it is still difficult to admit that a dose of a dilution of *pulsatilla* can exert sufficient power to effect a change in the position of the fœtus in the uterus, and bring down one of its extremities to the *os tinæ*. It certainly seems as if mechanical means alone were competent to bring about this mechanical end.

Astonishing as these two circumstances were, I could not ridicule them, as the learned societies would undoubtedly have done, but contented myself with the firm resolution to experiment for myself on the first appropriate occasion.

On the 12th February, 1852, Madame CHEMIN, a midwife, requested my assistance in a dystokia from mal-presentation of the fœtus. The patient was Madame H., æt. 29, whose thighs and legs were greatly deformed from rickets, and whose pelvis was equally out of proportion. BAUDELOCQUE'S pelvimeter gave externally twenty-one centimetres* instead of eighteen, from the first spinous apophyses of the sacrum, to the anterior surface of the pubis.

Deducting now eight from these twenty-one centimetres, that is, six and a half for the thickness of the sacrum, and one and a half for that of the symphysis pubis, we have thirteen centimetres for the antero-posterior diameter of the pelvis,

* The centimetre — .397 of an English inch.

which in ordinary cases is only eleven. The index finger, nevertheless, had no difficulty in reaching the sacro-vertebral angle *per vaginam*, carried to the left. The pelvis thus appeared to me narrower on the left than on the right side, and to resemble the ovular pelvis of M. NAGÈLE. Of eight children whom this woman had borne, but one had survived, and that only for twenty-two days, after having been delivered by manual version and the forceps. Three others had been extracted dead, at full term; one was born at seven months and a half, two at six, and one at five months. Two of them had presented irregularly, and version had been practised. Almost every one had received a wound upon one side of the head, during birth.

During every pregnancy, Madame H. is subject to a copious leucorrhœa, and she is commonly seized with sharp pains in the abdomen and loins a month after delivery.

On the 30th of January, 1852, having reached the seventh month of her ninth pregnancy, she received a fall upon her seat, followed by a profuse uterine hæmorrhage, with pains in the small of the back. On the 3d of February, the midwife had administered a dose of *arn.* 12. The flow stopped soon after, and she did well for three or four days, but on the 9th, at 3 A. M., the waters began to escape.

On the 12th, the hæmorrhage recommenced, and continued all day, and towards half-past seven, P. M., began to be accompanied by slight pains. The midwife having diagnosed a shoulder presentation, sent for me, and at ten, P. M., when I examined, I could discover nothing but a loop of cord, about six centimetres in length, in the vagina, the arteries of which acted very feebly indeed. There was very little flow of blood, and it is scarcely necessary to repeat that the membranes had been ruptured long before. The neck of the uterus was very high up, and drawn backward and to the left; the os was open scarcely the size of a two-franc piece, about two centimetres and a half; and near it, to the left, the sacro-vertebral angle was perceptible. There was nothing else discoverable in the pelvic cavity, which seemed empty. Neither one nor two fin-

gers could in any way reach the child by the vagina, but through the abdominal walls I could plainly feel the uterus widely distended in its transverse diameter, and the foetus in the great pelvis, and could distinguish its different parts through the integuments of the abdomen. I perceived the head in the left iliac fossa, the back in front, and the buttocks in the right iliac fossa. Confident that I thus recognized the left cephalo-iliac position of the right shoulder, I confirmed the midwife's diagnosis.

As the pulsations of the cord were very feeble, and the foetal circulation seemed declining, I considered it important that the delivery should be accomplished as rapidly as possible by means of version, but the orifice was so little dilated, and so rigid, that the hand could not be introduced to perform the operation. Neither could it be effected through the abdominal walls by the process of Dr. COLOMBE-LÉCORCHE, the waters having been too long discharged to give any hope that the position of the child could be changed at pleasure in that mode.

There was no other way, then, but to wait for the dilatation of the os, and finding that no operation was called for, I neglected to pass my entire hand above the superior strait, to ascertain certainly the presentation.

Calling to mind the above cited cases of BETHMANN and CROSERIO, I considered it justifiable to try the experiment of the efficacy of *pulsatilla* in effecting a quasi spontaneous version. I first gave three globules *puls.* 30, dry, and then a spoonful of a solution of the same attenuation every half hour; in the whole, four spoonfuls in less than two hours.

At midnight, the uterine contractions increased; the patient experienced a peculiar operation going on in the abdomen, an unusual movement; I felt the uterus under my hands grow hard and knotty, and the foetus change its position; the left side of the abdomen decreased, and seemed to become empty; the vertical diameter of the womb seemed to increase as the transverse grew less. Wondering at this peculiar operation of things, and struck with the changes taking place in the

form of the uterus and abdomen subsequent to the administration of the *anemone*, I was led to examine the state of the case *per vaginam*, and found that version had really taken place. I was very agreeably surprised to find, through the slightly enlarged orifice, a rounded, hard substance, forming a portion of a sphere,—the head, in short, in the left occipitiliac position.

The pulsations had entirely ceased in the cord, the hæmorrhage was almost wholly arrested, the pains ceased, and the patient went to sleep towards one A.M. As she was no longer suffering, as the presentation was right, and the prolapse of the cord was the only complicaton,—a matter of but little importance since the probable death of the child,—I decided to commit the delivery to nature, and left her towards half past two.

I learned, subsequently, that the pains recurred at half past three, and that the delivery took place without assistance at seven; a small, dead female infant having been born in the first position, having a very long cord twisted around one leg. The uterus contracted naturally; the patient was attacked with headache and a slight chill, which yielded to a single dose of *arnica* 12, administered by the midwife, and she recovered well.

The child was a female; its vertical diameter was 36.5 centimetres; from the vertex to the navel, 19; from the navel to the heel, 17.5; diameter from chin to occiput, 10; forehead to chin, 7; biparietal, 6.8; occipito-frontal, 8. From these dimensions, it would seem that the child had reached seven, or seven and a half, months.

That a child presenting the shoulder, three days after the discharge of the waters, should be righted into a normal position by the sole efforts of the uterine contractions, under the direction of a medicament, is certainly a most extraordinary fact, to which few will feel inclined to lend credit. Accoucheurs, who are skeptical as to the power of our drugs, will assert that I was mistaken, and that there was no shoulder presentation in the case. I shall, doubtless, be told that I did not recognize the presence of the shoulder in the centre

of the pelvis by the vaginal touch, and that my case thus lacks the necessary pathognomonic sign of such a presentation; that when I arrived, the head was simply detained by the edge of the superior strait, and was subsequently detached, and forced into its natural position by the contractions of the womb.

There are two points to be examined in considering this case, which I will proceed to notice. Let us see, in the first place, as to the diagnosis: was this a case of shoulder presentation? And, if it was, had the *pulsatilla* anything to do with the version?

My diagnosis was founded upon the antecedents of the patient, and upon the physical signs which I discovered by the touch. In the first place, narrowness of the superior strait is considered, by accoucheurs, as one of the predisposing causes of presentation of the trunk; it is supposed, in short, that the foetal head, finding difficulty in engaging in the superior strait, by reason of its defective size, easily slides on one side into one of the iliac fossæ on a slightly irregular contraction of the uterus. It is well known, in addition, that when a woman has once had a malpresentation, she is much more liable to its recurrence, and that the same unfortunate position will be repeated time after time. Now this woman, H., had already had two confinements, in which manual version had been rendered necessary by the situation of the foetus, and she has such a decided malformation on the left side, that the sacro-vertebral angle has produced traumatic lesions on the head of almost every child.

M. DANYAU attributes trunk presentations to the fact that the uterus may have a longer transverse diameter than usual. Dr. LECLUYSE ascertained, in a woman who was affording, for the third time, an instance of shoulder presentation, that the fundus of the uterus rose but little above the pubes, and that its great axis, instead of being vertical, was horizontal. I have found that this form of the uterus was very decidedly recognizable through the abdominal walls, in Madame H. M. CAZEAUX may maintain, if he likes, that the transverse form of

the womb is the effect, and not the cause, of the false presentation. The fact still remains, that in my case, after the administration of *pulsatilla* to a woman whose uterus seemed thus disfigured, I saw and felt its form change, and then found the head presenting. As to immediate exciting causes, authors admit gentle shocks, slight concussions, falls: Madame H. had had a fall upon her seat, three days before her premature delivery.

As regards the probable signs of a shoulder presentation, they were all present; early rupture of the membranes, prolapse of the cord, slow dilatation of the os, absence of the head at the lower orifice, emptiness of the pelvis, with impossibility of reaching any part of the fœtus by the index alone *per vaginam*. I am well aware that I did not run my finger along the shoulder, feel the acromion, the clavicle, the scapular spine, nor the axilla; the pelvis seemed empty, as I have said, and I found nothing there but the umbilical cord, the uterine cervix high up and near the sacro-vertebral angle.

I regret now that I did not introduce the whole hand above the superior strait for the purpose of verifying the position, but it did not seem necessary at the time, because, be the presentation what it might, I did not see that it was possible to expedite the delivery; the state of the cervix was a sufficient obstacle to every attempt at operative interference. I believed that I was sufficiently well informed on the subject by the plainly appreciable transverse form of the uterus in the upper pelvis, and the ease with which I could distinguish the different parts of the child through the abdominal and uterine walls.

In the absence of any presenting part in the centre of the pelvis or at the *os tincae*, the waters having been three days discharged, my diagnosis seems to be confirmed by the peculiar and unusual motion perceived by the patient after the administration of *pulsatilla*. Immediately after this movement, this displacement of the fœtus, which I felt going on under my very hands, the form of the uterus completely changed, and it was only after its long axis had become vertical

that I discovered the head at the orifice and in the excavation.

Considering it now as admitted, that the presentation was as I have stated it, what part had the *pulsatilla* in effecting the version ?

The cases of spontaneous version after the discharge of the waters are so rare, notwithstanding the assertions of DENMAN, that, according to M. MOREAU, it would have been better for humanity had they never been made known. According to MOREAU, CHAILLY, &c., this version can only take place when the membranes are unbroken and the fœtus enjoys great mobility, and thus all accoucheurs are agreed respecting the necessity of terminating labors, when the trunk presents, by artificial aid.

In the present state of our knowledge, then, it is not a probable supposition that this was a case of spontaneous version, three days after the discharge of the waters ; and let us further notice, that this decided and favorable change took place but a little while after the administration of the *pulsatilla*.

If we should assert that this plant offers us a dynamic means of assisting and determining the version of the fœtus, we shall be met with the assertion, on the other side, that the old school also possesses remedies, like ergot, which, by producing energetic uterine contractions, may cause the head to slide over the edge of the iliac fossa, and thus bring it to the centre of the pelvis and the labor to a favorable termination. I have heard this proposition from the lips of a venerable professor of midwifery, but it seems to me exceedingly questionable, and only advanced to meet the exigency of the discussion. It is true, we sometimes find, when the head is a little inclined to one side, that it is brought up into the normal position ; but I cannot believe, that, in a case of presentation of the trunk, a remedy, whose only effect is to augment the intensity of the pains, could determine the version of the fœtus three days after the escape of the waters ; nor do I imagine that the gentleman to whom I have alluded, if called to such a case, would

advise the administration of ergot rather than trust to a skilful manipulation.

The obstetricians of our day, following the example of *ASTRUC* and *BAUDELOQUE*, consider delivery as a purely mechanical process, and the art of midwifery as the solution of a problem in mechanics. It is true, that in the performance of all those functions in which motion is involved, nature displays most exquisite knowledge of mechanical laws, and nowhere is such exhibition more striking than in the lying-in chamber; but the force which is here found, propelling a body through a narrow channel, is wholly vital and dynamic. Let there come an alteration, a derangement of this vital power, and your mechanical philosopher sees nothing but the mechanical effects of the disordered function; he never thinks of reaching and remedying the force itself, but is content with mechanically obviating its abnormal consequences. They think they have attained the perfection of which *ASTRUC* loved to dream, when they have performed novel operations and perfected their complicated apparatus.

SACOMBE seems to have been the first who employed means to increase the expulsive power of the uterus. I am not aware that his method is known in science; the obstetric professors with whom I have conversed seemed to be entirely ignorant of it. He was counted a charlatan, a quack, an impostor; but, in spite of his errors and exaggerations, he might perhaps have opened up a new path in obstetrical science, if he had not wrapped himself up in mystery. He administered an oath to his pupils, that they would never reveal his *secret*; but, after his death, an old physician who had been a student of his, being himself almost at death's door, communicated to me the formula by means of which *SACOMBE* pretended to overcome every obstacle, and to force the body of the child through the most deformed pelvis. It was twelve grains of *tartar-emetica*, dissolved in eight ounces of sweetened and flavored water.

I think I am not mistaken in believing that the action of a

powerful dose of tartar emetic is much more certain and effectual than that of ergot; the contractions occasioned by it are so energetic and violent, that it seems as if everything would give way. They produce a rapid termination of the labor when the cervix is sufficiently dilated, the position of the child favorable, and there is not too great a disproportion between the head and the dimensions of the pelvis.

But be this as it may, both ergot and tartar emetic, while they frequently immeasurably increase the energy of the uterine contractions, and make them, as it were, tetanic, yet do nothing more than cause the uterus to become closely applied to the body of the child, and to force through the os and the pelvic strait the part which was presenting at those points; they produce no modification either of the form of the womb or in the position of the fœtus, and consequently the ergot is never recommended except when the head presents.

Such remedies are much more fitted to produce violent alterations in the general state, than gently to reform a disordered function; they occasion most intolerable pains, and may be succeeded by grave accidents, such as the death of the child or the rupture of the uterus. In no view can they be placed in parallel rank with *pulsatilla*.

This drug, which causes in the healthy woman uterine pains and partial contractions, possesses the power, in an infinitesimal dose, of quieting such pains when they already exist, and of regulating contractions which are only partial.

Beside the different pains produced by *pulsatilla* in the abdomen, and especially on the left side, we find some which are specially referable to the uterus. Thus, 557 shows us cutting pain at the uterine orifice; 558, pressive drawing-pain, ending in the uterus, with desire to sleep towards morning; 559, drawing tensive pain in the hypogastrium, like labor-pains; 560, constrictive pains on the left side of the womb, like those of labor, obliging her to bend over double.

When the *os tincæ* dilates during labor, and takes on an irregular, instead of a circular, form, and this state of things is accompanied by pains in the back, obstetricians attribute

this unequal dilatation to the contraction of certain parts of the uterus while others remain inactive. Sometimes it is the fundus alone, at others one side or some other point on the surface, where the spasmodic contractions take place, and they are frequently absolutely without influence on the progress of the labor.

Hitherto, no specific was known to counteract this state of things, and make the pains normal. It was reserved to Homœopathy to discover and reveal specifics capable of reducing the uterine contractions to order, and rendering them first regular and regulating, then expulsive. *Pulsatilla* acts in this way far more efficaciously than general bleedings and opiates.

For spasmodic pains, we recommend, according to the temperament of the patient, and the other symptoms, *bell.*, *coff.*, *cham.*, *nux-vom.*, *nux-mosc.*, *op.*, *puls.*, or *secale*, in infinitesimal doses; but I almost uniformly succeed with *pulsatilla* where one part of the womb contracts more forcibly than others. The symptom 560* seems to indicate that it would not only be serviceable in partial contractions, but that it might also remedy a defective presentation of the fœtus, at the same time that it removes the abnormal form of the containing organ.

M. CAZEAUX, in explaining the mechanism of spontaneous version in cases of shoulder presentation, admits that it may be effected by means of partial or unequal contractions of the uterus:—

“In the present state of science, it is difficult to say why it is that it is sometimes the head and sometimes the nates that take the place of the presenting shoulder in spontaneous version. I am inclined to think, that the irregularity of the contractions is not unconnected with it.”

“We shall speak further of what the German obstetricians have described under the name of partial contractions of the womb. We shall see that, in certain cases, the organ seems only to contract in a certain part of its extent, the remainder acting with much less force, or even remaining entirely inactive. Without being able to cite a single fact in support of my opinion, I still believe that it is in a similar condition of the uterine

* “Constrictive pains on the left side of the womb, like labor-pains, which compel her to double herself up forward.”—HAHN. r. Arzn., 1833, ii., 306.

walls that spontaneous version takes place. If we suppose, for instance, the child to have assumed the left cephalo-iliac position of the right shoulder, and the left side of the uterus should contract alone, it will easily be understood that the whole contracting force, being exerted upon the head, will have the effect of lowering it towards the centre of the superior strait. This movement of the head will take place with the more ease, as there is no resistance on the opposite wall of the uterus to the elevation of the pelvic extremity."

M. CAZEAUX, as will be seen, has chosen for the subject of his illustration the very case in hand. If we grant that the abnormal presentation of the fœtus is due to an unequal, irregular development of the uterus, or to partial contractions, it is easily comprehended how *pulsatilla*, producing in women partial contractions, may, by virtue of the law of similarity, render the uterine efforts normal, and restore the vertex to its position at the *os tinæ*.

This result is not procured by very painful and violent contractions; but, by simply guiding those that exist, *pulsatilla* changes the form and dimensions of the uterus, and rectifies the faulty position much more pleasantly and successfully than it could be accomplished by the hand of the most skilful accoucheur.

It seems to me that the remedy acts by restoring to its normal estate the womb, the faulty form of which depends upon a morbid alteration or development, and that the uterus, while resuming its proportions and form, contracts more regularly, squeezes the child, and forces it to present one of its extremities to the uterine orifice, which then becomes one of the extremities of the long uterine axis. I have thought that *pulsatilla* brought the uterus to its normal state, and the fœtus to its natural position, before exciting really expulsive pains.

When the cause which produced the abnormality is removed, we have no more reason to fear its recurrence, and the labor proceeds with regularity. But, on the contrary, when the infant has been brought to a favorable position by operating through the abdominal walls, by the procedure of Dr. COLOMBE, the cause is still present, and the child has a constant tendency to fall back into its old place; so that the Doctor

recommends rupturing the membranes at once, for the purpose of definitively fixing the favorable position.*

In communicating the above case to the Society, I simply desired to call the attention of my colleagues to the properties of *pulsatilla*, and the effects which it has exhibited; I wished to call their attention to the drug in cases of faulty presentation before having recourse to an operation which, as is well known, is not always without danger to the mother, and is often fatal to the infant.

M. CROSERIO advises a dose of *pulsatilla* before the rupture of the membranes; I believe much may be expected from it, even after that event, if the body be not actually engaged in the excavation. Dr. NUÑEZ is still more confident, and related to me a successful case, in which the arm was strongly engaged, and the trunk was bent into the pelvis.

* If *pulsatilla* possess the power of rectifying an abnormal presentation, it is important that the homœopathic world should be aware of the fact. But we do not desire our readers to be led away by such slipshod logic as that of M. HUREAU. *Pulsatilla*, according to him, produces partial contractions of the uterus; therefore (*similia similibus curantur*) it will cure them. So far, very good. Now we come to the bedside of a patient, and, by introducing the hand into the vagina, ascertain that it is a case of shoulder presentation. Now there are three supposable cases: the contractions are normal, they are partial and irregular, or they are altogether absent. It is evident that *pulsatilla* is only homœopathic to the second of these cases, and that it has no such relation whatever to the two others, derived from its power to produce partial contractions. Suppose it to be administered, and to act curatively in suppressing irregular contractions, they would only give place to the normal pains, which would simply tend to force out the part presenting, and would be the last thing to be desired, according to our author. If administered during normal pains or in their absence, it can only act (on our author's theory) heteropathically, by causing pathogenetic partial contractions, and righting the fetus by their means. One who would cite this as an instance of homœopathic action, would be obliged to consider the administration of *secale* to produce expulsive pains, as practised in the old school, as a similar instance.

If, as we said before, *pulsatilla* possess the power of rectifying a shoulder presentation without the necessity for manual interference, it is a most important fact; but its action must be explained by a different process of reasoning from that adopted by M. HUREAU, before it can be brought under the homœopathic law. All speculations on the subject, however, are of little value; the facts deserve our attention.—ED.

Although I am firmly persuaded that the case I have related was one of shoulder presentation, and that *pulsatilla* was the cause of the spontaneous version that took place, yet I must say that I did not think it the part of prudence to publish it just at this time, when a serious struggle is going on between the two rival schools. I should have preferred to wait until new facts, facts certain and well observed, had come to my support, and put this salutary property of the *anemone* beyond the shadow of a doubt. But the Society having judged otherwise, and, notwithstanding my objections and my vote, having ordered its publication, I have nothing to do but cheerfully to bow to its decision.

ARTICLE XXX.—*Proving of the Carduus-Mariæ*. By Dr. REIL, in Halle. *Translated for the North American Homœopathic Journal, from the Homöopatische Vierteljahrschrift*.*

I. SYNONYMS.

Silybum (*Dioscor. Vaill. Plin.*), *Carduus-marianus*, *C. leucographus*, *Leucacantha*, *Silybum-marianum*, *Spina-alba*, *Carduus-albus et chamæleon*, *Carduus-lacteus*. *German*: Mariendistel, Frauendistel, Milchdistel, buntblättrige Meerdistel, spitzige Distel, Morgendistel, Froschdistel, Stechkerndistel, Silberdistel, weisse Wegdistel, Rehdistel, Forchdistel, Wehedistel, Viehdistel, Stechkörner, Stechkraut, Froschkraut. *French*: Chardon de Nôtre Dame, Chardon argentin, Artichault sauvage. *Italian*: Scardaccio del latte, Scardaccio bianco. *Bohemian*: Ostropes. *Polish*: Ostropest. *English*: Our Lady's Thistle. *Dutch*: Sempertine-urt, huidpletret Tidzel.

II. BOTANICAL CHARACTER AND DESCRIPTION.

System.—Monocotyledonæ Synantheræ, Syngenesia polygamix æquales, XIX. 1, L.

* Band III., 453.

Description.—Root perpendicular, strong, mostly simple, with few fibres. Stalk 3–6 feet high, upright, stem round, ribbed, arachnoid-woolly, branching half way up. Leaves longish, cordiform at the base, or lanceolate-sheathing; the very large radical leaves spreading in a circle narrowing almost to a footstalk, pinnatifid, tipped with spines, the upper ones only serrate, the lower more or less folded and recurved, all naked, smooth, almost shining, green, marked with broad white stripes along the veins. Head large; scales of the involucre ovate, leaf-like, thick-set on the margin with short spines, its stiff, spinous, horizontal processes 9–15 lines long, reniform; the innermost longish, chaffy, entire, with a spinous point. Flowers reddish-purple or white. Achenia oblong, two lines in length, somewhat broader above, smooth, of a shining brown, with bright spots.—KOSTELETZKY.

Locality.—In waste places in Southern Europe; found wild here and there in middle Europe. June—September. Annual. [Common in England; scarce in Scotland; seldom, if ever, seen in America.]

Properties.—Root tastes bitterish; the young leaves sourish; the farinaceous seed tasteless without the hull, bitterish with it, astringent.

III. HISTORY AND THERAPEUTIC USE.

This plant is a very ancient remedy, but, thanks to the imbecile and self-satisfied therapeutics of the present day, has long since been tossed into the rubbish-loft of odd and obsolete remedies, in company with many others which have shared the same fate. I have collected what I could find among the ancients respecting its therapeutic employment, and insert it here. I am not aware that the plant is ever used in these parts for food, as it was anciently; the practice was probably confined to more Southern countries; on the other hand, the seeds are in great request in the shops, by the country people among us, as a popular remedy against stitch in the side, under the name of "*Stechkörner*."

DIOSCORIDES, in three places, refers to a plant bearing the

same, or a synonymous name; thus, III., c. xii., Περὶ Ἀκάνθας λευκῆς in SPRENGEL'S translation. "*Spina alba [alii cynaram sylvestrem, aut donacitam et erysisceptrum vocant, Romani spinam albam aut regiam aut carduum ramptarium] nascitur in montibus et nemorosis locis. Folia habet chamæleonti albo similia, angustiora tamen ac albidiora, subhirsuta, spinosa, caulem duos cubitos excedentem magni digiti crassitie aut etiam majorem, albidum intus cavum. In ejus summitate exstat capitalum spinosum, echino marino simile at minus et magis oblongum. Flores purpurei in quibus semencuici speciem præ se ferens, sed rotundius. Hujus radice pota sanguinem rejicientibus, stomachicis cæliacisque confert, urinam ciet ac œdematis imponitur. Ejusdem decoctum ad dolorem dentium collutione efficax est. At epotum semen infantibus convulsis et a serpente demorsis auxiliatur. Sed et venenata animalia pro amuleto gestatum abigere traditur.*"

Subsequently, III., c. xix., Περὶ Λευκακάνθης; "*Leucacantha [quam alii polygonaton, alii phyllon aut Ischiada, Romani, gniacardum, Etrusci spinam albam appellant] radice est cyperi amara et valida, quæ mansu dentium dolores eblanditur. Decoctum ejus cyathis tribus et vino potum, veteri laterum coxendicisque dolore vexatis, ruptis etiam et convulsis auxiliatur. Sed et succus radice epotus eosdem præbet effectus.*"

Lastly, IV., c. clvi., Περὶ Σιλίβου. "*Silybum est a spinosarum genere, foliis latis, chamæleonti albo similibus; quæ, novella adhuc, cum oleo et sale cocta comeditur. Liqueur radice drachmæ pondere ex aqua emulsa potus vomitiones ciet.*"

We may now inquire which of these three plants corresponds to our *carduus-marianus*. MATTHIOLUS, in his commentary on DIOSCORIDES, makes the following annotation on the last quotation, p. 534. "*Hactenus non ex nostra tantum sed neque ex aliorum quoque inquisitione verum ac legitimum Silybum in Italia nobis licuit reperire. Et quamvis inter tot alias plantas aculeatas inibi nasci et possit esse; tamen tam paucis ejus notas explicavit Dioscorides, ut difficile*

admodum illud inventu judicem : neque enim ipsi, ut ingenue fatear, quod ex illis sit, ausim decernere."

In this he is right, and he gives no representation; but the terse extract from DIOSCORIDES first given seems to me to suit, if we compare it with other authors.

MATTHIOLUS is just as unsatisfactory, in commenting upon the second passage on the *Leucacantha*. He cites PLINY (*Hist. Nat.*, XXIV., c. xii.) to show that it was a plant, and not a bush suitable for hedges. On the other hand, in explaining the first passage cited (III. c. xii.), he endeavors to maintain, in opposition to others, that the Ἀκάνθα λευκή of DIOSCORIDES is neither more nor less than the *Carduus-mariannus*; he gives an accurate description of the plant, as he himself had seen it, and a figure in which it is easy to recognize our common *Mary's-thistle*. Quoting GALEN, he says: "*Radix excalescit, abstergit, aperit et attenuat; radicis decoctum datum utiliter potandum ad jecinoris et vasorum obstructions et remorantes urinas. Quare confert hydropicis, ictericis et nephriticis. Idem ducit menses tam potum quam in depressionibus adhibitum. Sunt, qui radicis pulverem additi fœniculi semine et longi piperis morulato et ptisana propinent nutritibus, lacti augendo. Stillatitia foliorum aqua utuntur nonnulli ad lateris dolores, cui alii, ut valentius agat, seminis semi-drachmam adjiciunt."*

In his "*Neu Kräuterbuch*," Prague, 1563, S. 268 c., the same author, MATTHIOLUS, adds to the above, "that the root, both sodden in water and dry, removes the constipation of internal parts, is of service against dropsy and jaundice, promotes the discharge of urine and the menses, clears the kidneys of sand and stones, and cures sciatica. Vinegar, in which the root has been steeped, held in the mouth, is good for toothache."

Among the Arabians, I have only been able to consult EBN BAITHAR, in SONTHEIMER'S collection of simple remedies. He devotes a section in the second volume, page 203, to the *Carduus-mariannus*, which he calls *Akub*. He gives the following information in respect to it:—"DIOSCORIDES, in his

fourth book, says this plant belongs to the prickly kind, and has broad leaves like the white chamæleon, which are eaten, when young and tender, with olive-oil and salt.* The juice expressed from the root, taken to the extent of two drachms, with honey-water, excites vomiting."

ELTAMINI: "The Syrians and other people eat this plant, and camels partake of it. The country people sell the flower-buds, stripped of the spines, to the Christians during Lent, who cook them, roll them in flour, and eat them. Their continued use makes the humors gross. The ripe roots and seeds, when pressed, yield a juice which thickens and becomes gummy by standing. This is called '*Gummi elkinkar zad,*' and possesses the property of causing nausea, and bilious, thick, mucous, and black vomiting in dropsical patients, to whom it is of service."

HIERONYMUS BOCK (Tragus) (*Kräuterbuch*, Strassburg, 1546, Buch III., cap. 107) describes the plant under the name of "*Wehedistel*," and says:—"Wehedistel is a thirsty plant; for, between the broad stem and the broad, hollow, elevated leaves you may always find water; the leaves are very large, larger than any lettuce, very prickly, and sprinkled with white spots; the stem is high, round, everywhere full of thistles, branched with round prickly heads, set about with very long sharp spines; blooms in July, rose-red like the wild saffron; the long smooth seed is concealed in white down, and is almost as sweet as a nut. It propagates itself annually from the falling seeds, and grows in vegetable gardens. Women use the seeds for stitches in the side, also a decoction of the thick prickly leaves. It is called *Morgendistel*, *Frauendistel*, *We-*

* "The leaves are distinguished by the milky whiteness of their veins. This milkiness is said, according to an absurd story, to have been produced by a drop of the Virgin Mary's milk, just as the Milky Way was supposed to arise from that of Juno. This plant is an esculent, and may be eaten young as a salad, or boiled and eaten as greens. The young stalks, when peeled and soaked in water, are also excellent.

"The root may be prepared like salsify and skirret, and the receptacle may be cooked and eaten as the artichoke."—*Penny Cyclopædia*, Art. THISTLE.—*Trans.*

hedistel; in Latin, *Labrum veneris* and *Carduus Mariæ*; in DIOSCORIDES, *Spina alba*. Internally, a decoction of the leaves is good for *stitches in the side*; it is better, however, to bruise half a drachm of the seeds, and drink them with the water. It is good for the poison of the plague, for stitches in the side, for a hot fever, and will clear away whatever poison may be in the body. Externally, the decoction is good for an inflamed liver, for fainting and weakness, applied by means of cloths."

O. BRUNNENFELS (*Kräuterbuch*, Frankf. a. M., 1546, page 636): "*Fehdistel* or *Frauendistel*. It is not yet agreed among the learned how this plant is designated by DIOSCORIDES. But does he not describe it as *Chamæleon* in his third book, eighth chapter? We call it *Cardum Mariæ*." A bold conjecture indeed, for DIOSCORIDES describes it as "*acaulis*," and it is quite another plant. He goes on, however:—"The devotional names have so entirely taken the place of the old appellations, that we have great difficulty in getting at them; it would have been far better if the old names had been allowed to stand. For, just as it is when you change the name of a well-known man, and he becomes unknown, so it is with plants. But now we have such a variety of names, that we can scarcely get at any true knowledge of plants. *Weissdistel* is good for coagulated blood and dropsy; the powdered seed relieves the heart, cools, opens the liver and spleen, and quenches thirst."

CAMERARIUS (*Kräuterbuch*, Frankf., 1590, S. 225 c.): "*Carduus-mariæ* cleanses the kidneys from sand and stones, and removes sciatica."

LONICER (*Kräuterbuch*, S. 188): "The root, steeped in wine, is good for blood spitting."

REMBERTUS DODONÆUS (*Stirpium Histor.*, Antwerp, 1626) merely quotes GALEN and DIOSCORIDES: "*Galenus spinæ albæ radicem desiccatoriam esse inquit et modice adstringentem; coliacos et dysentericos idcirco adjuvare, sanguinis rejectiones cohibere, œdemata contrahere, dentium dolores*

lenire. Semen ejus tenuis, essentialis ac calidæ facultatis esse, itaque potui datum convenire iis qui convellantur."

TABERNÆMONTANUS (*Neu Kräuterbuch*, ed. Bauhin, II., 1078) furnishes a tolerably complete list of the synonyms, but also refers to previous authors for its therapeutic virtues.

SIMON PAULI (*Quadrup. botanic.*, Argent., 1667) says: "*Semen quoque esse moderate calidum et tenuium partium citra omne dubium pronuntiarem cujus insignis est usus in pleuritide et laterum punctiõibus.*"

JOH. SCHRÖDER (*Arzneischatz 2*, Aug. Frankf. und Leipz., 1769) tells us that it is especially serviceable to the chest, warms and dries in the second degree, clogs a little, corresponds generally with the virtues of the *carduus-benedictus*, and is used in stitches in the side and dropsy. It is also an excellent remedy for leucorrhœa.—J. AGRICOL. *in Chir. Parv.*, Tr. 10. The fresh plant, crushed, and laid upon hot and inflamed eyes, soon cures them. PLATERUS A VIT. attests, that a soldier was relieved of a strangury by simply looking at the flowers of the plant. The seed is used with good effect in pleurisy, stitches in the side, inflammation of the liver, jaundice, and dropsy; is also good for the stone and hydrophobia: dose, one drachm. The juice of the crushed plant, applied frequently to cancer of the nose and breast, will effect a cure. The water from the young plant has the same virtues as the seed.

E. ETTMÜLLER (*Collegium pharmaceuticum in Schröderum*, p. 409): "*Planta et semen in officinis satis nota sunt. Quod vires attinet, convenit in illis per omnia cum carduo-benedicto; unde etiam eodem usu ac modo cum illo adhibetur; speciatim ad chronicos magis morbos, hydropem, icterum, et similes commendatur. Semen quoque ejus ingreditur plerumque emulsiones antipleriticas et expulsivas in purpura, variolis, etc. Nutricibus quoque ad augendum lac hoc semen porrigitur. Lindanus super Ræwin Hartmanni specificè commendat semen Cardui-M. pulverisatum, et a drachma ad drachmas duas in vino usurpatum contra*

hydrophobiam et morsum canis rabidi, dum egregie sudorem movet."

HERM. GRUBE (*Comm. de modo simpl. medicam, etc. Hafn. et Francof., 1669, p. 35*): "*Quod autem Card.-bened. et Carduo Mariæ, etc., a multis temporibus usque tot punctum medicorum tulerint et ferant non a spinis est petendum, sed a vi expectorandi illa quæ aliis etiam morbis ut φθίσις ac tussi inveteratæ prosunt."*

NIC. LEMERY (*Vollständiges Materialenlexikon, Leipz., 1721, 242*): "*Card.-m. brings much salt and oil; the seeds, roots, and sometimes the leaves, are used; it is opening, good for the chest, discutient, and serviceable in stitches in the side, and dropsy.*

VON FRANCKENAU (*Kräuterlexikon, Leipz., 1738, 109*): "*Morgendistel, Forchdistel, Meerdistel, (sea-thistle, not because it grows near the sea, but because it is used against all collections of water; see ZORN, Botanolog. Med., p. 168.) The seeds, leaves, and roots, are used internally for leucorrhœa, cramp, and drawing of the limbs; externally, in old injuries, caries, and open cancer."*

MORANDI (*Hist. bot. prac. Mediol., 1761, p. 38*): "*Carduus dicitur a caro vel ex carpo vel a χείρω, ἔχαρον, tondeo: scalis ob spinas quibus radit, utpote ad lanas aptus. C.-M. temperatæ qualitatis est. Aqua ex herba destillata, ad pectoris, pulmonum, hepatis, lienis, renum, uteri mala sananda et ad reserendas illorum obstructiones commendatur; quare et hydropicis utilis. Semen moderate calidum et tenuium partium esse nemo dubitat. Hujus autem insignis est usus in pleuritide et laterum punctionibus; et remiscetur plerumque aliis seminibus, ex quibus emulsiones parantur. Folia, tenera in medio nascentia demtis aculeis cocta inter olera præstantiora veniunt; asthmaticis utilia, aliisque pectoris vitis ægros liberant."*

Thus far, we see that almost every one of these pharmacological compilers has simply transcribed the recommendations of his predecessors, without adding anything from

his own experience. From this period, here and there, some begin to express doubts about the favorable effects of the Mary's-thistle, and while many still praise it to the skies, others are of the opinion "that there is nothing in it."

GLEDITSCH (*Verzeich. d. gewöhn. Arzneigewäch.*, Berlin, 1769): "The plant and the seeds are to be had in the apothecaries' shops, under the name of *Stechkörner*. The water distilled from them has but little virtue, but is yet reckoned among the pleuritic remedies. The seed is employed in the *syr. comp. de contrayerva*, and is otherwise used in some emulsions for stitch in the side."

VON HALLER, (*Mat. Med.*, Leipz., 1782, S. 51) refers to it merely cursorily, stating that the milk prepared from the seeds is good for stitch in the side and to solve coagulated blood.

SPIELMANN (*Inst. Mat. Med.*, Argentor., 1784, p. 556) ranks it among the resolvents. "*Folia olim resolvendi ergo contra viscera obstructa laudarunt. Semina specificè pleuriticis commendarunt, sed non video, quid præ aliis demulcentibus præstare queant. Aqua Cardui-Mariæ iners.*"—SCHRÖDER.

MURRAY (*Appar. medic.*, 1787, I. 69) mentions it as "*obsoleta fere.*" Of the seeds he says: "*Ob oleum involvunt relaxantque. An inde apparens vis in pleuritide* (Breslauer Samml. vers. 4, p. 1062), *repetenda, quam tamen infirno talo stare verbulo indicat TRILLER* (Pleurit. p. 48). *Breslavienses in substantia sive pulvere dedere (de grosso sine dubio sermo fuit.) Consultius in emulsione. Folia subamara. Hæc, ablatis spinis, oleribus adduntur et instar acetarii in Angliâ sunt.* (Raji Hist. I. 312.) *Tartaro haud absimili sale imprægnata,* (MARKGRAFF, Hist. de l'Acide de Berlin, 1747, p. 79). *Succum hydropicis esse salutarem, etiam febrifugum ante accessum febris ad quatuor uncias datum.* (TOURNEFORT, Pl. de Paris, II., 143.)

From MURRAY's expression, "*de grosso sine dubio sermo fuit,*" it would seem that he was aware that the virtue of the seeds lay in the hull; his recommendation, subsequently, to exhibit them in an emulsion, is not the less strange on that account.

BERGIUS (*Mat. Med.* II. 654) treats the subject rather on chemico-pharmaceutic grounds. "*Virtus seminum diaphoretica. Infusum aquosum foliorum recens obscure viride, herbareum; vitriolo martis nigrofusciscit. Infusum seminum contusorum aque-emulsivum, superficiei pingui, odore et sapore nullo, a vitriolo martis non alteratum. Semina in praxi quotidiana pulveribus refrigerantibus in pleuritide immiscentur.*"

TRILLER (*Dispens. Pharm. sive Thes. Medic.*, Francof.a.M., 1764, tom. 1) is a great liar about the good effects of *Carduus-Mariæ*. "*Non a janua aberrant, qui de signatura externa conjiciendo huic semini aliquam vim antipleuriticam tribuunt, nam revera antipleuriticum est, et emulsio quæ exinde paratur, inflammationibus quibusvis internis conducit. Ita quidem de hoc semine benigne sentiunt VV. celeb. STAHL, JUNCKER, STORCH, et alii v. g. auctores Syllog. rer. med. et phys., Wratislav. mense Maj., 1718, p. 1049 et 1063.—Ego tamen pace horum omnium experientia edoctus in contrarium affirmare audeo, nihil quidquam levaminis ex solis his seminibus retulisse pleuriticis nisi larga præcessa sanguinis missio aliæque idonea ac proficua remedia prius adhibita fuerint.*" Still further, in his *Tract. de Pleuritide*, c. iii. p. 48: "*Et commode hic memini medici cujusdam in vicinia anno 1743, in his terris Rhenanis populariter grassante atroci pleuritide, propter malum, quem possidebat, imperitiæ thesaurum, ut ait HIPPOCRATES, et ineptam intempestivamque ἀμνηστοφοβίαν sanguini ægrotorum suorum parcebat, non vitæ; dum enim spem omnem fiduciamque in solo illo egregis sanguine hircino una cum seminibus Cardui-Mariæ, mandibulis Lucii piscis aliisque id genus nugatoriis collocabat, factum est ut omnes pleuritici ipsius quidem curæ commissi aut quinto aut septimo die misere perirent et suffocatione exanimarentur, apparentibus post funera eorum lateribus lividis et nigris, viola quasi aut atramento tinctis a nimia scilicet sanguinis et congestione et inertis spissitate in iis locis propter venæ sectionem neglectam generata.*"

There is nothing I regret so much, in reading this enter-

taining anecdote, as that the name of the physician who put the blood-thirsty TRILLEB in such a passion is not given. The latter gives a pretty specimen, in what we have quoted, of his physiological and pathological attainments; that belongs, however, to the times in which he lived, and was no bar to his being a physician, I think, in Nassau or Wiesbaden.

The Breslau experiments, referred to above by MURRAY, are contained in *Sammlung von Natur und Medicin, wie auch hiezu gehörigen Kunst- und Literatur-Geschichten, so sich in Schlesien begeben*, Winterquartal, 1718, S. 1045 ff., where the following remarks are made about the reigning fevers in Breslau: They were mostly quotidian, with nausea and vomiting, and complicated with cough, oppression of the respiration, numbness of the limbs, and stitches in the chest. One case of repeated pleuritis, in a hæmorrhoidal subject, is especially interesting, and is given at length. "In the treatment, the *contemperantia* were used, but the *nitroso-cinnabarina* did little or nothing towards relieving the stitches; but it was very evident that the powdered seeds of the *Carduus-Maria* acted specifically in removing them, the first dose moderating them when most violent, within a quarter of an hour, although the painful oppression of the respiration and the inflammation remained, whence it is clear that this remedy is a specific in moderating the *motus-spasticos*, although it does not remove entirely the *sensum impacti sanguinis*. *Camphorata*, externally, did little towards relieving the stitches, at least bore no comparison to the efficacy of the thistle seeds."

The same authority (p. 1063, in a *Digression on Pleuritis*) further declares:—"We can truly declare that we have more than once found the seeds, in substance or powder, specifically efficacious against pleuritic stitches; but it must not be imagined that they have the power also of removing the whole disease as rapidly and perfectly as they do that symptom. And its efficacy exists, doubtless, *in parte oleosa hujus semi-*

nis, sed in specifica mixtione quatenus existit in semine Cardui Mariæ."

JUNCKER is especially fond of the *carduus*. He says (*Concept. Therap. spec. meth. asthaliana*, Halæ, 1750, p. 560), treating of mild catarrhal fever, "*Emulsio ex semine C. M. hic quando tussis nimium adfligit præ ceteris convenit, quæ non modo egregie temperat, sed at inflammationes metuendas præcavet et ipsas jam præsentis admodum mitigat.*" Further on, in the chapter "*De inflammatione generatim*," page 179: "*Semen autem Cardui Mariæ ad pectoris inflammationes specifica efficacia præditum esse, si non sola medullaris; sed integra seu tota substantia exhibitur, satis confirmatum est.*" At page 316, "*De vomica pulm.*": "*Semen imprimis Cardui Mariæ quod pectoris inflammationibus et suppurationibus efficaciter succurrit, bonum in vomica.*" And lastly, at pages 535 and 536, "*De pleuritide et peripneumonia*": "*Item conducunt emulsiones præcipue ex semine Cardui Mariæ confectæ. Semen Cardui Mariæ specifico effectu ita commendatum est ut hinc grana ejus 'Stechkörner' soleant appellari, nec plane de nihilo: docet enim experientia quod aliquot grana deglutita dolorem punctorium sæpe auferant, licet febris aut septimum diem cursum suum absolvat.*"

VOGEL (*Hist. Mat. Med.*, p. 100, 171) merely repeats what we already know.

Besides this, 'Thistle-water' (*Wehdistel-wasser*) and '*Stechkörner*' are constant ingredients in all the recipes for stitches in the side, affections of the spleen, jaundice, urinary difficulties and hæmorrhages, in the prescription-books of the 16th, 17th, and 18th centuries. Since that time we scarce find any mention of the *carduus* in the pharmacological treatises.

GREEN and LÖSECKE rank them only among the oily remedies. (*Mat. Med.*, 5 Aufl., 158.)

VOIGTEL and CULLEN do not allude to it.

DIERBACH (*Med. Pharm. Botanik*) merely says that it is of little service; and, in the treatise on the relation of the properties of plants to their structure (p. 191), that it contains inert matters and extractive.

SCHMIDT simply gives its name (*Handb. der Med. und Farbekräut. für Apoth. und Droguist.*, Erfurt, 1832).

The latest pharmacologists, with the exception of ASCHENBRENNER and STUMPF, who give RADEMACHER's experiments, know nothing about it.

RADEMACHER, a short time since, drew this valuable remedy out of its obscurity. His attention was called to it towards the end of the last century, by the successful cure of a chronic stitch in the side, in which it was advised by a peasant; but it subsequently escaped his memory, when he found it of no service in several cases of painful affections of the chest. It was much later that he effected his first cure by its means, in a case the symptoms of which were as follows: *Pain in the whole abdomen, especially in the neighborhood of the cæcum; cramps; urine normal; complexion smutty, yellowish; sleeplessness; great emaciation; hectic fever.* The recovery was rapid. His subsequent experiments led him to certain results (I. 142), which I present in his own words:

“There is a peculiar morbid condition of the liver and spleen, which is far more rapidly and perfectly removed by this remedy than by any other; and where it cannot be regarded as specifically applicable, as in stone and induration, it still acts in such a way as to render the morbid state no longer inimical to vitality; it alters the diseased sensations of the patient to those of health, and makes the employment of the specific remedy, if there be one, possible.”

RADEMACHER was also very fortunate in his treatment of concomitant affections, dependent upon disorders of the liver and spleen, of various sorts, with *carduus-mariæ*. He enumerates among them, hæmoptysis, uterine hæmorrhage, epistaxis, jaundice, sciatica, chronic cough, hæmatemesis, hepatic affections consequent upon dysentery.

In regard to the form of administration, he says (S. 146): “It must be observed that the seeds must not be administered in emulsion, as the virtue lies in the hull, and not in the kernel. It acts well in powder, a small spoonful of which may be administered four or five times a day; but should the apo-

theary, in his anxiety to prepare a fine powder, leave the chaff upon the sieve, the result will be null. An effective powder is not too fine, as the hulls are hard, and difficult to pulverize. Another form is that of a decoction, prepared by boiling sixteen ounces of water upon from half an ounce to an ounce of the seeds, until it is reduced one-half, of which a spoonful may be given every hour. If the seed is not well exhausted by long boiling, the decoction is more or less inert, and it is also objectionable, as it easily becomes sour, in consequence of the amount of flour contained in it. To obviate this inconvenience, I have been frequently in the habit, during the last five years, of using the tincture, fifteen to thirty drops of which may be taken five times a day, in a half or whole glass of water or milk. If diarrhœa accompany the hepatic or splenic affection, the dose must be greatly diminished; from one to four drops, four or five times a day, being quite sufficient."

The tincture is prepared, according to RADEMACHER, by putting five pounds of the unbruised seeds into a convenient vessel, and pouring on them the most highly rectified alcohol and water, of each five pounds, digesting with frequent agitation for a week, pressing and filtering.

We have earnestly searched through RADEMACHER'S Therapeutics, for a more definite description of the symptoms to which the *carduus-mariæ* is applicable, but with no result, beyond what we have already given; that is, however, his way. He calls it, empirically, an "abdominal remedy," not *in specie* a hepatic or splenic remedy; he especially avoids that, and employs it now in pathological states, where an affection of those organs was plainly diagnosed, or dimly surmised; then again, if he recognized the *genus epidemicus* as corresponding to the *carduus*, he used it with good success, but if not, he had recourse to other abdominal remedies; and, on the contrary, if his other organic drugs had left him in the lurch, he resorted to our lady's thistle, which then often helped him out of his difficulty. He instructs his scholars, in doubtful cases, to bring the offending organ

to light by trying it with organic remedies, which are his tests; and, since he rejects the therapeutic indications, founded upon provings upon the healthy, as of no use, it is no wonder that his work should incur the reproach of furnishing no specific indications for the employment of specific drugs.—OEHL-SHLEGER, *deutsche Klinik*, No. 48, 1850.

The followers of RADEMACHER, who have for the most part published their views and experiments in the "*Zeitschrift für Erfahrungsheillehre von LÖFFLER und BERNHARDI*" have gone carefully into the work of observing individual cases of disease and epidemic constitutions, in respect to the symptoms. But RADEMACHER's recommendation, to treat many disordered conditions with a mixture of organic and universal remedies, renders many of these observations of disease and cure entirely useless for our purposes, as they do not present a *pure* experiment. I have frequently been assured by the followers of RADEMACHER that this mixture was essential to the satisfactory operation of their medicines, and as often that the alternate administration of the organic and the universal remedy answered quite as well as the combination. It were better if they had confined themselves to the latter mode of experimenting.

The only clinical observations of the *carduus* which we can use, I have quoted below, from the periodical above referred to.

1. A thin, yellow-complexioned man of 40 had suffered for several years from asthma, and violent cough, with expectoration of thick, tough sputa. General health, appetite, and digestion normal; stools brown, urine bright yellow, acid; mucons rattling in the chest; right hypochondrium, and especially the left hepatic lobe, tender and hard; pressure there oppressed the breathing, and occasioned cough. Respiration always asthmatic, voice hoarse; bodily exercise increased the asthmatic oppression. Cured in a few weeks by *carduus-mariæ*.

2. An emaciated man of 53 had suffered for three years from gout; joints swollen and painful; shaking cough

day and night, especially the latter, with periodical asthma, obliging him to sit up in bed. Œdema of the feet, tension of the præcordia, pain in the right hypochondrium, even on slight pressure, as well as in the right renal region; pulse small, feeble, rapid, skin hot and dry, tongue with a thin yellow fur, anorexia, stool normal, urine scanty, bright yellow, with gritty particles in the sediment. *Ems., sublimata,* and *colchicum,* had only aggravated his condition. *Natr-carb.* neutralized the urine, *bursa-pastoris* removed the renal trouble; the rest remained unchanged until *carduus* cured him in eight weeks.

3. A young man, æt. 17, who had been raising blood for a week, expectorating now pure blood, and, at other times, blood and mucus, had, besides, roaring and humming in his head, pain in the præcordia down to the navel; stools hard and brown; urine deep yellow; taste and appetite normal, tongue clean. Half an ounce, in doses of fifteen drops, cured him rapidly.

4. A woman, æt. 39, three months pregnant. Morning vomiting for a fortnight; food remains all day; appetite good; sudden attack of fever in the evening, with chill, heat, and sweat for several days, followed by an intermission of the fever, but persistence of the vomiting. Pressure on spine and præcordia not painful. Perfectly cured by *carduus-mariæ* in a week.

5. A girl, æt. 7, laboring under developed jaundice; no complaints, good appetite, clean tongue. Cured by half an ounce of tincture of *card-mar.*

6. A woman, æt. 35, five months pregnant, had suffered for three weeks from tearing in the right hip to the middle of the thigh, so that finally she could only go limping along slowly; pain, especially when standing up; some aching in the right hypochondrium on pressure, appetite fair, stool normal. Cured by an ounce of the tincture.

7. A slim young man, æt. 27, had spit blood for three weeks; face thin, grayish-yellow, skin hot, moist, pulse small, thin, 100; pressure upon the region of the gall-blad-

der painful; stool dark brown, consistent; urine constantly clear. No physical signs in the chest, but a mucous rattle; expectoration of mucus, sometimes clear, sometimes bloody. Cured in nine days, by *tinct. card-mar.*

8. The sciatica of a normally menstruating woman of 52, with the same symptoms as case 6, was also rapidly cured by the *carduus*.

Several of RADEMACHER's adherents have given themselves the trouble of arranging, in physiological order, the easily recognizable symptoms peculiar to reigning epidemics, and thus furnishing a surer ground for the selection of a remedy. Thus, KISSEL (*Zeitsch. für Erfahr.*, III., 88) has treated of the *carduus* hepatic affection. Its form, says he, was partly acute febrile, and partly chronic and unaccompanied by fever; it presented a great variety of forms, the more constant of which, however, may be said to have been fever, stitch in the side, cough, headache in the forehead, debility, and want of appetite,—symptoms, nevertheless, not sufficient to diagnose the remedy. The fever and pains were exceedingly various, the stitches sometimes in one side, sometimes in the other, then under the false ribs, and again wandering about the abdomen; strangury was frequently present; cough, mostly dry, short, with scanty expectoration, seldom streaked with blood; debility always very great; inspiration constantly very painful, but percussion and auscultation showing nothing abnormal. The right hypochondrium was soft, but sometimes very painful, under pressure, in the region of the gall-bladder; anorexia, moderate thirst, soft, small, sometimes accelerated pulse; stool brown and consistent, urine mostly orange-yellow, frequently deep-yellow, or reddish-yellow, generally clear, always acid. In simple cases, the remedy employed was *tinct. card-mar.*, in doses of a drachm to a drachm and a half a day; in complicated cases, *tinct. ferri-acetici* was simultaneously used.

BRENNSCHEIDT likewise observed an epidemic of grippe in which *carduus* was the specific, and sketches the disease (*ibid.* V. 12) as follows:—*Digestive organs*: tongue moist,

almost always coated, whitish-yellow in the middle, reddened on the tip and edges; appetite wanting or diminished, taste sticky, bitter; nausea frequent, vomiting exceptional, constipation often, feces normal, no diarrhœa. Hepatic region for the most part sensitive, especially in the neighborhood of the epigastric and right hypogastric regions. Percussion showed nothing unnatural; urine always altered, brownish, dark-yellow, reddish. *Chest*: catarrh of the nasal mucous membrane, and cough with stitches in the side; but no hæmoptysis. Auscultation constantly discovered mucous râles; respiration frequent and superficial. *Nervous system*: very troublesome headache in the frontal and temporal regions was always present, and even in slight attacks; they complained of dizziness and want of clearness of thought; expression of the countenance sad and depressed. *General*: feverish reaction; increased temperature of the skin, terminating in sweat. The dose was from 15 to 20 drops of the tincture; in inveterate cases, a drachm five times a day.

GRÆVELL is of opinion (*Notiz. für prak. Aerzte*, iii. 564) that the *carduus-mariæ* has a more extensive range of action than RADEMACHER has described. He imagines that it exercises a peculiar influence upon the distribution of the blood, through the medium of the portal circulation, in many acute as well as chronic disorders, so that many disturbances of the normal distribution, such as hæmorrhages, congestions, and their immediate consequences, which have their origin in the portal system, are partly relieved by it, and especially restored to their natural current. It is, therefore, a drug which, in respect to its value, that is, the certainty of its operation and sphere of its usefulness, will not, perhaps, be far behind *opium*, to which it has some similarity in odor, and might hence, not improperly, be styled the "*portal opium*."

It has also been recommended against cholera; THIENEMANN, in Oletzko (*Central Zeit.* xviii., 5), found no benefit from it in the fully formed disease; but MANDT, (*Rückenmark und Darm-schleimhaut und ihr Verhält. zur Chol.*) regards it highly as a prophylactic, in persons whose left hepatic lobes are hyper-

trophied, and whose cervical and dorsal vertebræ are tender to the touch. He employs it in very small doses, which he calls "atomistic," four times a day.

In 1850, a disorder resembling influenza, with predominant affection of the digestive apparatus, raged in this city, as a precursor of the cholera; myself and several of my colleagues found the *carduus* the most rapidly curative remedy. The symptoms were exceedingly diversified, but might all be reduced, in most of the cases, to disturbance of the hepatic functions. This was evidenced by the peculiar brown, gray, dirty complexion of the patient, sometimes passing into a true icteric tint, the sensitiveness of the left hepatic lobes to pressure, the bright, pale-yellow, seldom dark-green stool, and the dark-brown urine. This was accompanied by catarrhal irritation of the respiratory passages in varying intensity, generally with considerable expectoration, without blood, but with great feeling of oppression over the whole chest, stitches in the side, and great debility; even in the lightest cases, these latter symptoms were never wanting, and the patients complained of difficulty in speaking. Fever was present, with evening exacerbations, violent ache in the forehead, and dullness of the head. *Nux-vom.*, *chelid.*, *puls.*, did no good; *carduus-mariæ*, only, promptly relieved.

When the disorder attacked old, asthmatic, hæmorrhoidal, or tuberculous subjects, their chronic ailments were greatly exaggerated, and the *carduus* alone brought them down to their former condition.

I have found it an excellent remedy for certain affections of the climacteric period, megrim, metrorrhagia, leucorrhœa, and asthma, and I think I am not mistaken, when I say that a consensual affection of the liver, however slight, is an indication for its employment. It was likewise serviceable in the chlorosis of scrofulous women, and girls troubled with disturbances of the digestion.

I can also testify, from my own experience, that it will often relieve the troublesome cough of phthisical patients, when *lact.*, *hyos.*, *stann.*, &c., have been given in vain. I have not

had occasion to use it to mitigate gall-stone colic, and to cure ischias, though my colleagues have found it contribute to both results.*

* We cannot do better than insert here two cases reported by Dr. LIEBDECK, of Stockholm, in the *Homœopathic Times*, No. 171.—Ed. N. A. H. J.

"Nothing of what I have read in various homœopathic authors about gall-stone can, in my opinion, be compared to the valuable but slight notices on that disease left by Rademacher.

"It would be interesting for me to know the opinion of English physicians on this point. I have lately had two acute cases, which, in a very short time, were cured by *semina cardui-mariani* ʒʒ, prepared as tea, with a pint of water, one tablespoonful every hour. I have nowhere in the homœopathic literature found the homœopathic treatment in gall-stone. It is time that the *semina cardui-mariani* should be proved in a complete and rational manner, as *cochineal* has been. In the mean time I use it quite empirically, for the sake of its good effects, and also as a liver remedy, à la Rademacher, and because Homœopathy does not yet give any directions in this disease. The two cases are the following:

"CASE 1. Captain C., aged fifty-six, of yellow complexion; the white of the eye yellow; tongue pale yellowish-gray. The patient had the small-pox when six years old, and afterwards the itch, for which *sulphur* was employed. At his tenth year he had jaundice; somewhat later, scarlet fever, followed by ague. After this time his health was, in general, good, till he reached forty-five, when he became ruptured in the left groin, and the year following in the right. He thinks this complaint cured by bandages, but still uses a simple truss on the right side, and a suspensory bandage. In 1849, a kind of colic pain occasionally began in the pit of the stomach, with severe pain, increased saliva in the mouth, and vomiting, which always alleviated the pain. As these attacks became more frequent and violent, a physician was consulted in February, in the same year. There were no pains in the region of the liver, not even in any of the hypochondriac regions, nor in the lumbar region. Three cuppings were applied to the pit of the stomach; afterwards a plaster of *hjerne* was used, covering the stomach down to the navel. *Nux-vomica* was first given in pills, afterwards as a mixture, four times daily.

"The colic-pains disappeared after some days, and soon afterwards the patient discontinued the medicines. During the summer, the waters of Djurgord were used, then the waters of Homburg, during which the health was improved. Shortly after, the usual pressure in the pit of the stomach gradually recommenced, especially when meat or other solid food had been taken. In the beginning of September, 1850, a fresh attack happened, although not so severe, because the vomiting soon occurred of its own accord. In the mean time, the patient became very weak, and lost his appetite; the physician, again consulted, prescribed, as previously, the mixture and *turpentine*, in large doses; *ether*, eight drops, morning and evening. After three days, and having partaken of some apples, a fresh and more violent attack came on. The excrements became green, and the vomiting of the bile continued for several hours; the urine dark brown, and with

If we now collect into a single view the various diseases in which *carduus-mariæ* has been found curative, *ex usu in morbis*, the list will stand as follows :

sediment. Five cuppings were again applied as previously, as well as the mixture; but, nevertheless, the vomiting continued, and the attack only gradually subsided.

"The 8th of October it reappeared, with vomiting and colic; but now no physician was consulted, because the patient considered himself incurable, from a diseased liver and gall-stone. The patient only took *rhubarb* when constipated. He suffered from copious and bilious saliva; flatulence seldom; an itching in the groins, and at three o'clock in the morning in the rectum. The head was sensitive to cold. He suffered, consequently, from cold in the head, and afterwards pain in the chest, and cough, with expectoration, for two or three weeks. The memory was decreasing, and also the smell obtuse. To begin with, I gave *tinct. sulphuris*, gtt. ij, in half a pint of water, one teaspoonful every fourth hour. Neither I nor the patient could observe any effect from this remedy, except, as I had premeditated, a new attack of vomiting, with bile, which was followed by expectoration of mucus tinged with blood, bitter taste, and mucous evacuations, also tinged with blood. I did not allow these symptoms to mislead me, especially as Rademacher relates them as the result of gall-stones. I therefore prescribed *semina cardui-mariani* $\mathfrak{z}\mathfrak{j}$, as above. It operated soothingly, gave rest, and increased the strength of the patient. I let him continue this remedy for a couple of months, only now and then giving a dose of *turpentine-oil*, with *ether*, to stop the vomiting. He is now perfectly cured, and has continued so since last winter.

"CASE 2. Mr. W—st, merchant, aged 64, occupying himself with political economy; is of a dark complexion; baldheaded for many years, even when a young man, in consequence of having ice applied to the head for headache. The patient had previously thick and dark hair, while suffering from headache; what still remains is gray. The patient used, in 1842, after the prescriptions of the best physicians in Sweden, the artificial waters of Carlsbad, in Stockholm. It was then considered that he suffered from diseased liver. After this period, the vomitings, which formerly used only occasionally to occur, became more frequent. Ulceration of the stomach was suspected, and at last three large moxas, the cicatrices of which still remain on the skin of the stomach, were prescribed by Drs. Huss and Santesson. While the moxas were healing, the patient got bed-sores. He had ceased applying to any physician since 1843, only acting on the maxim to prove what was good or bad for himself. He used sugar as a palliative against acidity of the stomach. Things were at this point when I was consulted, May 2, 1851. The patient said he vomited large quantities of yeast-like substances in his attacks, but at the present time they were colored green. The symptoms mentioned by the patient, that all food containing starch was turned into acid fermentation, would have decided me to use *sulphuric-acid*, had it not been already employed by allopathic physicians. There was, besides, inclination to consti-

I. *Diseases of the Respiratory Organs*.—PLEURITIS (Bock, Matthiolus, S. Pauli, Breslauer Aerzte, Lemery, Morandi, Schröder, Krantz, Stahl, Storch, Juncker, Gleditsch, Rademacher and followers); PERIPNEUMONIA (Juncker); OBSTINATE COUGH (Grube, Breslauer Aerzte, Rademacher and followers); PHTHISIS (Grube, Juncker, Rademacher and followers); HÆMOPTYSIS (Dioscorides, Lonicerus, Rademacher and followers).

II. *Diseases of the Digestive Organs*.—VISCERA OBSTRUCTA (Dioscorides, Spielmann); acute and chronic HEPATIC AFFECTIONS (Bock, Matthiolus, Morandi, Rademacher and followers); JAUNDICE (Schröder, Rademacher and followers); GALL-STONES (Rademacher); DROPSY (Lemery, Schröder, Tournefort); HÆMATEMESIS (Rademacher); SPLENIC DISORDERS (Rademacher); CHOLERA (Mandt).

III. *Diseases of the Urinary System*.—STRANGURY (Schröder); CALCULI (Dioscorides, Matthiolus, Camerarius, Morandi, Schröder).

IV. *Diseases of the Genital Organs*.—Of the UTERUS in general (Morandi); LEUCORRŒA (Frankenau, Agricola, Schröder, Ettmüller, Rademacher's followers); AMENORRŒA (Ett-

müller; the excrements light yellowish-gray. I gave *graphites* ʒo, but no change followed. The following day, the 3d or 4th of May, I witnessed one of his vomitings. I observed that the patient raised himself up in the bed, and stooped forwards during the act of vomiting, and asked if he felt relief from that position, which he acknowledged was the case. The whole basin was filled with a greenish matter. I asked him then if he felt a spot, as large as a pear, painful at the right side, pointing myself to the situation of the gall-bladder. This was also acknowledged by the patient, who observed that he had a bitter taste as long as the vomitings lasted. It became evident to me that gall-stone was the most probable cause of his sufferings, on account of the abnormal character of the secretion of the liver,—the more so, as the urine was as dark as porter. Encouraged by previous cases, I also here gave, May the 5th, *carduus-marianus* ʒj, in a pint of water, to take one table-spoonful every hour. The consequence was soothing; good sleep followed, and the succeeding day the bitter taste had disappeared. For a couple of days afterwards, since the pain had disappeared, I gave, according to Rademacher, *ætherol-terebinth.* to 16 parts *æther-spirituosus*, and to take 10 drops two or three times a day. The patient thanked me, with tears in his eyes, for the sudden relief and alleviation he had received from the suffering of his old complaint. The future will prove if I can obtain a perfect cure. At present the patient is in good health, and everything promises well."

müller, Matthiolus); **METRORRHAGIA** (Rademacher and his followers); **AGALACTIA** (Matthiolus).

V. *Fevers*.—Generally (Tournefort); **INTERMITTENT** (Tournefort); **GASTRICO-CATARRHAL** (Breslauer Aerzte, Rademacher and his followers); **PESTILENTIAL** (Bock).

VI. *External and Consensual Affections*—Inflammation of the **EYE** (Plater); **TOOTHACHE** (Dioscorides); **CONVULSIONS** and articular **RHEUMATISM** (Frankenau); **CANCER** and **ULCERS** (Frankenau); Inflammation of the **BREASTS** (Schröder); **ISCHIA** (Camerarius, Rademacher).

IV. BOTANICAL AND CHEMICAL RELATIONS.

The unmistakable similarity, I might almost say identity, in the properties of most of the plants belonging to a natural family—I refer to the *solanaceæ*, the *strychnæ*, and *euphorbiaceæ*—compels us, in examining a single species, to pay attention to the characters of the genus, and enables us to draw conclusions from analogy as to other genera. Acting upon this principle with the *carduus-mariæ* and the *compositæ*, we find that very many of the latter are known and have been proved, so that a general opinion can be formed as to their virtues, though such a judgment will need many modifications when applied to individual cases. Thus we find, among the *cynaræ*, one of DECANDOLLI'S subdivisions of the *compositæ*.

1. *Inert substances*, which render them fit for food before the full maturity of their organs. Such is the case, for example, with the roots of the *centaurea-behen*, *carduus-tuberosus*, *cnicus-spinocissimus*, and *centaurea-acaulis*; with the young shoots of the *cnicus-oleraceus*, *carduus-mariæ*, *palustris*, &c., and with the receptacles of the *cynara-scolymus*, *onopordum-acanthium*, and *carlina-acaulis*.

With the further growth of the plant, these inert substances all vanish and make way for

2. *Extractive*, distinguished by its bitter taste, on account of which these plants have been selected by physicians as remedies. Thus the acrid, bitter, aromatic roots of the *carlina-acaulis*, formerly called *rad-cardopathiæ*, in doses of a

drachm, operate as a laxative, a diaphoretic, and a nervine. The old physicians, WEDEL, HELMONT, ZORN, and KÖNIG, held it in high esteem, and Charles the Great is said to have protected his army from the plague by its means.

Arotium-bardana.—*A. majus* and *minus* yield the roots known under the name *radix-bardanæ*, and employed in place of sarsaparilla, in gout, syphilis, and scrofulous and calculous affections; they are said to be diuretic and diaphoretic; relieve abdominal plethora, and cure ulcers and cancers, when externally applied. *Cirsium-arvense* received the name of *carduus-hæmorrhoidalis*, from the last-named therapeutic property. KRANTZ devoted a whole dissertation to the *onopordum*, and called it *carcinomatis-averruncum*, a carcinofuge. *Cynara-scolymus* is still a very favorite remedy for dropsy, especially in France, and *carduus-benedictus* needs only to be named, as its curative powers are well known, both physiologically and pathologically. The *carduus-marianus* has the greatest resemblance to it in both relations.

3. In some of the compositæ we find *coloring matter*, as, in *saffron*, *carthamus-tinctorius* and *serratula-tinctoria*.

4. *Resinous matters*, or *gum* and *resin*, to which the plant is indebted for parts of its virtue.

V. PROVINGS.

The last, however, and weightiest criterion of the power and value of a remedy is always to be found in its operation upon the healthy human system, as developed in provings. I took the *carduus-marianus*, in tincture and decoction, for over three weeks. It was, unfortunately, impossible for me to find companions in my experiments, and the reader must therefore be satisfied with a very concise and one-sided sketch of its pathogenetic sphere. My diet was constantly simple, without condiments, wine or beer; I drank, however, coffee, and a little weak tea.

1852. From the 1st to the 5th of March I took *five drops* of the RADEMACHEE *tincture* four times a day, in a little water.

March 6 to 12. *Ten drops* four times a day. I noticed nothing abnormal, except a bitter taste immediately after the dose.

March 13, 14. *Twelve drops* four times. On the 14th, the morning evacuation was harder than usual. A dull headache in the forehead might have been referred to some catarrhal irritation, but no catarrh followed.

March 15. *Fifteen drops* four times. A very hard evacuation at a quarter to 9; a similar one, unsatisfactory, at a quarter before 7 P. M.

March 16. *Twenty drops* four times. A hard stool at 9 P. M.; formerly it took place between 7 and 8 A. M., and was rather pappy. No other symptom was detected; the appetite remained good; the bitterness in the mouth, after the dose, was somewhat increased.

March 17. *Thirty drops* four times. Some nausea immediately after the morning dose, repeated after every subsequent one, and ending in a feeling of inflation in the stomach. No remarkable flatulence. A horseback ride of three hours in the afternoon increased the inflated feeling of the abdomen. *No evacuation.*

March 18. *Forty drops* four times. Last night, was restless, with frequent waking; lying on the back produced nightmare, which woke me twice. *Nausea*, after the first dose; *accumulation of saliva* in the mouth after taking coffee and milk a half hour subsequently. A very *hard, unsatisfactory, difficult evacuation of brown, knotty fæces* immediately after dinner. The feeling of fulness in the hypochondrium became less after stool, but was still perceptible enough, obliging me to draw a long breath. Slight dullness of the head. Nothing abnormal so far, in the pulse or urine.

March 19. *Fifty drops* four times. *Very decided nausea* after the first dose, which compelled me to take the remaining three, each in a wine-glass full of water, which moderated that symptom very much. Appetite *small*; urine *cloudy, without sediment, golden-yellow, acid*. *No stool*. Increased

sensation of uneasiness in the epigastric region, but no pain.

March 20. To avoid any possible effect from the alcohol, I prepared a decoction of the *carduus-marix* from one ounce of seeds and twelve of water, reduced to six, of which I took a *tablespoonful* four times a day, with the addition of *ten drops of tincture* to each dose. *Nausea* after every dose, but somewhat slighter than yesterday. *Dulness of the head* the whole day; occasionally transitory headache in the forehead and temples. Tongue coated white in the middle, red at the tip and edges. Empty eructations after food taken against my inclination. *No stool*, but inclination for one; no flatulence; urine *whyeey, yellowish-brown, diminished in quantity, acid*.

March 21. *A tablespoonful of the decoction, and twenty drops of the tincture*, four times. The same subjective phenomena. At 10 A. M., a hard and scanty stool; at 11, a copious pappy one, but little colored by bile, more of a chocolate color, preceded by violent rumbling, with pains in the abdomen. Urine as yesterday; its diminution in quantity was real, not apparent, as I could judge from my former experiments with the *coccus-cacti*. After from six to eight hours, it deposited a sediment, consisting chiefly of common salt, and lime. Experiments, with solution of sugar and sulphuric acid, gave traces of the *coloring matter of the bile in the urine*.

March 22. *A tablespoonful of decoction* (1 to 6) with *twenty drops of tincture*, four times. Restless, dreaming night; increased nausea after the dose; loss of appetite. The feeling of inflation in the abdomen was so strong, especially in the right side, that I expected to discover a great enlargement of the liver by percussion, but it was not so; but pressure was painful over the whole hepatic region. Frequent urging to deep breathing, followed by painful sensations, of an undefined sort, in the abdomen. Every sudden and violent movement of the body was painful, both in chest and abdomen. Stool at 8 A. M., of moderate size, pappy, loamy

destitute of bilious coloring. Urine scanty, brownish. Two experiments, both with syrup and sulphuric and nitric acids, indicated the presence of the coloring matter of the bile in the urine.

March 23. At 7 A. M., a spoonful of the decoction, with thirty drops of tincture. Violent nausea very soon, and, ten minutes afterwards, painful retching and vomiting of acid, green-colored fluid. Pains in the stomach, lasting two hours, aggravated by bread and milk; meat broth sat well at noon. At 3 P. M., a similar dose to that in the morning. Great nausea, but no vomiting after it; painful griping in the stomach, and cutting in the bowels, here and there, with rumbling. The same dose at 7 P. M., followed by such severe and persistent nausea, that I was obliged to produce vomiting, by means of warm water, and tickling the fauces. Great debility all day. *No stool*; urine, as before, plainly containing bilious coloring matter.

March 24. At 7 A. M., a spoonful of the decoction, followed by nausea, and inclination to vomit; I concluded that my system was saturated with the drug, and closed the proving. At 6 P. M., an unsatisfactory, hard, loamy stool; urine as before.

The feelings of fulness and tension in the epigastrium continued, though gradually decreasing, until the 28th. From the 26th, the stools began to be pappy again, and somewhat tintured with bile pigment; the urine remained cloudy until the 28th, but on that day presented no discoverable traces of pigment. It is possible that some Seltzer water, taken on the 26th, may have hastened this result. After the 29th, I could discover nothing abnormal in my symptoms.

VI. DIGEST OF THE SYMPTOMS.

General. Great weakness and debility, after 21 days' general uneasiness.

Sleep. Restless sleep, with frequent waking—lying on the back produced nightmare twice, after 18 days.

Head. Dull headache in the forehead over the eyes. 14th day.

Slight dulness of the head. 18th day.

Dulness of the head, with transient headache in the forehead and temples. 20th day.

Appetite. Bitter taste after every dose.

Appetite good until the 16th day.

Nausea after every dose; from the 17th day. An accumulation of water in the mouth, half an hour after the dose. 18th day.

Great nausea. 19th day. Appetite diminished. 20th day.

Want of appetite. 22d day.

Violent nausea, painful retching and vomiting of sour green fluid. 23d day.

Constant nausea, with inclination to vomit. 23d day on.

Tongue coated white in the middle. 20th day.

Stomach. Feeling of malaise in the epigastric region, without pain. 19th day.

Empty eructations after food taken against his inclination. 20th day.

Pains in the stomach, continuing for two hours, preceded by vomiting. 23d day.

Painful gripping in the stomach. 23d day.

Abdomen. Feeling of fulness in the hypochondrium, obliging him to draw a long breath. 18th day.

Violent, painful rumbling in the abdomen. 21st day.

Inflation of the abdomen, especially on the right side. 22d day.

Sensibility of the hepatic region to pressure. 22d day.

Painful sensation, of an undefined character, in the abdomen, producing deep breathing, increased by violent movements. 22d day.

Cutting colic in the bowels, here and there. 23d day.

Stool. Stool very firm and unsatisfactory, twice on the 15th day. Hard stool on the 16th. Constipation on the 17th. Hard, unsatisfactory, difficult stool on the 18th. Constipation on the 19th and 20th. Hard stool, followed by a soft

one, but little colored by bile, rather of a chocolate tint, on the 21st. Pappy, loamy stool, without bilious tinge on the 22d.

Urine. Urine normal to the 18th day.

Golden-yellow, acid. 19th day.

Wheyey, yellowish-brown, diminished in amount, acid. 20th day.

Diminished in amount, depositing a sediment, and containing traces of bile pigment. 21st day.

Scanty, brownish, clearly containing bile pigment. 22d and 23d days.

VII. REMARKS.

In expressing generally the characteristic action of *carduus-marianus*, it is evident that it has direct relation to the digestive organs, especially the liver. After the drug had been taken from 17 to 18 days, in increasing doses, the bitter taste, immediately after taking it, developed into a feeling of nausea, the appetite disappeared, the nausea increased, and was accompanied by pyrosis, eructations, inflation of the abdomen, and, finally, vomiting of bilious matter. At the same time, the biliary functions of the liver were disordered; the formerly regular evacuations became tardy, hard, knotty, delayed one or two days, were in the beginning brown, but then became yellowish, loamy, chocolate-colored, and the bile pigment that was missing there appeared in the urine. The sluggish peristaltic motion of the bowels betrayed itself, likewise, in inflation of the abdomen, absence of flatulence, frequent inclination to draw a deep breath, sensitiveness on making bodily exertion. The sensitiveness of the liver to pressure¹ particularly denoted the effect of the drug upon that organ. The symptoms of headache, dulness of the head, and general debility, are attributable to sympathy.

The duration of effects of the *carduus-mariæ* is not very transitory. It has been administered to patients, in doses of thirty drops, several times a day, without any perceptible

bad effects. A much smaller quantity, however, suffices therapeutically. It may be compared with *bry.*, *cham.*, *chelid.*, *card-bened.*, *nux-vom.*, and perhaps with *croc.*, *rheum*, *puls.*, *ant-crud.*, and *merc.*

It seems to act especially upon the liver, and, next to that, upon the hæmotosic processes effected in the portal system; also upon the thoracic and intestinal mucous membrane; it seems to act curatively in chronic, as well as acute, catarrhs of those tissues in old hepatic and splenic affections, and disorders of the female genital system.

Miscellanea.

PROCEEDINGS OF SOCIETIES.

Homœopathic Medical Society of the State of New York.—The Society held its semi-annual meeting, in accordance with a previous resolution, at Utica, on Friday, June 3d, 1853.

The Society met at Mechanics' Hall, at 10 o'clock, A.M.

The President, Dr. A. S. BALL, having taken the chair, the Secretary proceeded to call the roll, and a quorum was found to be in attendance.

The minutes of the annual meeting were read and approved.

The following physicians having been duly nominated, were, thereupon, elected members of the Society.

Dr. M. ANDERSON, New York.	Dr. E. B. SPRAGUE, Owego.
" C. P. LEGGETT, Flushing.	" N. SPENCER, Winfield.
" E. S. BAILEY, Brookfield.	" H. C. CHAMPLIN, Owego.
" E. P. PHELPS, Fort Plain.	" R. C. DUNHAM, Canton, C a na
" H. G. M'GONEGAL, Marcellus.	" T. F. POMEROY, Utica.
" JER. GREEN, Utica.	" TURNER, Brooklyn.

Such of the newly chosen members as were present then signed the Constitution, and took their seats in the Convention.

Mr. J. T. S. SMITH, Pharmaceutist, of New York, was nominated, by Dr. HUMPHREYS, as an honorary member. Objection being offered, that the laws of the Society made no provision for honorary memberships, the nomination was withdrawn.

Dr. CLARY offered the following amendment to the By-laws, and moved that it be referred to a committee of three, for further consideration.

§—Physicians, Pharmaceutists, and others, may be admitted as honorary members of the Society, by a vote of two-thirds of the members present at any regular meeting.

The motion to refer was carried,—the committee to report at the annual meeting.

Drs. L. CLARY, D. A. BALDWIN, and C. G. BRYANT, were appointed the committee.

Dr. HUMPHREYS, from the Bureau of *Materia Medica*, reported verbally, that the committee were still diligently engaged in prosecuting the duties assigned them, but were not prepared to make a more formal report at this meeting.

Dr. GUY, on behalf of the Committee on the proper mode of conducting Drug-provings, reported that they had had the subject under consideration, had made some progress therein, and asked leave to be continued. Leave was granted, with the request that the committee report at the annual meeting.

Dr. BALL, from the Committee on the Medical College, presented a report, which was read, accepted, and ordered on file.

The reading of this report gave rise to an animated discussion, as to the duty of the Society and of the profession, in view of the recent legislation on the subject of Medical Education, in which several members participated.

Dr. CLARY offered the following resolution :

Resolved, That the Committee on the Medical College be continued, and that they be directed to oppose, in every proper manner, the passage of all unequal laws for the Charter of Medical Colleges, and take such steps as, in their discretion, shall best promote the interests of the Society, and secure the grant of a Charter, on as favorable terms as other similar institutions.

Dr. GUY moved the following substitute :

Resolved, That the Committee on the Medical College be continued, and that they make it their further duty to inquire particularly into all matters connected with the subject of obtaining a Charter for the proposed college, and as to the best mode of establishing such an institution under the present circumstances, and to report at the next annual meeting.

After some further discussion, the question was taken on the substitute, and lost.

The original resolution, as offered by Dr. CLARY, was then adopted.

Reports of cases, treated successfully by a single remedy, were then called for, in accordance with a standing resolution. A number of interesting reports were read by the following members, viz : Drs. H. M. PAINE, F. HUMPHREYS, L. CLARY, D. A. BALDWIN, J. BEAKLEY, and J. L. KELLOGG.

The reports were referred to the Bureau of *Materia Medica*.

Several other reports, of like character, were offered, but, for want of time, were not read.

Dr. C. G. BRYANT then offered the following resolution :

Resolved, That such State Homœopathic Societies as are now, or may be hereafter established in other States, be respectfully invited to appoint annually one or more delegates, as representatives of their respective bodies, to attend the meetings of this Society.

The resolution was adopted unanimously.

The President announced, that he had appointed Dr. F. HUMPHREYS to deliver the usual address before the Society.

The Society then adjourned to 7½ o'clock, P.M.

Evening Session.

The Society met at the hour appointed, at Concert Hall. A large and attentive audience of ladies and gentlemen also assembled for the purpose of hearing the address.

The President, after taking the chair, introduced Dr. HUMPHREYS, who proceeded to deliver the address.

At its conclusion, the following resolutions were moved by Dr. CLARY, and unanimously adopted.

Resolved, That the thanks of the Society be given to Dr. HUMPHREYS, for his admirable address, and that a copy be requested for publication.

Resolved, That a copy be offered the editors of the "American Journal of Homœopathy," and "North American Homœopathic Journal," with the request that it be published in their respective magazines.

The Society then adjourned *sine die*.

Proceedings of the American Institute of Homœopathy.—We are indebted to our Philadelphia contemporary for an account of the last meeting of the American Institute, from which we condense the following summary:—

The American Institute of Homœopathy commenced its tenth Annual Session in Cleveland, Ohio, on June 8th, 1853. The meeting was called to order at 10 o'clock, A. M., by the general Secretary, WILLIAM A. GARDINER, M.D. The members of the Institute were welcomed by the Ohio College of Homœopathic Physicians, through their representative, H. P. GATCHELL, M.D., who made an eloquent and appropriate address, which met with a hearty response from the members of the Institute.

The meeting was well attended, although there was quite a small representation from Western and Middle New York State. About fifty physicians answered to their names when the roll of members' names were called.

RICHARD GARDINER, M.D., of Philadelphia, was elected Chairman, who, upon assuming the duties, acknowledged the honor conferred upon him, in selecting him to preside over their deliberations.

The Chairman announced the names of JOHN REDMAN COXE, M.D., of Philadelphia, J. P. DAKE, M.D., of Pittsburg, G. W. BIGLER, M.D., of Cincinnati, LEWIS DODGE, M.D., of Cleveland, and S. B. BARLOW, M.D., of New York, as the Board of Censors on election of new members.

G. W. SWAZEY, M.D., J. G. LOOMIS, M.D., F. R. M'MANUS, M.D., C. D. WILLIAMS, M.D., and J. H. PULTE, M.D., were appointed to audit the Treasurer's account.

The Committee on Blisters was called, reported progress through the chairman, E. BAYARD, M.D., and was continued.

The Committee on the translation of the *Materia Medica* was called, but did not report. By a motion they were excused from the further consideration of the subject.

The Committee on *Cholera* reported progress, through their chairman, S. D. BARLOW, M.D., and were continued.

F. R. M'MANUS, M.D., offered the following resolution, which was adopted:—

Resolved, The members of the Institute, who shall sign the certificate of an applicant for membership, shall state upon the certificate the name of the medical college of which such applicant shall have graduated.

Afternoon Session.—The Board of Censors reported the names of between thirty and forty candidates for admission as members, who were duly elected.

The Committee on *Small-pox* and *Vaccination* made an elaborate report, upon which an animated discussion took place.

In the evening, Dr. BAYARD, of New York, delivered an address to a large and intelligent audience.

June 9th, *Morning Session*.—The Homœopathic Society of Philadelphia offered their first report. This is an institution consisting of some thirty members, organized since the last meeting of the Institute. The report consisted chiefly of an account of the organization, and some recommendations and suggestions for the consideration of the Institute.

Dr. COLBY, of Salem, Mass., reported a case of *traumatic tetanus*, treated with cold water:

The patient, a young man of 22, received an injury by a nail projecting from a timber, by which a deep lacerated wound was made between the metacarpal bones of the third and fourth fingers of the left hand, nearly through the hand. A few drops of dark-colored blood flowed out, and the pain for a few minutes was intense. When it abated he was faint and dizzy, but recovered so as to eat his dinner. After dinner a blindness came over him, he felt sick, and vomited, and lost the power of locomotion—seemed to be paralyzed. Spasms then commenced in the pit of the stomach, and soon spread all over him, at first remittent, returning once in two or three minutes, and attended with vomiting. The injury occurred at 12 M. He was seen four or five hours after. At 6 o'clock the extensor muscles of the whole body had become rigidly contracted, so that he formed a semicircle, and when on his back rested only on the heels and head, and his sufferings appeared exceedingly great. At this stage, seeing the disease was progressing with such fearful rapidity, Dr. Colby did not think it proper to spend much time in administering ordinary remedies, especially as there was one at hand of such undoubted efficiency as he knew cold water to be. The patient was immediately placed in a position to receive as much of the water in tubs as could conveniently be done, and water of a temperature near that of a freezing point was poured over him from a pitcher, at the rate of a bucket-full every five minutes, and continued for half an hour. He was then wiped with a towel, wrapped in blankets, put in bed with a great amount of covering, and suffered to remain there two or three hours, till reaction and free perspiration took place. Then he was sponged all over in cold water.

After the water had been poured on him about twenty minutes, and he had begun to be very cold, he felt the spasms evidently give way, first, in the least affected side, and then, in a few minutes, in the half of the body that had received the injury, and the pain abated, and the limbs became flex-

ible. But, to make the cure certain, the pouring was continued a short time after he was relieved, till he shook violently all over with the cold.

After the reaction had taken place, and he had been sponged with cold water to carry off the superfluous heat, a soreness of all the muscles remained, with violent headache, and he could not endure any motion or noise for several days, and could not be raised from his bed for more than a week, but, by the application of appropriate remedies, he gradually recovered without any symptoms of a return of the spasms.

Dr. Colby thinks that the application of cold water in this manner is not technically Hydropathy; that it is simply a sudden reduction of temperature by means of an agency acting on the homœopathic law of cure, with an energy and power to which no other known remedy can approach, and that it meets a more extensive range of diseases than any other remedy, because it has the leading foundation symptoms of diseased action, which is a sensation of cold.

The New York Homœopathic Society made a report, the principal part of which referred to the homœopathic treatment at the Orphan Asylum, an abstract of which our readers will find on a preceding page of this Journal.

Dr. GUY, of Brooklyn, read a case of membranous croup treated with *bromine*.

Dr. POWER, of Philadelphia, read a communication on the subject of *small-pox* and *varioid* treated with *variolin* and *vaccinin*. According to this statement—

The first in importance, as well as the most constant and uniform of the results derived from the administration of *vaccinin* in *true small-pox*, and from *variolin*, in *varioid*, is that of controlling and moderating the eruptive fever to a grade necessary to a full and healthy development and maturation of the pustules, even in the most violent forms of *confluent small-pox*. By the use of the third decimal trituration of *vaccinin*, the preparation uniformly used, he has found that those affections of the throat, of the eyes, of the lungs, and sometimes of the brain, involving a class of incidental or concomitant affections, oftentimes exceedingly harassing to the patients and perplexing to the medical attendants, have been almost, if not entirely, prevented. The harassing burning of the skin is rendered tolerable to the patient, and the natural functions of excretion, so little interfered with in the progress of the disease, that he has very rarely found it necessary to interpose a single dose of medicine, or to resort to the use of enemata, to evacuate or relax the vomits.

He prefers *variolin* in *varioid*, and *vaccinin* in *variola*, but gives no criterion for distinguishing the two diseases, except an inquiry "of the patient or his friends, whether he has been vaccinated; and if this fails, an examination of the arm or leg for the distinctive mark."

The Central Bureau made a report, from which it appears that they have done little or nothing during the past year. The *rumex-crispus* has been proved in New York, and Dr. RHEES, of California, has made some experiments with the *rhus-laurina*. The Bureau state that they have materials enough to form a respectable duodecimo volume.

Dr. NEIDHARD sent a communication upon the subject of *chelidonium*

majus, which will be found in the preceding pages. It concluded with some suggestions as to the method of making and recording provings.

The Rhode Island Homœopathic Society sent a report, describing their organization and transactions, from which we gather that Homœopathy is in good hands in our sister State, and that the practice is extending. The report states :

Three years ago the Society numbered eleven members, and it now numbers twenty-three. When it is recollected that there are but thirty-one towns in the State, and a population of only 150,000, this increase in the number of physicians, and the fact that they are all doing a successful and paying business, shows a much more rapid and extensive spread of homœopathic doctrines than could possibly have been predicted. In Providence there is a population of about 50,000, supporting eight physicians, and it is making a fair estimate to say, that the majority of the literary, wealthy, and respectable families are firm believers and hearty supporters of the homœopathic system.

In regard to the provings of remedies, something has been done and more is doing. Some of our provings of *glonoina* and *hamamelis* have already been reported to Dr. HERING, and through him to the Central Bureau, from which department they will more properly come before the Institute. A great number of cases have been detailed to the Society, and the most important of them are appended to this report for publication, if thought expedient. Dr. OKIE has written some valuable reports on the efficacy of *hamamelis-verg.* in phlegmasia alba dolens, and in purpura hemorrhagica. Dr. PRESTON has witnessed its astonishing efficacy in old cases of varicose ulcers of the leg, and in active uterine hemorrhages. Dr. BARROWS and Dr. DE WOLF have reported its success in curing epistaxis and other hemorrhages. Dr. OKIE has called the attention of the Society to the diagnosis of a class of renal diseases accompanying scarlatina, and probably caused by absorption of the scarlatina virus in the kidney; their successful treatment by *zinc* and *cantharides* has generally proved the diagnosis correct. Dr. PRESTON reported, in 1850, some cases of uterine displacement which were cured by the *Iodide of iron*, and since then several members of the Society have corroborated its efficacy in that class of diseases; and the same gentleman read a lengthy article on the subject of vaccination, and the use of *vaccinin* as a prophylactic in variola. He detailed a report of about 400 cases, in which he had treated pœric diseases in children that had not made their appearance until after vaccination, and suggested that the vaccine virus now in use might possibly be the medium of propagating that class of diseases. Drs. BARROWS and PRESTON have reported the successful employment of the inhalation of medicated vapors in bronchial and lung diseases, some very severe cases of diffused chronic bronchitis, of asthma, and of lung diseases, in one or two instances, even where the physical signs revealed the presence of softened tubercles. The instrument used is much like a tin coffee-pot, with a small tin cup inserted in the top; the bottom of the cup is perforated, and the top covered over, with a tin tube inserted in the middle, through which the vapor passes to an India-rubber tube, at the extremity of which a mouth-piece is attached. The instrument is filled with warm water as far as to the bottom of the cup, which is filled with a wet sponge—the medicines are put on the sponge, and the cover shut over it—the vapor of the water passes up through the sponge, and carries with it the vapor of the medicine to the patient, who inhales it into his lungs. The

medicines employed have been chiefly *calcareæ*, *phosphorus*, and *sulphur* in the first or third attenuations, or, what has had the best effects, the combination of *calcareæ* and *phosphoric acids*, forming the *phosphate of lime*. The same medicines have been administered internally at the same time. Dr. PRESTON reports eight cases which had been pronounced incurable, which are now in the enjoyment of very good health, and in which he has relied solely upon this treatment.

The following members were appointed to report, at the next meeting of the Institute, essays on the following subjects:—

J. P. DAKE, M.D., of Pittsburg.—On the value of Clinical Experience, and of Clinical Reports in Homœopathic Practice.

J. G. LOOMIS, M.D., of Philadelphia.—On Mechanical Supports, or the value of Braces and Stays in Homœopathic Practice.

C. D. WILLIAMS, M.D., of Cleveland.—On Small-Pox, and Vaccination by Kine-Pox, and their relation to other Forms of Eruptive Diseases.

A. E. SMALL, M.D., of Philadelphia.—On Diseases of the Respiratory Organs.

SAMUEL GREGG¹ M.D., of Boston.—On Diseases of the Urinary Organs.

G. W. SWAZEY, M.D., offered the following resolution, which was unanimously adopted:—

Resolved, That the American Institute of Homœopathy, appreciating the friendly relations which should always exist between all physicians who advocate the *essential* doctrine of Homœopathy, and especially between all societies and all bodies organized for the progress of true medical science, does now extend the right hand of fellowship to this whole western valley—to all educated physicians who are coming to our standard of medical science in the east and west—to the pioneers of our educational progress and strength in this western region, who have proved themselves indomitable under most trying circumstances, and to the city, and also thanks to Dr. C. D. Williams and lady, for the polite and cheerful entertainment we have enjoyed at their house.

Dr. F. R. M'MANUS, M.D., offered the following resolution, which was adopted:—

Whereas, It is a very important affair to humanity that such a system of vaccination should be pursued, as will effectually prevent the small-pox; and whereas, the efficiency of the virus now in use may have degenerated from age, or from constitutional impurities in systems from which the virus may have been taken.

It is, therefore, earnestly recommended to every member of the Institute, that inquiries shall be set on foot throughout the country, in their immediate neighborhood, and particularly in the spring of the year, and during the summer months, requesting the milkers of cows to report the appearance of any particular disease upon the udder or teats of the cows, to be examined in their different stages of development, and to be used, when ascertained to be genuine cow-pox, in the way of human vaccination; and that every physician who shall succeed in thus obtaining matter, shall give to this Institute, at its next meeting, his success in its use, and every observa-

ble circumstance connected with the progress of the disease upon the cow, and subsequently upon the human subject.

J. G. LOOMIS, M.D., exhibited a new invention of ovum and bullet forceps, and explained the manner of using them, to the great satisfaction of the members; whereupon J. R. COXE, M.D., offered the following resolution:—

Resolved, That the American Institute of Homœopathy has examined with satisfaction, and is fully convinced of the great importance of the invention of ovum forceps by Dr. J. G. LOOMIS, of Philadelphia, in the treatment of uterine hemorrhage attending cases of abortion and detachment of the ovum, and also of retained placenta; and, likewise, the invention of bullet forceps, for the extraction of bullets and other foreign bodies from deep-seated parts.

J. H. PULTE, M.D., offered the following resolution, which was adopted, and Drs. J. H. PULTE, S. R. KIRBY, and W. A. GARDINER appointed the committee.

Resolved, That a committee of three be appointed by the chair, whose duty shall be to ascertain the names and residences of all the homœopathic physicians in the United States, whether members of the Institute or not, such report to be presented to the next annual meeting, and be placed on record.

J. H. PULTE, M.D., offered the following resolution, which was adopted, and Drs. J. H. PULTE, B. F. BOWERS, and W. WILLIAMSON appointed the committee.

Resolved, That a committee of three be appointed by the chair, to report to the next meeting the draft of a plan for the establishment of a Central Homœopathic Pharmacy, under the control of this Institute.

J. H. PULTE, M.D., offered the following resolution, which was adopted, and Drs. J. H. PULTE, E. BAYARD, and C. HERING* appointed the committee.

Resolved, That a committee of three be appointed, to procure a stone of suitable size, if possible, from the native place of the immortal founder of Homœopathy, to be placed, with a suitable inscription, in the monument in process of erection in Washington City to the memory of the immortal founder of this Republic, whose glorious principles of freedom have so much contributed to the rapid spread of our beloved science in this the western empire of civilization. The expense incurred by the foregoing to be collected by private subscriptions, and if such amount be not sufficient, to be paid by the treasury of this Institute.

B. F. JOSLYN, M.D., was appointed to address the Homœopathic Physicians of the United States, on the necessity for assiduous exertions to improve Medical Science, and on the importance of concerted action in the cause of Homœopathy.

E. BAYARD, M.D., offered the following resolution, which was adopt-

* Dr. HERING declined serving upon the committee in question. His reasons therefor will be found stated in a letter to Dr. KIRBY, published in the *American Journal of Homœopathy*, VIII. 39.

ed, and Drs. E. BAYARD, J. H. PULTE, S. S. GUY, J. P. DAKE, and W. WILLIAMSON were appointed the committee.

Resolved, That the American Institute of Homœopathy appoint a committee of five, to take into consideration the propriety of presenting CONSTANTINE HERING, M.D., an appropriate testimonial of its distinguished consideration for the discoveries he has made, and for his persevering and universal exertions in promoting the spread of the homœopathic doctrines.

Afternoon Session, 3 o'clock.—The election of officers being announced in order by the Chairman, the following were balloted for, and elected :—

WILLIAM A. GARDINER, M.D., Philadelphia, Secretary.

S. S. GUY, M.D., Brooklyn, Provisional Secretary.

S. R. KIRBY, M.D., New York, Treasurer.

On motion, the next meeting of the Institute will be held in the city of Albany, New York, on the first Wednesday of June, 1854.

H. P. GATCHELL, M.D., of Cleveland, was appointed to deliver the next annual address, and W. E. PAYNE, M.D., of Bath, his alternate.

Drs. F. HUMPHREYS, C. HERING, W. WILLIAMSON, of Philadelphia, B. F. JOSLIN, and B. F. BOWERS, of New York, were appointed the Central Bureau, for the enlargement and improvement of the *Materia Medica*.

W. E. PAYNE, M.D., offered the following resolution, which was discussed, and laid on the table for a year.

Resolved, That we regard the homœopathic law as co-extensive with disease, and that a resort to any other means than those pointed out by the law *similia similibus* is the result, in part, of the incompleteness of our *Materia Medica*, but mainly the result of a want of sufficient knowledge, on the part of the physician, of those remedies already possessed by our school, and not an insufficiency of the homœopathic law.

The Secretary was authorized to publish the proceedings.

The thanks of the Institute were voted to E. BAYARD, M.D., for his able and eloquent address.

The thanks of the Institute were voted to R. GARDINER, M.D., for his efficient services as Chairman.

Adjourned to meet in Albany, the first Wednesday of June, 1854, at 10 o'clock, A. M.

Parisian Homœopathic Congress.—The session of this body, for 1853, opens upon the fifth day of September next, under the direction of a committee of organization, consisting of Drs. PÉTROZ, LÉON SIMON PÈRE, TESSIER, ARNAUD and GABALDA. We notice among the subjects proposed for discussion, that the question of the admissibility of *auxiliaries*, which was lately so zealously argued among our British contemporaries, is likely to hold a somewhat prominent place. The ninth subject reads thus: *Are there any diseases in which, under a well-ordered homœopathic treatment, blood-letting can be usefully or rationally employed?* The tenth embraces the whole subject: *Can*

any auxiliary means be employed in Homœopathy for the comfort of the patient, without interfering with the medicinal treatment? What are they, and what are the cases for their employment? We shall be glad to hear what our Gallican friends have to urge *pro* and *con* on this subject.

The Yellow Fever.—The northern borders of the Gulf of Mexico have been visited this year with a scourge, the severity of which is unparalleled in our history, if not in the annals of the world. In the city of New Orleans particularly, the mortality has been frightful; the eight weeks of July and August having witnessed the following mortality from *yellow fever*:

Week ending July	9,	. . . . .	59
“ “ “	16,	. . . . .	204
“ “ “	23,	. . . . .	429
“ “ “	30,	. . . . .	692
“ “ Aug.	6,	. . . . .	1,036
“ “ “	13,	. . . . .	1,369
“ “ “	20,	. . . . .	1,421
“ “ “	27,	. . . . .	1,442
			<u>6,652</u>

An average of *eight hundred and thirty* a week, or nearly *one hundred and twenty* a day, in a population scarce exceeding forty thousand, so much is the city reduced by the annual migration to the North, and fear of the pestilence. At the latest accounts the disease was very much subsiding, and the probability was, that its virulence was over. The deaths from other diseases, during the same period, average 162 a week.

At Mobile and Pensacola, on the Gulf, the disease has also prevailed, and it has appeared likewise at Vicksburg and Natchez, on the Mississippi.

The comparative mortality among those attacked with the epidemic has been frightful; we have not yet the data for making an accurate estimate of the percentage, but have a melancholy foreboding that it will add another to the long list of proofs of the inefficiency of the old system of medicine. There are five or six homœopathic physicians in New Orleans, who will be able, by and by, to give us some interesting statistics upon the subject of the treatment of this hitherto destructive pestilence, and new evidence of the efficacy of homœopathic remedies against the most potent forms of disease.

The Homœopathic Record.—A friend has sent us some numbers of a monthly, published in *Northampton*, England, under this title, which we have been pleased to look over. It is intended for lay readers, and is evidently calculated to do good service in the cause. That there should be *seven* periodicals devoted to Homœopathy, in a country so essentially conservative as England, is a sign of the times to which we

invite the earnest attention of those of our opponents who continue to insist that that obnoxious system is entirely obsolete.

British Homœopathic Congress.—The meeting of this body for 1853 was to have taken place on the fifth day of August, at Manchester. We have not yet received the proceedings. Dr. HENDERSON was expected to deliver the opening address.

Homœopathy in France.—It is said that a homœopathic chair is about to be established in the Faculty of Medicine, owing to the influence of Marshal St. Arnaud, who attributes the saving of his life to the skill of a professor of this hitherto illegitimate branch of the healing art.—*Moniteur.*

We learn further from the French journals, that Dr. Petroz, the Nestor of Homœopathy in Paris, has recently received promotion in the order of the Legion of Honor. Although several of the homœopathic practitioners of France are Chevaliers of this order, this is the first case where the distinction of promotion has been conferred on a homœopath.—*Brit. Jour.*

OBITUARY.

Homœopathy has to mourn the loss of two of its most zealous and earnest European advocates, Dr. WAHLE of Rome, and Dr. PESCHIER, of Geneva.

Our British cotemporary furnishes the following notice of Dr. WAHLE:

“ We regret to have to record the death of this distinguished disciple of HAHNEMANN, which took place at Rome on the 9th of April last. Few homœopathic practitioners have labored with greater zeal and earnestness for the development, external and internal, of the homœopathic system. Dr. WAHLE was originally a practitioner enjoying considerable repute and practice in Leipzig. Certain paltry acts of persecution on the part of his allopathic colleagues rendering his residence in Leipzig disagreeable, he removed ten years ago to Rome, in order to become the pioneer and apostle of Homœopathy in the Eternal City. He experienced great difficulties from the Pontifical authorities, in obtaining permission to settle down in practice there, and even after this permission was accorded him, obstacles were thrown in the way of obtaining his medicines, which were long detained at the custom-house, and only eventually released by Dr. WAHLE's personal application to the Sovereign Pontiff. Dr. WAHLE latterly enjoyed a large practice in Rome, and was very much liked by his patients. He was an excellent practitioner, and a man of genial humor and great kindness of disposition. We had the pleasure of spending some hours with him at Rome, and were much struck by his sound practical views on the subject of Homœopathy, and his youthful zeal and ardor in furthering the scientific development of our system. We met him again at Leipzig, in 1851, whither he had come to assist at the inauguration of HAHNEMANN's statue, and where he charmed all by his enthusiasm for the promotion of new provings of medicines. His age at the period of his decease might have been about 55. Dr. WAHLE has contributed largely to the enrich-

ment of our *Materia Medica* by his excellent provings of *kreosote*, *prunus-spinosa*, *cimex-lectularius*, and other remedies, and at the time of his death he was engaged in preparing a volume of new provings for the press."

Dr. PESCHIER, of *Geneva*, was one of the first introducers of Homœopathy into France. With DES GUIDI, DESAIX, RAPOU and GAYRARD, he was the main instrument in disseminating a knowledge of the new system through the kingdom, and especially of awakening the attention of the capital. He published, for several years, the *Bibliothèque Homœopathique de Genève*, which is, for Frenchmen, a valuable library of the earlier experience of the disciples of Homœopathy. His practice was quite large, but of late years his health has suffered severely, and has been gradually giving way. He is called at last to the reward of his labors.

FOREIGN PUBLICATIONS.

Eröffnung eines neuen Weges zur sichern Indication der Arzneimittel. Von Dr. Med. August Garms. Leipzig, 1853.

Prager Monatschrift für theoretische und praktische Homœopathie. Herausgegeben und redigirt von Dr. Med. Altschul. 1 Quartal, Jan., Mär. Amerikanische Arzneiprüfungen und Vorarbeiten zur Arzneilehre als Naturwissenschaft. Von Constantin Hering. Heft IV. *Cepa*, *Hypomanes*.

Handbuch der reinen Pharmakodynamik. Von Dr. Heinrich G. Schneider. Lieferung II. *Nux-vom.*, *Ign.*, *Cham.* und *Rheum*.

BOOKS RECEIVED.

The Philadelphia Journal of Homœopathy. Philadelphia. (Monthly.)

The Quarterly Homœopathic Journal. Boston.

The American Journal of Homœopathy. New York. (Monthly.)

British Journal of Homœopathy. London. (Quarterly.)

The Homœopathic Record. Northampton, Eng. (Monthly.)

The Boston Medical and Surgical Journal. Boston. (Weekly.)

New York Dental Recorder. New York. (Monthly.)

NOTICE.

Those gentlemen of the Profession who have received from me, through Mr. Radde and Mr. Smith, samples of the *Gentiana de Peru*, or *Conchalegua*, for the purpose of Proving, are respectfully requested to communicate the observations which they may have made, to the undersigned resp. free of postage.

DR. M. A. RICHTER,

New York, Sept. 15th, 1853.

LATE OF SAN FRANCISCO.

Office, East 26th Street, No. 87.

NORTH AMERICAN
HOMŒOPATHIC
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ARTICLE XXXI.—*On the Homœopathic Law.* By E. E. MARCY,
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IN the February number of this Journal we took occasion to make a few observations with regard to the importance of a rigid adhesion to the homœopathic law in our therapeutic measures. As a law of cure—a therapeutic law—we advanced the opinion, that it was a principle of nature, universally applicable in all diseases which come within the domain of the physician, and emphatically, the *sole* law of cure.

During the course of these observations we expressed a regret that the question of allopathic "*auxiliaries*" should have been seriously discussed at the homœopathic congress held at Edinburgh last year.

But upon the whole, we do not regret our allusion to this subject, inasmuch as it may conduce somewhat towards harmonizing a few apparently conflicting elements of our school. In a science so complicated and difficult as that of medicine, it is not surprising that differences of opinion sometimes exist upon minor points, and that misconceptions now and then occur with respect to some of its practical bearings. Among the reasons

for this state of things we may name, a faulty classification of disorders, and the habit of intermingling maladies which are purely *surgical*, with those which pertain to the physician. Thus, two patients present themselves with festering sores. Upon inquiry, we learn in the one case, that the sore has been caused, and is kept up by the presence of a thorn, while the other case is dependent upon an internal constitutional cause. Now, it is quite evident, that the first example properly belongs to the *surgeon* until the foreign substance has been removed by mechanical means, while the other pertains to the *physician*, and can only be favorably acted upon by drugs through the medium of the homœopathic law. If an artery be lacerated, it is the *surgeon*, not the *physician*, who is required. No law of cure is here needed, for there is no disease yet present, but a forcible separation of a healthy tissue, requiring a similar force to restore such separation to, and retain it as nearly as possible in, a normal state. If a foreign body or a dangerous poison has been swallowed, it would not be improper to resort to mechanical means to remove the noxious substances or to a chemical antidote which shall render the poison inert. Here no therapeutic law is applicable, until diseased action results from the effects of articles swallowed, when the case comes within the province of the physician and of the homœopathic law.

The natural recuperative powers of the system are always brought into action whenever any disturbing agent exercises an injurious influence upon the organism. In many instances the unaided efforts of nature are amply sufficient to expel the noxious agent, and restore the injured part to its normal state. In the examples to which we have alluded, it is not an uncommon occurrence that nature alone removes from the economy the injurious cause, and then reacts successfully against the consequences of the injurious impression.

In all instances of this description, mechanical means are always justifiable for the removal of the disturbing cause, and for placing the injured tissue in the most favorable condition to be acted on by the *vis medicatrix naturee*. Cases of this kind belong properly to the mechanical branch of the healing art—

to *surgery*,—and therefore do not come within the range of any artificial law of therapeutics. No one has ever dreamed of administering a drug for the purpose of adjusting a fractured limb, or of closing a gaping wound, or of extracting a foreign substance from the organism. Such cases have always been classified as *surgical*, and by the common consent of all schools, have uniformly been handed over to the surgeon for treatment.

Here there is one class of cases, in which no law of cure is applicable, until the disturbing cause has been removed as far as practicable, and actual diseased action has arisen from the mechanical injury.

Dr. BLACK, in the July number of the "*British Journal of Homœopathy*," alludes to several other examples where he would deem the use of a cathartic justifiable. These exceptional cases he classifies under three heads:

"1st.—Where a foreign body has been swallowed, and it is deemed expedient to hurry its expulsion through the bowels."

"2d.—Where the patient has for a long time taken aperients, and where, at first, the careful administration of homœopathic remedies is for a short time insufficient to produce an evacuation, even with the aid of simple injections."

"3d.—Where organic stricture or other mechanical obstacle prevents the passage of a solid stool."

So far as the first example is concerned, we entirely agree with our respected cotemporary, "that the first class is not one which comes within the domain of a therapeutic law; it is simply removing a foreign body." These cases are purely surgical, and whether the artificial means employed be a stomach-pump, an emetic, or a cathartic, we care not, provided that agency be selected which will cause the least injury to the digestive apparatus.

Dr. BLACK might with propriety have added another class of cases in which no therapeutic law is applicable in the first instance. We refer to cases of intentional or accidental poisoning. If we were to be called to a patient who had swallowed a poisonous dose of laudanum, arsenic, strychnine, corrosive-sublimate, or other poison, we should not hesitate to call into instant requisition a chemical antidote, or a stomach-pump, or an eme-

tic, or an aperient; for a disturbing cause is present which cannot be reached by any law of therapeutics. The case is similar to that of an individual whose clothing takes fire, and we must extinguish the destructive element by forcible means, before we can bring to bear a law of cure to heal the effects of the burn. In these instances the surgeon is called upon to decide between two evils, viz. : to abandon the organism to the action of the destructive agent, or to risk the effects of the violent measures which may be necessary to counteract its influence.

In the examples thus far cited, the means cannot be considered as *auxiliary* to homœopathy, because the cases themselves do not come "under the domain of a therapeutic law." They appertain to the surgeon or the chemist, and Homœopathy cannot be brought to bear except to combat the secondary effects of the poisonous substance.

But what shall be said of the second class of exceptional cases alluded to by Dr. BLACK? What shall be done with certain cases of obstinate constipation where the patient has been in the habit of taking aperients almost daily for twenty or thirty years, with the view of forcing the bowels into regularity? Let it be remembered that the affected tissue has been reduced to a condition almost amounting to paralysis by the protracted abuse of aperients, that scarcely any action is excited by the presence of the fecal matter, whatever may be its quality or quantity. In this condition of torpidity, of atony, of semi-paralysis, shall we give an occasional cathartic, or trust exclusively to the pure resources of Homœopathy? With the utmost respect for the opinions of our honorable and talented cotemporaries, we are constrained to renounce the opinions we formerly entertained and expressed upon this point, and to declare ourselves as decided advocates for the exclusive employment of homœopathic remedies in all cases of this class. For a number of years after we commenced the reformed practice, we believed, practiced, and wrote, as Dr. BLACK and many other eminent gentlemen now believe, practice and write, upon this subject; but more experience, and a careful comparison of cases treated by Homœopathy alone (by different practitioners,)

with those which had been treated by ourselves and others with the aid of an occasional aperient, forced us to change our opinion respecting the necessity of using "*auxiliaries*" under any circumstances in the class of cases under consideration. In addition to our practical experience upon this subject, we beg leave to present the following reasons for abjuring "*auxiliaries*" in *all* cases of obstinate constipation :

1st. We hold, as a general rule, that less injury is likely to accrue to the organism from an absolute constipation of several days' or even several weeks' duration, than from the use of a single aperient. In the first instance we have an unnatural accumulation of fœcal matter, a substance formed in, and natural to the intestines, and a lack of power on the part of the viscus to *expel it*. This condition sometimes gives rise to a sense of distention, uneasiness, and perhaps pain, in the bowels, accompanied by sympathetic disorders in the head, and other parts of the body. These derangements, although somewhat annoying for a short period, scarcely ever result in any serious or permanent injury to the organism. Not unfrequently have we been called upon to treat patients who had for many years previously relied upon the almost daily use of aperients to "regulate (?) their bowels." We have treated such cases according to the homœopathic law, aided now and then by an allopathic auxiliary, and we have treated others by homœopathic means alone. By the former method we have usually been able to afford temporary relief, but in nearly every instance, the secondary depressing effect of the aperient has been so decided and persistent as to counteract effectually the milder impressions of homœopathic remedies. The first action of the allopathic auxiliary is, for a short time, the reverse of the morbid condition; but this brief primary effect is succeeded in all instances by a more persistent secondary reaction, which is like the original disease. We have always found this secondary reaction so strongly pronounced, as to counteract and render futile the impressions of homœopathic agents for days, and sometimes weeks. We have in this instance two opposing forces operating upon the same structure, one of which tends to increase and perpetuate the morbid condition, while the other, when uninterrupted, exer-

cises a curative influence. Judging from our own experience, as well as from that of several professional friends, we are firmly of opinion, that the reaction of the system against the primary effects of cathartics, must necessarily prevent, for a considerable period, all salutary effects from homœopathic medicines. The reaction of the system against injurious foreign impressions is always proportionate to the activity of the operating agent. If the disturbance has been of a decided character, the recuperative powers of the economy are concentrated upon the affected point until the deranged equilibrium has been restored, so that all minor impressions, like those of homœopathic remedies, must prove inefficient until both the primary and secondary action, arising from the "auxiliary," has become exhausted. A favorable impression may be made by a homœopathic drug, and the torpid bowels may be gradually acquiring *such* tone and vigor as shall ere long enable them to expel their contents spontaneously. The abdomen is indeed distended and oppressed, and headache, depression of spirits, and other sympathetic sufferings, annoy the patient; but the affected organs are acquiring new force each hour, and before any serious detriment can arise from the protracted constipation, defecation is naturally accomplished, and a speedy and easy cure may be safely counted on. If, on the other hand, instead of awaiting patiently the action of the homœopathic remedy, an aperient is occasionally prescribed, in order to afford the patient temporary relief, we can never be certain of a cure, since the deleterious action of the cathartic more than counteracts all good effects resulting from the specific employed.

HAHNEMANN, in all his writings, has unequivocally denounced the use of cathartics in all cases of constipation, however obstinate, as well as in all other maladies which come within the domain of a therapeutic law. In certain cases, which belong to the surgeon or to the chemist, like the presence of poisons or other noxious substances in the stomach, asphyxia from lightning, drowning, freezing, &c., HAHNEMANN does not object to the use of mechanical means, or palliatives, in order to remove the offending substance, or to rouse the benumbed body to consciousness; but in no instance has he ever advised

an internal allopathic remedy as an auxiliary in constipation, or in any other malady which pertains strictly to the physician. A few extracts from the *Organon* will fully demonstrate his views upon this subject.

“I will now ask, if experience can show me a single case where the application of these antipathic remedies in chronic or permanent diseases, and the short relief which they have procured, has not been followed by a manifest aggravation, not only of the symptoms thus palliated in the first instance, but what is more, of the entire disease? Every one who has paid attention to the subject, will concur in saying, that after this slight antipathic amendment, which lasts only for a short time, the condition of the patient *invariably becomes worse*.” (p. 108.)

“No severe symptom of a permanent disease has ever been treated by these opposite (allopathic) remedies and palliatives, where the evil did not reappear after a few hours, more aggravated than before. Evacuations produced by purgatives (primitive effect) are succeeded by costiveness, which lasts several days, (secondary effect.)” (p. 109.)

“It is merely in urgent and dangerous cases, or in diseases that have just broken out in persons who were previously in health, such, for example, as in asphyxia, especially from lightning, suffocation, freezing, drowning, &c., that it is either admissible or proper, in the first instance at least, to reanimate the feeling and irritability by the aid of palliatives, such as slight electric shocks, injections of strong coffee, stimulating odors, gradual warmth, &c.* As soon as physical life is reanimated, the action of the organs that support it resumes its regular course, as is to be expected from a body that was in the full enjoyment of health previous to the accident. Under this head are also included the antidotes to several poisons, such as alkalis against mineral acids, liver of sulphur against metallic poisons, coffee, camphor (and ipecacuanha) against poison by opium, &c.”

The whole tenor of HAHNEMANN'S writings is decidedly against the use of cathartics in all cases where a curative law is applicable. As Dr. HENDERSON† well observes—

“His law is *infallible* in the sense that it *cannot fail*, if all the conditions necessary for its action be scrupulously sought out and complied with; it is *universal* in the sense in which any other law in a science of observation and induction is universal; that it is found to have no exceptions in so far as ex-

* “And yet the new mongrel sect appeal to these remarks, though in vain, in order to find a pretext every where for such exceptions to the general rule, an very conveniently to introduce their allopathic palliatives, accompanied with other mischief of a like character, merely to spare themselves the trouble of searching for suitable homœopathic remedies for every case of disease—one might say, to save themselves the trouble of being homœopathic physicians, though they wish to be considered such. But their deeds will follow them—they are of little moment.” (p. 114.)

† “Homœopathy Fairly Represented.” (p. 206.)

perience of it has gone, in compliance with the conditions which are held to be necessary for its success; it is the "sole" therapeutic law, in the sense of being the only known, direct, immediate, and purely remedial law for the extinguishment of *diseased action*."

This view of the applicability of the homœopathic law is doubtless just. For the treatment of all diseases which are not organic and incurable, and which depend upon actual *diseased action* of one or more structures of the organism, the homœopathic law alone is amply sufficient to extinguish the entire morbid condition. In these cases, the employment of any allopathic or antipathic remedy could only have the effect of interfering with the action of homœopathic drugs, and consequently of retarding, if not of actually preventing a cure. It is only to instances of this class that HAHNEMANN or his disciples have ever supposed that a therapeutic law could apply, well knowing that the resources of the surgeon and the chemist must be made available for all cases within their appropriate spheres.

It is true that many useful means may often be called into requisition during the treatment of the sick, as the external and internal use of water, change of air, a particular mode of diet, gymnastic exercises and movements of different kinds; but as the objects to be accomplished by these agencies are all general in their character, and operate by effecting changes in the entire organism, they cannot be classed under any therapeutic head. The body may become enfeebled and lose its natural sensitiveness in consequence of sedentary habits and excesses of different kinds; and a morbid condition of one or more structures ensues in the mean time. Here, the medical man may bring to bear, in a cautious manner, the hydropathic processes, or changes of air and diet, exercises, &c., not as direct curative agencies, but as general means to restore the system as nearly as possible to its normal state. All of these means, therefore, pertain strictly to the regimen of the patient, and their functions are accomplished when the system is placed in the best possible condition to favor the action of remedies, or the kindly operation of the *vis medicatrix nature*. For example, in a case of obstinate constipation, the homœopath

would not act in violation of his law of cure by advising the exclusive use of coarse bread, fruits, and vegetables, or the frequent employment of baths, frictions, and vigorous exercise, or any other general appliance which does not interfere with, or, in any manner counteract the action of the homœopathic remedy, and the efforts of the system to react against it. But an antipathic drug in the form of an aperient would be in direct opposition to the healthy action sought to be produced with the homœopathic remedy, and therefore entirely inadmissible. We grant that a cathartic may often afford *temporary* relief, but the reaction of the system against it must necessarily be so decided and persistent as to neutralize all effects from attenuated specifics, and thus either perpetuate or aggravate the malady. We grant that considerable inconvenience will sometimes be experienced by the patient while awaiting the curative action of the appropriate homœopathic remedy; but we do not believe that any serious consequences need ever be apprehended from the protracted constipation which occasionally occurs before the bowels recover their tone sufficiently to evacuate their contents spontaneously. When we bear in mind how easily the disease may be controlled after a single spontaneous movement has taken place under the influence of the attenuated drug, and contrast this happy result with the torpid condition which results after the operation of a cathartic, the philosophy of an exclusive reliance upon the homœopathic law will be apparent.

If we could be convinced that an aperient could ever actually serve as an "*auxiliary*," either in constipation or in any other affection, we certainly should not object to their occasional employment; but careful observation both with and without antipathic "*auxiliaries*," has forced us to the conclusion that an absolute reliance upon *similia* is the only successful mode of combating those maladies which come strictly within the domain of a therapeutic law.

Dr. BLACK, in his paper upon the "applicability of the homœopathic law," takes occasion to quote some passages from my work on "*Theory and Practice*," advocating the occasional use of auxiliaries. This book was written some five years ago,

and contains the opinions I then entertained upon the theory and practice of medicine. In the preface to this work, I advanced some reasons for being obliged to differ in a few particulars from the doctrines inculcated by HAHNEMANN. I also remarked that I should continue to study, to investigate, to observe, and should future experience satisfy me that I was in error upon any point, that I should promptly and cheerfully renounce such error. In the article to which Dr. BLACK replies, I alluded to this subject as follows :

“ For a short period after commencing the reformed practice, we were so unfortunate as to entertain the opinion that allopathic remedies might be occasionally necessary and justifiable ; but more experience, more study, and a better appreciation of the spirit of our great law of cure, have long since dispelled these remnants of allopathy, and established in our minds the conviction of the entire truth and universal applicability of *similia*.”

If Dr. BLACK had attentively perused our article in the February number of our Journal, we are quite certain that he would not have attempted to contrast the opinions we formerly held, with our more mature views, with the evident intention of leaving his readers to infer inconsistency on our part.

We are quite free to confess that our opinions upon medical topics have not always remained stationary. Having always been in favor of *progress*, especially in matters pertaining to the healing-art, our motto has ever been, Examine and test all things, and hold fast to whatever is good. During the first part of our professional career, we believed in the tenets of allopathy, and practised accordingly. The examination of the doctrines of the new school convinced us of the *general* unsoundness of allopathy, and of the truth of homœopathy, and of its general applicability for the cure of disease. A still more thorough examination, and greater practical experience, have fully satisfied us of the *universal* and *absolute* falsity of the dogmas of the old school, and of the *universal* and *absolute* truth and applicability of the therapeutic law of the new school, in all maladies which legitimately come within its sphere. While an allopath, we wrote in favor of allopathic doctrines ; and so, we believe, did Dr. BLACK. But shall the views we then published be contrasted with those we now en-

tain, with a view of convicting us of inconsistency in our opinions and practice? In this age of advancement, shall we tie up our bundle of present ideas, and ever after refuse to remove one or make a new addition? Shall we follow the example of the followers of HIPPOCRATES, who, for more than two thousand years, pinned their faith to the absurdities he advanced, and deemed it a sacrilege to distrust the humoral pathology and the pernicious practice founded upon it? Shall we refuse to retract an erroneous opinion to-day, because we believed it to be true yesterday? Rather let us confess our fallibility, and, regardless of the opinions of men, and uninfluenced by any pride or prejudice of sect, seek truth from all sources, and when found, have the manliness to acknowledge it frankly to the world.

There are but few intelligent medical men of any school whose opinions do not undergo some changes even from year to year, in this age of new discoveries. These changes, instead of indicating inconsistency or a lack of stability on the part of physicians, rather demonstrate a love of truth and a determination to seek it from all sources. If this spirit of inquiry and change had not been preëminently active in HAHNEMANN, the homœopathic law would have remained undeveloped.

We have no fault to find with any gentleman who deems it right to employ purgatives occasionally. We blame no man for entertaining the belief that *similia* is not universally applicable and efficient in all curable maladies, but must hold rank simply as *one* of the principal therapeutic laws. We repeat, every gentleman who honestly entertains these opinions is entitled to entire respect so far as these views are concerned, and the purity of his motives should not be questioned; but in justice to HAHNEMANN, such doctrines should not be confounded with those he has inculcated, nor should the practical results of the former be identified and amalgamated with those of the latter. HAHNEMANN has erected a medical structure, which he deemed complete in all its parts; and as this creation was the work of a long life of industry, of patient investigation, and of pure experimentation, it is but fair that the identity and actual spirit of his doctrines, both theoretical and practical,

should be preserved entire and unimpaired, so that their merits or demerits may receive that attention and appreciation which their importance demands.

In view of these circumstances, and in consideration of the fact that so many talented and eminent gentlemen now in our ranks teach and practice doctrines so much at variance with those taught and practiced by HAHNEMANN, it becomes a question whether the advocates of these modified notions ought not to enrol themselves under some new and distinctive appellation, in order that the real merits of each mode of practice may be fairly tested.

We have no respect for any man who pins his faith to the precepts of HAHNEMANN or any other human being, without a thorough investigation and trial of them. Neither have we any respect for him, who, after having satisfied himself of the truth of *one* point, blindly adopts all others pertaining to the subject without further inquiry. Such men may become active partisans, but their enthusiasm and their ultraism too often impair seriously the cause they advocate. The Father of our system was eminently progressive. He adopted the stereotyped views of no man, but derived his opinions from facts which he deemed ample and conclusive. Upon these facts he founded a consistent and beautiful theory and practice of medicine, but to the latest period of his life he never ceased to make new inquiries, new researches, and new experiments, and to modify his opinions as facts and sound logic appeared to warrant. It is but just that his followers should be entitled to the same privileges of investigation and experiment which he claimed for himself, and to shape their course in accordance with results obtained. The cause of truth can never be subserved by blindly adopting any stereotyped medical doctrines until a large and accurate experience has conclusively demonstrated their truth.

In applying these remarks to the subject under consideration, the case stands thus:

1st. There is a class of practitioners who profess to have studied thoroughly all of the doctrines inculcated by HAHNEMANN, to have submitted these doctrines to a rigid practical

test, and to have found them of universal applicability and efficiency in all maladies which come within the scope of a law of cure. This class adopts theoretically and practically not only the therapeutic law, but also the doctrines respecting high attenuation, psora, &c., as taught by the father of our school, in the *Organon*, and *Chronic Diseases*. They repudiate *in toto* the use of allopathic measures and auxiliaries of all kinds, as unnecessary and pernicious. In their doses, they rarely descend below the 30th attenuation, but often ascend the scale to the 100th, and even 1000th potency. Fearful of exciting undue medicinal aggravations, and of disturbing the curative reactions of the system, they order a repetition of the dose but rarely—the intervals in chronic diseases often consisting of several weeks.

The gentlemen of this class claim for this method a great superiority over all others hitherto announced, and they look upon its entire adoption as essential to the progress of medical science and to the physical welfare of humanity. On this account they deprecate every innovation which might tend in the slightest degree to impair the purity and integrity of a single doctrine taught by HAHNEMANN. In this class may be found many men eminent for talents, integrity, and erudition—men who are accustomed to think much, and to reason closely upon all subjects presented to their consideration.

Truth and humanity demand that the theory and practice of these gentlemen should be preserved pure and unadulterated, so that their identity may remain unquestioned, and their merits or demerits thus be fully established. In order to carry out these views, some distinctive term should be employed to designate the members of this class. We know of no more appropriate appellation than that which they themselves have adopted—*Hahnemannians*, or *Hahnemannian Homœopaths*.

2d. Another class, equally worthy of respect for talents and scholarship, adopt *similia similibus curantur* as the sole law of cure, and believe it to be universally applicable in all maladies which come within the sphere of a curative law. Placing entire reliance in the efficacy of this law, they reject the use of allopathic measures in all instances, as subversive of the bene-

ficient designs of nature and of the kindly impressions of homœopathic medicines. In this law they recognize a great fundamental truth, and adopt it as a rule by which alone remedial agents can be safely administered.

In the practical application of this law, no particular attenuation or dose is adopted as a standard in all cases, but every degree of strength from tinctures and alkaloids upwards, is occasionally called into requisition. While steadfast and uncompromising in their adhesion to the law—to *similia similibus curantur*, like cures like—to *omoion pathos*, still another appellation to designate the law—they have always prescribed that strength and dose of the homœopathic drug which appeared most appropriate to accomplish the object in hand. They believe that the highest attenuations possess curative properties, and are most appropriate in certain cases. They likewise recognize active curative virtues in the strongest drugs, and believe their employment to be essential in particular instances. The psoric theory, *universal applicability* of the thirtieth attenuation, and other minor opinions of HAHNEMANN, are not deemed "fixed facts," or essential to a successful practical application of the therapeutic law.

While recognizing in HAHNEMANN one of the most eminent medical reformers of this or of any other age, and while fully appreciating the immense benefits he has conferred upon humanity by his many brilliant discoveries and his self-sacrificing devotion to the cause of science, they still look upon him as human, capable of erring upon some points, and upon the great science which he so highly adorned, as even yet far from entire perfection.

The followers of HIPPOCRATES believed, and acted upon the idea, that all new discoveries and improvements ceased with the death of the father of Allopathy,—that it was a kind of sacrilege to question or discuss any of the dogmas which he had advanced; and thus it was, that for so many centuries the healing art remained stationary. The members of the class we are now considering, intend to avoid all errors of this kind, and abide by the teachings of the master only so far as rigid investigation, sound logic, and demonstrated facts shall warrant.

By this course they trust that Homœopathy will not remain stationary, but continue steadily to progress towards absolute perfection.

In view of the derivation of the term Homœopathy, and of the ideas entertained by the advocates of this class, we know of no appellation more distinctive and appropriate for them than that of—*Homœopathist*.

3d. Another portion of our school, while believing that *similia similibus curantur* is the only therapeutic rule by which drugs can be safely administered for the cure of diseases, advocate the employment of the hydropathic processes in conjunction with Homœopathy. The opinions of these gentlemen are surely entitled to respect, and the practical results arising from such opinions should be duly weighed, and fairly contrasted with those derived from other modes of practice. In order to accomplish this object, this portion of the profession should receive a name which expresses their peculiar belief; and we know of no better term than that of—*Hydro-homœopathist*.

4th. Still another class believe in the *general*, but not *universal* applicability of the homœopathic law of cure. These gentlemen deem it necessary in certain obstinate cases of unorganic and curable diseases, to prescribe *antipathically*. The instances in which these anti-homœopathic measures might be considered appropriate, would almost constitute exceptions to the rule; but the admission of the necessity of even an occasional adoption of another method, establishes a precedent, and implies a fact which is not in accordance with the teachings of HAHNEMANN. The *occasional* employment of cathartics in cases of obstinate constipation, of opiates in diarrhoeas, and of venesection, leeching and blistering, in acute inflammation, amounts to an admission of the *occasional* superiority of the allopathic mode of practice. This allopathic taint—this admixture of error with truth, was never regarded with favor by the founder of Homœopathy. The entire spirit of his writings is adverse to this amalgamation, for he fully appreciated the danger of even the slightest concession to the pernicious practices of the other school. Believing Allopathy to be corrupt to the very core, he has every where taken especial pains to

point out her destructive tendencies, and to warn his followers against all tampering with her.

But many gentlemen of talent, learning, and integrity, believe in the necessity of the occasional use of "*auxiliaries*" in curable maladies. In certain cases where HAHNEMANN would have trusted *exclusively* to the homœopathic law, these gentlemen deem it necessary to resort now and then to the allopathic law—to an aperient for example, in obstinate constipation. That these opinions are conscientiously entertained, we have no doubt; nor do we blame any one who practices in accordance with them if he thinks fit. But we contend, that such practitioners are not *Homœopathists* in the strict acceptation of the term, but *Eclectics*; and that in justice to all parties they should be recognized as *Eclectics*, until they are satisfied that *similia similibus curantur* is the sole law of cure.

To illustrate the reasonableness of our position, let us suppose two similar cases of obstinate constipation, one of them under the care of a strict *Hahnemannian*, and the other under a practitioner of the last class.

The former uses only high attenuations at long intervals. He is firm with his patient, he rejects all his appeals for palliatives to remove annoying symptoms as they arise, he disregards all threats of a change of practice, and by steadily pursuing the strait and narrow path finally attains his object,—the bowels act spontaneously and naturally, and the patient is cured.

The latter also prescribes homœopathically in the first instance, but the disease is obstinate, distressing symptoms arise from the protracted constipation, the patient and his friends become clamorous, threats of a return to the old school are made use of, and a mild aperient is prescribed. But how does the cure progress? Are the bowels more likely to act naturally, after the use of the aperient, than before the treatment was commenced? At the expiration of weeks, months, and even years, has he succeeded in restoring the impaired tone of the intestinal canal, so that his medicines can be safely discontinued? We leave this question with those who have had experience in the use of cathartics to decide.

Now, if the Hahnemannian has been successful in curing his case, while the Eclectic has failed, it is manifestly wrong to rank both practitioners under the same common name. Or, if the Eclectic succeeds, while the Hahnemannian fails, then it would be unjust to designate the treatment of both cases as homœopathic.

In conclusion, we say: Let the lines be strictly drawn, so that each mode of practice may stand upon its intrinsic merits. Let no one be denounced because his opinions are not unchangeably fixed, or because he chooses to examine and sift every point pertaining to his profession, or because, when convinced of error, he dares avow it. Let every physician enjoy and maintain his honest views, and receive all due respect and courtesy; but let there not be any intermingling of different modes of practice, or any concessions in favor of the false dogmas and practices of the old school, by those who desire the advancement of Homœopathy.

To that portion of Dr. BLACK's paper which has a special personal reference to us, we reply as follows: Like most other homœopathists, we formerly believed in the tenets of Allopathy, and practiced accordingly. By impartial investigation and experiment we became convinced of the fallacy of the doctrines of this school, and of the truth of the therapeutic law of the new school. We entered upon the practice of Homœopathy, still imbued with many of the crude notions which had been taught us by the schools and the authorities we had been accustomed to respect. As we continued to investigate and to test practically the various points inculcated by HAHNEMANN, our opinions and practice continued gradually to undergo changes. We have taken nothing for granted, but have submitted every subject to a rigid practical test, and whenever a sufficient number of facts have demonstrated to us the truth of a proposition, or the fallacy of any previous opinion, we have never hesitated to own it boldly, and as publicly as possible. By this course our views have undergone some changes, and we have been forced to declare our belief, that "*similia similibus curantur*" is the *sole* law of cure in all inorganic and curable

diseases. We appeal to our readers whether any charge of inconsistency can justly be brought against us, for advancing an occasional opinion now, somewhat at variance with some of those we formerly entertained?

ARTICLE XXXII. *On Drug-Provings.* A Lecture. By C. NEIDHARD, M.D., Philadelphia.

GENTLEMEN:—The homœopathic world has always considered the proving of medicines as the corner-stone, the very foundation of our homœopathic science. Take away the *Materia Medica* of HAHNEMANN, that of HARTLAUB and TRINKS, the provings of the heroic Viennese, those of HERING and a few others, and what remains of Homœopathy? The old darkness of Allopathy, the entire uncertainty of its therapeutics, would encompass us again, when we already thought we had emerged from this darkness of Erebus into the noon-day light of heaven. But we sit here very comfortably, profiting by the experience of HAHNEMANN and his immediate disciples, curing diseases with remedies that are in many instances more suitable to the diseases of Germany and Europe, whilst our forests, river-sides and mountains are teeming with innumerable plants and herbs, which God has certainly destined for the diseases of this our country; and but few attempts have been made to ascertain their virtues. Although there may be many methods to assist us in investigating the properties of medicines that will have to be made use of by the judicious homœopathic physician, nevertheless HAHNEMANN was right after all in maintaining, that the only true test was *the trial on the healthy*. Man must gradually unfold by experience those deep mysteries of the creation, which superiorly organized beings may perhaps detect at the first glance. If then by numerous provings on the healthy, the internal nature of many substances has become clear to us, we may by their color, chemical analysis, botanical affinities, &c., be able to make classifications, which will facili-

tate our choice of them in particular diseases; e. g., if I maintained that the chemical analogy, taste, and smell of different substances referred more to the cerebellum and spine, whilst the similar form and color referred rather to the cerebrum and sympathetic nerve, I could only prove this by a comparison of the symptoms on the healthy. Thus, even admitting the importance of other investigations, we still can not dispense with provings on the healthy, which will always be necessary to test the value of our other observations.

Professor BENJAMIN SMITH BARTON was the first American physician who endeavored to turn the attention of physicians to the investigation of the properties of our native productions. This, however, he endeavored to effect by their employment in disease—*ab usu in morbis*. The idea of provings on the healthy seemed never to have occurred to him. Still he is entitled to the credit of having drawn the attention of American physicians to the empirical knowledge (particularly of the Indians) of many valuable plants, which would otherwise have been forgotten. He selected nearly every thing of any practical value extant on many of the most important plants, and I must confess, that I am indebted to his little treatise for many useful hints. At a later period the Thompsonian or so-called Botanical practitioners have made the study of American plants their particular vocation. They also know nothing of the duty of physicians to prove medicines on the healthy. They preferred to mix several drugs in one prescription and to exhibit the compound according to some imaginary idea of its virtues. The experience which they have undoubtedly gained, is therefore altogether clouded by this motley practice; and no such reliance can be placed upon their assertions as is required by the demands of pure experience.

Finally Dr. CHAPMAN, the late eminent Professor of the University of Pennsylvania, speaks very discouragingly in his work on Therapeutics, of trials on the human species. According to him, experiments restricted chiefly to the system in a state of health, would doom us to perpetual fallacy on this subject. "Nevertheless," he continues, "such investigations are not to be contemptuously rejected. They will sometimes serve at

least to acquaint us with the general powers of the article. That, however, they may be conducted to any practical purpose, the phenomena produced by the substance in different doses and in different states of the system must be carefully watched and faithfully reported, not only as indicated by the pulse, but as displayed in every *part and function* of the animal economy." This was not such a thorough recommendation as to induce medical students to make hearty trials with the indigenous plants and other substances of this continent.

Of ancient physicians ALBRECHT VON HALLER alone recommended it, on the obvious principle that it is desirable to be acquainted with the properties of the medicines we employ; and ALEXANDER, in his experimental inquiry concerning the causes which have been said to produce putrid fevers, was induced to make experiments with medicines. The cooling effect of *saltpeter* and *camphor* was highly spoken of, but in practice he probably found, that this effect occasionally failed. ALEXANDER, impatient and in doubt, wished to be certain of it, and therefore made experiments, reasoning, that if *saltpeter* can cool a patient who is hot, much more should it cool one who is of the natural temperature. This is somewhat like WEIKARDT, who, after relating that BERGER had cured a case of impotence by *conium*, and that LINNÆUS saw one produced by it, exclaims, "A man of sense selects therefrom what he thinks best." (*Helbig*.) We, however, cannot but be surprised to think how blind WEIKARDT must have been, to approach so near the truth and not see it.

But even if the provings made by the allopathic physician should acquaint him with the general powers of the article, what possible use could he make of them, without a principle to direct him in the application of the medicine at the bed-side? It required the discovery of a supreme law of cure, to make the provings available. The law *similia similibus curantur*, and the provings of medicines on the healthy, must be discovered at the same period of time. One would have been of no service without the other. This was felt by HAHNEMANN at the very outset of his reformatory career, and the very first work he published in 1805 was his "Fragments" on the positive

powers of medicines as observed on the healthy body. This work was the result of provings, which he and a number of disciples instituted upon themselves in the most disinterested manner. For thirty years these experiments were thus continued by him with the most indefatigable zeal, and these records of the pure action of medicines as laid down in his *Materia Medica* and *Chronic Diseases*, are still the most accurate and faithful portraits of medicinal diseases we possess, and monuments of the genius and perseverance of HAHNEMANN, and of the faithful reformatory and coöperative spirit of his disciples. All that has subsequently appeared, has only tended to show more strikingly the superiority of the provings of HAHNEMANN and his disciples. A partial exception to this view we may accord to the recent re-proving of the *Materia Medica* by the Vienna Proving Society, conducted in a spirit worthy of all imitation by the homœopathists in other parts of the world. We should not omit mentioning in this place also the indefatigable zeal of HERING and several other provers in the United States.

The most important question is: In what manner should the proving of medicines be conducted, so as to be of most advantage to the science and practice of Homœopathy? This I will now endeavor to elucidate.

Condition of the system, necessary for the prover.—It is of course necessary, that one, who wishes to make provings, should enjoy a tolerably good share of health. Absolute and perfect good health, in our present civilized life, no one enjoys. This can therefore not be my meaning. What I mean is, that the system should at least be free from any serious disorder, so that the action of the proven remedies may not be disturbed. As every one, even in the best state of health, is liable to slight variations in his daily sensations, he should carefully note down for at least a week previous to his undertaking a proving, any slight symptom or sensation to which he may be habitually subject. This will better enable him to judge of the true action of the medicine and distinguish it from any symptoms which may be caused by his individuality. Most persons also have one or more organs weaker than others, on which the

remedy is apt to exert its chief action, particularly if it has a specific relation to it. If such should be the case, the prover had best state it, before describing his symptoms. You see, Gentlemen, every means must be used to guard ourselves against deception, and to obtain the experiments as pure as possible.

Idiosyncrasy.—This is a subject of such vast extent, embracing all homœopathic science, (for the relations which individual substances bear to individual men or diseases, do in fact constitute Homœopathy,) that I would rather not enter it at all, were it not necessary to consider it for one reason. One prover takes the 30th dilution of some homœopathic medicine, and feels not the slightest effect; he now takes the 3d trituration and again feels nothing. He goes down still lower to the 1st trituration with the same result. It is only after taking 10 grains or drops of the original preparation, that he experiences some trifling and rather indistinct symptoms. Another prover takes the same medicine also in the 30th dilution, and immediately experiences a series of important symptoms for 5, 10 or more days. What is the cause of this difference in the two cases? It is undoubtedly owing to a susceptibility of the one to the particular medicine in question, which the other does not possess. As we are not always acquainted with this susceptibility of the prover to any particular medicine (in other words with his idiosyncrasy,) it will on this account be the safest plan even in proving medicines to commence with small doses. I once had a patient from Jamaica, whose child had been accidentally poisoned by *arsenic*, and from that time she lost all relish for chicken. What possible relation there could be between the *arsenic* and chicken I could never discover. Sometimes however certain effects of remedies are considered idiosyncrasies, which are not at all such. Thus the excessive itching of the body, which has long been observed in some rare cases to follow the exhibition of *opium*, was generally looked upon as an idiosyncrasy or peculiarity of the individual, and not to be accounted for by any thing in the medicine itself; but since chemical analysis has shown the composite nature of *opium*, it has been found, that one of its constituents, *vis.*

codeine, produces in almost all individuals, when given in sufficient dose, a species of febrile nettle-rash, attended with excessive itching of the whole body. The itching occasionally observed to follow the exhibition of *opium* may consequently be considered as nothing more than the effect of an unusual susceptibility to the normal action of *codeine*. (DRYSDALE.)

Dr. H. D. PAINE of Albany in his proving of *Cimicifuga racemosa* mentions, that a member of the Shaker family, to whom he had repeatedly given the remedy for the purpose of proving it, was very little affected by it; it only produced a severe headache. This result is ascribed by some to the fact of the absolute health and freedom from all passions in this singular people. But we venture to assert, they will also be found to possess some idiosyncrasies, and *some medicines* will certainly affect them.

During the proving of remedies, the different peculiarities of individuals deserve our consideration, their manner of walking, standing, sitting, and moving the body, including the physiognomy, the color of the face and hands; every thing should be noticed. Great regard should also be paid to their hobbies or predilections, the fondness of individuals for making collections of flowers, insects, animals, coins; their love for dogs, horses, birds, &c.—all of which have hardly ever been explained, but which nevertheless do exist in man and are characteristic of the individual peculiarity of his nature. Of no less significance is the predilection for certain colors in the dress of different individuals. Red, brown, gray, black, or some other color, is unconsciously preferred by individual persons to the exclusion of others. If fashion were not so omnipotent, the peculiar character of the individual could be still more easily distinguished by the color of his dress. The philosophical prover of remedies must take cognizance of all such facts. Medicines are not merely to be proved on persons of different temperaments, but also on the different sexes.

If then, from all these facts we come to the inevitable conclusion, that susceptibility to particular remedies depends upon the character of the individual prover, we cannot deny, on the other hand, that there are certain constitutions which are more

susceptible to every drug, than others. This has even been extended to nations. Thus it has been said, that the Saxons and Italians, e. g., are more susceptible to medicinal impressions than the English.

Diet.—Two kinds of diet have been recommended for those willing to prove medicines on themselves. In the first place it has been enjoined on them by some, to live for a week or a month previously to the proving in the purest possible manner; that is, to avoid all stimulants, coffee, tea, wine, beer, tobacco, &c., and thus to prepare the system for the influence and due reception of the action of the medicine. I have no objection to any one's commencing a new life in this way, before experimenting with any medicine. No advantage was ever derived to the human system from indulging in the use of such articles. The sooner we get rid of them, the better then for us always. In considering, however, the special subject before us, we must remark, that such a thorough and radical change in the life of any one must in itself be accompanied by a change of sensations, which the prover might be inclined to ascribe to the action of the remedy he was proving. For the sake of pure observation, then such a change ought not to be made immediately before the proving of the medicine. Some months at least must elapse. Secondly: such as are in the habit of using any of the above-mentioned stimulants, and nevertheless are anxious to prove medicines, should use them in diminished quantity and with great moderation. As a general rule the main point consists in committing no excess of any kind. Let all the passions be under the control of your reason, and live morally like free and independent men, solely intent upon watching of the symptoms. The army surgeon APELT recommends provers to give up stimulants for a few days and write down the symptoms produced by this course, then to take the remedy and observe the symptoms from it, finally return to the stimulants, and at the same time to the remedy to be proved. A comparison will thus be instituted as to the manner in which stimulants modify the action of the remedies.

Dose of the medicine to be proved.—Great diversity of opinion has prevailed on this point. In the *Materia Medica* of HAHNE-

MANN the remedies were all proved in large and more material doses, whilst the provings contained in his *Chronic Diseases* were instituted with the 80th dilution. At present the best informed minds on the subject have come to the conclusion, that the provings should be conducted with the highest, high as well as with the lower dilutions and pure material preparations of the substance to be investigated. Dr. WATZKE, formerly the chief editor of the *Austrian Homœopathic Journal*, a man of profound insight and critical acumen, who was by no means in favor of proving with the higher dilutions, nevertheless, from the experience which he obtained by his provings of *Natrum-muriaticum*, declared in favor of the middle dilutions. This declaration is the more important, as the author's mind was always much inclined to favor the lower. This, however, will in my opinion depend, as before remarked, upon individual susceptibility to a particular remedy. If no affinity exist between the prover and the remedy, the effect, even in large doses, will neither be very powerful nor pervading, whilst, if it is present, it will be sensibly felt in the smallest. He also condemns those who have ridiculed HAHNEMANN, the greatest and most accurate of modern observers, when he stated that the action of *natr-mur.* continued for weeks and months. Most conclusive facts convinced him, that the action of *natr-mur.* in large doses may last for several months, and that even in smaller and pretty high dilutions, it may be traced for several days. To me it seems, that the vital power receives an impulse from the medicine in a certain direction, which may thus be prolonged to an almost indefinite period. Another reason for not taking the remedy to be proved in too large doses, is well known to you all. The system rejects all doses which are too large, and which it cannot appropriate, by purging and vomiting. Almost every remedy may thus become an emetic or purgative. Besides, the remedy will only exert its chemical effect on the system. The refined, pervading and characteristic symptoms of its inward nature will not be revealed by such a proceeding, and the remedy will be comparatively useless for the cure of diseases. Some modern provings, in which *only* large doses were employed, clearly prove the fact.

Duration of the action of remedies.—The observations of HELBIG and HESSE are interesting on this point. They both assert, that they have witnessed a renewal of the action of a remedy, which had been exhibited some time previously, by the administration of a new agent. For a long time there had been no symptom of the action of the first remedy. Some ten years ago I was poisoned by the *Rhus-toxicodendron* in the month of July, and for several years afterwards I always experienced a return of the action of the remedy in the same month. Dr. HORSFIELD in his essay on the poison-vine makes the same remark. CASPARI in his account of *Antimonium* says, that some symptoms occasionally returned after a short intermission. FRANZ observed the same for a still longer period with *Valerian*. HAHNEMANN adduces similar facts. HERING has lately communicated an interesting article on the same subject.

Repetition of the medicine.—If no serious objection can be raised against the old Hahnemannian method of proving medicines, by taking a dose every day, until some decided effect is felt, it seems nevertheless for the historical connection of the symptoms, to be important to take only one dose at a time. Another reason for pursuing this plan is also, that no subsequent dose will ever exert the same powerful action on the system as the first dose. The spell, as it were, is broken. I would therefore propose to all provers, to take only one dose of the remedy and wait several days for its action; if no effect whatever is felt, a lower dilution may be tried, and if no effect takes place, the same dose or a still lower dilution may be resorted to at convenient intervals. As soon as a decided effect is felt, no more medicine should be taken, and the prover will exert all his powers to trace the symptoms as they appear.

Eminent and experienced men have advised commencing the provings with the lower dilutions, gradually ascending to the higher. This plan may also be tried.

Time of day.—It is now generally conceded, that the evening before retiring is the best time for taking a remedy for the purpose of testing its virtues. The medicine will thus best be able, without any disturbance, to unfold its action during the night. To prove the whole range of its action, it is however best that

some provers should take the remedy in the morning. Dr. PIPER of Dresden recommends, that if no effect is felt from a remedy, even in a large dose, no supper should be taken in the evening, and instead of it, a large dose of the remedy on an empty stomach.

Recording the symptoms.—At the head of the paper, on which the symptoms are to be recorded, the prover ought to write his name, age, sex, and the peculiar constitutional idiosyncrasies under which he may have labored and is still laboring; also any diseases to which he may have been subject during his life. The dose should then be stated, and the symptoms follow in the order in which they are experienced; the time of the day or night at which they are felt by him, marked as accurately as possible. For the local description of the symptoms, the topographical anatomy, proposed by Dr. FLAGG of Boston, and read before the *American Institute of Homœopathy*, deserves your consideration. For the more precise delineation of the symptoms of the head, a cast of a phrenological head might be used, setting aside the question, whether phrenology is entirely true or not.

For the still clearer elucidation of the subject, and showing how the connection and whole course of the remedy is to be retained, I will give the example of a proving of *Natrum-muriaticum* from the *Vienna Journal*. Ten drops of *nat.-mur.* of the 6th dilution morning and evening produced in one prover no particular effect during the first day, but on the *second day* there was unusually copious urination; on the *third day*, constipation of the bowels; on the *fourth*, in the morning, a hard insufficient evacuation with much tenesmus and violent pains, as if the rectum would burst; after that, bleeding from the hæmorrhoidal vessels, and, the whole forenoon, pressure in the rectum and frequent urination; in the afternoon, tension in the left leg, particularly on the inner-side of the thigh and some very sensitive stitches in the left ham; on the *fifth*, the whole day pressing beating pains, particularly in the left side of the forehead, absence of the usual evacuation; after dinner, contracting pains in the abdomen; after that, a hard scanty passage with burning in the anus, lasting the whole

evening. You can of course only furnish these groups of symptoms, if the medicines will produce them in your case, and I have merely detailed the above symptoms of *nat-mur.* with a view to show what a powerful effect even the sixth dilution will produce, and the accuracy of expression with which every pain ought to be described. In explanation of the term "*historical order of symptoms*," I will mention here my proving of *fluoric-acid.* Took at half past nine o'clock in the morning thirty drops of the second dilution of *fluoric-acid.* A few minutes after taking it, determination of blood to the head, with heat in the forehead, gradually increasing to a headache in the *os frontis*; in a quarter of an hour, burning in the eyes, slight lameness in the right arm, passing over to the left arm, then aching in the *os sacrum*; subsequently, soreness in the breast; finally eructations of wind and sickness at the stomach. Here we have a complete group of symptoms; the medicine first acting on the brain and forehead, then passing to the eye, from thence to the arm, spine, heart and stomach, manifesting its peculiar symptoms in the order in which I have mentioned the organs. I have not yet a fac-simile of a cure to give you, to complete the picture. This must be reserved for the future. But who will assert, that the preservation of this order is not of the highest importance? By its means we shall gradually unfold the physiological connection and pathological substratum of these interesting groups. We thereby obtain a deeper insight into the mysterious workings of these agents.

Believing with MURE, that structural changes in the organs are always preceded by a change of sensation, and secondly by a change of function, it is clear, that a remedy which is similar to the primary disturbances of the animal economy, will also be able to meet the subsequent functional and structural derangements. For this reason the historical order of the pathogenetic symptoms must not be interrupted in the digest of the symptoms, in order to enable us to trace the resemblance between it and the history of the disease. In the same way as a cold first commences in the Schneiderian membrane, gradually extending to the larynx and bronchia, the kidneys, &c., after leaving an interval of several days between the attack on

each organ, the pathogenetic action of the remedy pursues a similar definite course, the link of which ought to be carefully preserved, probably according to some fixed laws yet to be discovered. Consider, e. g., the predominating action of *carbo-veget.* and *graphites* on the back part of the head, in its connection with similar diseases of the stomach, being thus united by the pneumo-gastric nerve; the burning pain in the organ of veneration of religious devotees, with sympathetic symptoms in the eye, heart, and uterus. These examples could be easily multiplied. It must be our aim in the proving of remedies, to study all symptoms in their physiological and pathological bearings.

With regard to the *urine*, its specific gravity, color, consistence, smell, acid or alkaline secretion is to be described. All sediments should be mentioned, whether flocculent or crystalline; also their color and appearance under the microscope; and the action of a few of the common reagents on them. Chemical analysis is not absolutely indispensable, as by it we only detect secondary and functional symptoms.

Conditions, under which a symptom is aggravated or relieved.— Besides this close and minute description of the symptoms with their sympathies in different organs, you ought most carefully to ask yourselves the question with each sensation you feel, Under what circumstances is this sensation or symptom aggravated or relieved? Is it by rest, motion, or exercise; by stooping, sitting, or lying down; in the morning or evening; in day-time or at night; before or after midnight; by heat or cold; by a draught of air; damp or cold clear weather; after eating or fasting, or by whatever else it may be. No circumstance, however apparently trifling, in characterizing the symptom, ought to be omitted. The prevalence of any epidemic disease ought to be noted, as it may possibly influence the proving of the medicine. You will consider this subject the more important, when it becomes clear to you, that the characteristic symptoms of a remedy often consist at most of one or two plain symptoms. Have I not for years prescribed *calcareo-carbonica*, simply because aggravation by a draught of air was the main symptom? In a great number of cases of rheumatism *rhus-*

tox. has never disappointed me, where the greatest pain ensued from the first motion after rest. *China* will always relieve such pains as are aggravated by the least contact. I am aware that there are other symptoms, which must guide us in our choice, but it is often these single points which finally decide our selection. HELBIG treated a case of chlorosis for a long time unsuccessfully, until the fretful, lachrymose temper, the constant fear of difficulties, led him to *gold*, which was also found very efficacious by RAU in similar cases of hysteria.

We have to notice, not merely the naked symptoms, but the relation of the remedy to the individuality of the patient, to the external causes, and to any circumstances, by which diseases are aggravated or relieved. Another case of HELBIG will elucidate this. An officer of the government, subject to rheumatism, had removed to a mountainous region, and could not be cured by the physician there by any remedy. HELBIG sent him *rhododendron* with immediate relief, because it is characteristic in rheumatic pains, aggravated by boisterous weather and high winds, such as generally prevail in mountainous regions.

A remedy may cover a great many symptoms and still be useless in disease. Certain *strong symptoms*, in which are comprised the whole power of the remedy, are wanting. Thus *arsenic* will seldom disappoint in diseases accompanied by sinking of the vital power; *phosphorus*, in burning pains of the spine in connection with diseases of the genital organs; *secale* in atonic conditions of the uterus; and so on. If we compare all the symptoms of *ammonium-carbonicum*, we shall find, that it produces heaviness in all the organs. This is, therefore, a characteristic symptom for its successful application, in the same way as disharmonies of the circulation are best cured by *sepia*. But their single characteristic symptoms can only be detected after the exploration of a great number of symptoms.

The primary symptoms of a remedy, according to HELBIG, may be followed by secondary ones, which do not belong to its pathogenesis. Thus SYDENHAM remarks, that profuse perspiration causes pain in the side, which may also remove it, being therefore a homœopathic, and not an allopathic cure. This reminds me of the remark of a homœopathic physician of large

practice, that blood-letting should be proved and employed according to the homœopathic principle. This physician declares, that he has made use of it with the greatest success in many cases. I have every respect for pure experience, but must somewhat doubt the propriety of including blood-letting among our homœopathic remedies.

Influence of the organ on the kind of pain produced.—The prover, in his investigations of the character of a remedy, should remember, that in certain organs certain kinds of pain will always predominate. Shooting and rending are in all cases the most common pains; in the side, it is always a stitch, whilst on the sternum it is a pressure. In the mucous membranes it burns, in the fibrous tissues there is shooting, in the nervous, stitches, &c. &c.

Collection of pathogenetic symptoms from remedies exhibited for the cure of diseases.—HAHNEMANN has collected a great number of symptoms from remedies used in diseases, and if the utmost care is taken in their adoption, they need not be so contemptuously rejected as some believe. On the contrary, many very valuable symptoms have by such means found a place in our *Materia Medica*. I possess a great number of symptoms observed at the bedside, which I do not intend to cast aside, until I am convinced that they are without value. Although this mode of investigating a remedy cannot be recommended as a safe one, we need not, on the other hand, reject all symptoms evidently produced during the action of the remedy in a disease. Use them, then, but do it with caution.

Another question has also been propounded, whether the action of a remedy could be propagated from one person to another. My own testimony is in favor of its possibility with regard to two remedies, of the effects of which I have seen a direct communication from one person, who had been under their influence, to another, with whom he came in contact. The remedies were *rhus* and *cantharis*.

Experiments with medicines on animals—May be useful in this view, that they can be carried on to the point of death, and the pathological changes observed after it. They will at least tend to corroborate the symptoms on the healthy human body.

Advantages of proving remedies to the student of Homœopathy, and the medical philosopher generally.—HAHNEMANN made the observation, that the proving of medicines caused the constitution to be more healthy and robust. His own experience certainly warranted him in making this assertion. To the age of almost ninety he enjoyed uninterrupted good health, and no man made more numerous experiments on himself than HAHNEMANN. In fact, his whole life was, as you well know, devoted to these experiments, by which we all yet profit. It would seem, that the human body, by exposing itself to the different medicinal agents of nature, would be strengthened to withstand more fully the inroads of the various morbid causes scattered over our globe, as we see a man, who has for a long time inhabited a miasmatic district, become finally what is called acclimated. No one need therefore be afraid of making provings, provided it be done with proper judgment. Let the prover only select such remedies as are congenial to his constitution, which he may know by the circumstance, that after the primary symptoms have passed away, his general health is rather improved.

But there is another advantage which will accrue to the medical student and physician from these experiments, which cannot be too much prized by him. They will exercise his talent of observation, the most valuable faculty to the physician. The student or physician who has been in the habit of making many provings, will be a better observer of the phenomena of disease, than one who has never done so. He cannot fail in the end to be a better physician. Besides that, he will gain such a thorough knowledge of the physiological relations of certain remedies, that he will be able to ground on it his acquaintance with the other agents of the *Materia Medica*, the knowledge of one or the other of which he will then be able to master by a comparison with those proved on himself. Physiology as well as pathology will wear to such a physician a different aspect from that which it presents to one who has never made any provings.

Allow me here to express a hope, that American Homœopathic physicians will take the lead in this respect, as they have

already done in regard to the establishment of medical colleges. It will depend upon us, how far we may be worthy of our destiny, of our position. I do not know whether I shall be able to excite in you an enthusiasm for the provings of medicines. May each of us act according to his ideas of right! For my own part I feel the importance of it, and have always endeavored to act up to my conviction.

ARTICLE XXXIII.—*Pathology, and the Materia Medica.* By
CONSTANTIN HERING, M.D., Philadelphia.

THE *British Journal of Homœopathy*, for July 1853, page 400, in an article upon the *Apis-mellifica*, contains a passage in which reference is made to my views and observations on Pathology.

I seize the first quiet hour at early dawn to indite a renewed development of those views, and shall endeavor to be as distinct and clear as is possible, in the hope that I may, at last, once for all, be understood.

I shall simply make use of the remark above referred to, as an occasion for offering an extract from a treatise upon which I am now engaged; and I beg the reader not to expect a furiously polemic fulmination. Whoever may be the author of the article in question, I have every reason to treat the editors of the Journal in which it appeared with respect. If I may be permitted to take liberties with SCHILLER's sentiment: "*Wer dem Besten seiner Zeit genug gethan, der hat gelebt für alle Zeiten,*" I should read it, "*Wer von dem Besten seiner Zeit nicht verstanden wurde, der ist noch gar nicht verstanden worden.*"

It is of but little consequence, after all, whether I am understood or not by this or that individual, so long as the truth is advanced. It matters little who comes out right at last, so that the right comes out.

"Dr. Hering is very severe in this, as in other essays upon those homœopaths who have sought to give Homœopathy a scientific basis in Pathology."

A false assertion throughout, the case being far otherwise!

—“*thus*, he talks about those homœopathic puff-pathologists, who do not do any very great things, but on the other hand, pride themselves greatly on their wisdom, and tap diligently on their patient's chest and bellies—especially when they are not getting better.”

True enough, except the introductory, “*Thus!*”

“Nevertheless, our readers will observe in the above list some pathological novelties of Dr. Hering's own invention, such as ‘Urticarious ulcers in the throat,’ ‘Urticaria in the stomach and bowels,’ ‘erysipelalous diarrhœa,’ &c., which will hardly be met with in any modern work on Nosology.”

Admitting that they will not, and that they are in truth “novelties,” the sole question would be, Are they founded in fact? It makes no difference whether old or new; the point should be, Are they true?

Put, however, a dash before “*ulcers in the throat*,” and it will be seen that “*erysipelalous*” and “*urticarious*,” refer to the “*inflammation of the throat*.” It is a simple typographical error, like that of “*widows*” for “*women*,” on the same page. The urticaria in the stomach and abdomen refers to the case Z, and as to the “*erysipelalous diarrhœa*,” the author was taught to diagnose it by SCHÖNLEIN, as long ago as 1825. (See SCHÖNLEIN'S *Pathol. und Therap.* St. Gall. ed. 4, 1839, B. 2 S. 219, “*Diarrhœa erysipelatosâ*.”) Must we be led about by the fancies of every nosological “latest authority”? When an author furnishes a list of nosological names, be they new or old, it is certainly a fair conclusion that he does not reject pathology, but rather adopts it, whether he knows any thing about it or not!

But what has all this to do with what has gone before? “*Nevertheless*” would be well enough with one who altogether rejected Pathology, and then not only made use of it but even sought to enrich it. But here, under the appellation of “puff-pathologists,” (*Bienengift*, S. 263,) a set of practitioners is aimed at, who make frequent use indeed of their scraps of Pathology, but principally to deceive the public. What has this to do with true Pathology? And why is this side-thrust annexed to the first totally false assertion by a “*thus*”? Let us dissect this matter with some care.

Admitting that there are Homœopaths who have sought a scientific basis for Homœopathy "in Pathology," the endeavor was certainly worthy of all praise, whether likely to attain its end or not; both sides must be heard and duly weighed. But if any one should be of the opinion that this basis is not to be found by means of "modern nosology," and takes occasion incidentally to laugh a little at the fancies and monstrous conceptions revered by many as "scientific," this does not prove the fact to be so, and the two points still remain distinct. One is the endeavor to discover a scientific basis; the other, whether this can be done by means of Pathology? by the very newest fashion of the nosologists? by the old shallow way that has heretofore been tried? That a man conceives himself to have sufficient grounds, founded both upon theory and practice, against pathologizing the *Materia Medica*, by no means implies that he is wholly opposed to Pathology, or to the attempt to give the *Materia Medica* a scientific basis. Still less is it allowable to say, *thus*, he is very severe against those who deceive the people by poking their patient's bellies; and another false conclusion is included in the sentence, *nevertheless* he uses pathological terms, and even invents such as are found in no modern nosology. In the whole of this, there is a connection by means of an "association of ideas;" the word "Pathology" carries within itself these three different significations, and sometimes even in the same mind, thus leading to a very confused and mistaken view of an author's opinions. But all this might as well be suffered to pass, for protestations and explanations are of no avail. He who looks into a stream or into the ocean-waves, cannot prevent the different multiplied surfaces from rendering back a very distorted image of his person; even the most quiet and clear-sighted have but imperfect views of others. But when these misconceptions touch the essence of the matter itself, they should not be permitted to pass unnoticed; young homœopaths get their stereotype notions from their earliest acquaintance with the subject, and at last cannot conceive of any other way of thinking; and to such I desire to make this matter especially clear. Hence the following extract from my "Treatise."

I must here speak of an old controversy, which may now be considered as settled, and a new one, which is not yet disposed of. The former concerned HAHNEMANN'S rejection of Pathology; the latter, the application of Pathology to the *Materia Medica*. When HAHNEMANN turned his back upon Pathology, and yet continued to use nosological names, he was guilty of no inconsistency; they were to him useful, comprehensive terms, but he insisted that they should not be made to serve as indications. He has been excused, on the ground that he referred only to the Pathology of his own day; but he meant more than that; he lays it down absolutely every where, that the only "indication" for a remedy is in the symptoms; not, therefore, any pathological name whatever, nor any nosological abstraction, though he used these terms as unavoidably necessary, and even did not despise them as serviceable helps. To use them in this way, however, on account of the deficiency of our knowledge of drug effects, is quite a different affair from proposing them as the end and aim of science. The man who walks in the clear light of day, may put out his lantern; but who would blame him for using it at night, or, if it should go out by chance, for groping with his hands? So taught HAHNEMANN; that we should make use of the brilliant daylight of the law of similarity, guided by the symptoms, and not at noon-day hold up our lantern, nor grope. Hence, he did not take it amiss that, in 1831, I defended the new pathology in the *Archiv*, against the *Organon*, as no other had yet done it; but, on the other hand, he very decidedly and sharply rebuked me for using the word "*indication*" (*Anzeigen*) for curative effect, in order to distinguish it from "symptom," (*Zeichen*). I had wholly forgotten the use of "*Indicatio*," by the old school, which, however, he associated with "*Anzeigen*." I was wrong in that matter; and it was for this reason, perhaps, that I was subsequently shortly, but decidedly, reproved by him because Pathology was included in the course of instruction at the Allentown Academy. My letters upon this subject may, perhaps, yet be found among HAHNEMANN'S manuscripts; his to me have been partially seized upon by the autograph-collectors; but he finally gave in to the Pathology, though

with the stringent condition that it should not be permitted to furnish an indication.

HAHNEMANN had a wonderful instinct for the truth, but could often give no account whatever of what had led him to it; neither could he tell why he had selected certain substances for provings, which no one had ever thought of previously as medicinal.

We may consider this old controversy as settled, inasmuch as we are all agreed that, to the perfect physician, not only is a study of Pathology indispensable, but its employment also in the investigation of every actual case of disease, both for diagnosis, prognosis, and prophylaxis. We differ essentially, however, if, on the one hand, we conduct the examination of the patient on the true Hahnemannian plan, and choose the best remedy, according to the law of similarity of the symptoms; or, if, on the other, we make only a pathological examination, determine the name of the disease, and then administer the remedy that is set opposite that name in the Repertories.

A very remarkable peculiarity of both these classes must here be alluded to—that the apparently entirely independent controversy about high and low doses, runs parallel with the former question; and that it will be found that all those who use high potencies, examine the patient in the Hahnemannian fashion, and choose the remedy from the symptomatic indications, while those, on the other hand, who are entirely or mainly led by the pathological indications, rely wholly, or principally, upon the lower attenuations. These relations cannot be reversed; but there is an intermediate, and, indeed, a very respectable class who administer the lower forms, though they examine the symptoms on the Hahnemannian formula. The symptomatic indication is a *condition* in the use of the high attenuations; on the other hand, the employment of large doses, and the use of the palliative or forcing treatment seem a necessary *consequence* of a practice governed by pathological names. This old controversy, therefore, may be said to be thus far unsettled. HAHNEMANN seems to have discerned afar off that there was a necessary connection through this whole matter; and he seems, subsequently, to have also foreseen

whither it would lead in the department of the *Materia Medica*.

The new controversy is this: *How shall the Materia Medica be scientifically constructed?* The various views and opinions, thus far expressed, may be arranged into the following seven classes:

1. The symptoms of drugs are collected, arranged, and made accessible, on the Hahnemannian plan, and the remedy is to be selected according to the similarity of symptoms.

2. The collected symptoms of the remedies are huddled together, separated from each other, abbreviated, clinical indications thrown in among them, and nosological names, and pathological notions, antique and modern, interspersed here and there.—JAHR.

3. The "patho-genetic" symptoms are first cobbled together, and then the "patho-exodic" or clinical, and a pathologico-physiological brood of temperaments and constitutions is hatched out at the study-table, and regularly labeled for use.—NOACK & TRINKS.

4. The symptoms are divided and arranged in groups, under pathological names.—ATTOMYR.

5. The provings themselves are instituted pathologically; that is, stretched upon the Procrustes bed of the present state of Pathology, and its abstractions.—WATZKE—*Austrian Gaz.*

6. The symptoms of every remedy are arranged in groups, which are also pathological.—*Materia Medica of the British Hahnemann Society.*

7. The symptoms are arranged in a physiologico-pathological order, so far as it can be done; the parts that will not fit, are made to.—SCHNEIDER. Pathologico-physiological.—ALTSCHUL.

In direct opposition to all these arrangements, I have advocated and maintained an essentially different view, as follows:

The *Materia Medica* can only be elevated to the rank of a science, by treating the effects of drugs upon the single fundamental ground of the observations of the results of their administration, without reference to the hitherto pernicious forms of special Pathology or Nosology, and thus an independent construction be sought.

In this view, I have been either rejected, scoffed at, or misunderstood, but am not yet weary of defending it; for the confirmatory observations of practical men begin to come in; establishing, for instance, that most important position, that the so-called electro-positive and negative elements are endued with opposite relations in respect to the time of day, (*N. A. H. Jour.*, i. 41—*Allg. Hom. Zeit.*, 41, 118.)

A few remarks in illustration.

I have called drug-diseases *Paranosen*, because they regard the effect of a single remedy upon a number of living organisms. A remedy manifests itself by means of many effects, (*παρα*, about.) *Paranosen* are distinguished by this from the diseases of Pathology, these latter being called *Synnosen*, as being constructed from many single observations collected together, (*συν*.) Those symptoms which, in the one order, hold the highest rank as pathognomonic and diagnostic, are, in the other, quite subordinate; and *vice versa*. Both orders are the opposite of each other, in their whole form and origin. The symptoms considered by the Pathologist as the most significant—as, for instance, the alternation of chill, heat, sweat, and intermission, to which he adds other intermitting symptoms, and groups of symptoms, in order to produce a "*Synnosen*," *intermittent fever*—are of very subordinate importance among drugs; the attendant symptoms, their situation, their sequence, their varied alternations, the time of day, and such characteristic marks, which are considered as of little importance, or entirely disregarded among the "*Synnosen*," are here regarded as the controlling symptoms. As soon as we have collected the *paranosen* of allied or related substances, we can then erect the general *paranosen* of classes and orders; *e. g.*, of similar elements related, or having like properties, combinations, salts, &c.; in the vegetable kingdom, *paranosen* of families, for instance, of the *Solanææ*, or of their opposite, the *Ranunculacææ*; *paranosen* of the poison of insects, of snake-virus, and of whatever other natural classes may be found to exist. *Nux-vomica*, *ignatia*, and *nucis-vom-cortex* (*Angustura-falsa seu Brucea-anti-dys*.) causè tonic tetanic cramps, excited by touch, or by the approach of a bystander; this is an effect of strychnine,

which will be found in every remedy containing strychnine, and perhaps in others, especially some of the corresponding metals; but in which, we, as yet, know not. Now no pathologist will hunt up a special name for cramps having the peculiarity of being excited by the touch. But the remedies above cited will help, if administered under the guidance of that symptom, in various cramps, which the pathologist has been obliged to discriminate as *traumatic tetanus*, *hydrophobia*, or *hysterical convulsions*. When we have to choose among the remedies containing strychnine, (for we shall only find relief from that one which is the most appropriate to the whole case,) we are guided by the *paranosen* which characterize the individual drugs; the moral symptoms, for instance. But in nosology, we can get no insight of this kind. On the other hand, it follows that we cannot, if guided by the *paranosen*, derive any help from any "modern work on Nosology." *Aconite* has been pressed into the reputation of the sole *antiphlogisticum*; hence its use, in diseases where it is indispensable, has been entirely neglected, because there was no suspicion of inflammation. *Colocynth* has been decreed to be serviceable only in neuralgias; therefore, at most, could only alleviate the tormina in dysentery, and was entirely out of place in dropsies. But notwithstanding this, we administer it very often, through the whole course of epidemic dysenteries, as the most appropriate remedy, frequently the only one that will help; sometimes in connection with *staphisagria*, sometimes with *causticum*, which are certainly not supplementary dysenteric remedies. *Arnica* is misused for bruises, and the like, because it effects the "absorption" of blue spots. But it is useful in putrid fevers, where there is certainly no absorption to be effected. *Rhus* is good in typhus, but also in many other cases that have no typhous symptoms; *e. g.*, in colds, and remarkably in strains of the ligaments, which it would be hard to bring into any satisfactory relation with "typhous processes." And thus I might go on through the entire *Materia Medica*.

One thing, however, is plain enough; whether we form *paranosen* or *synnosen*, they are both *nosen*; whether we are engaged in observing and collecting the morbid phenomena produced

by drugs, or by any other cause whatever, upon the system, they are all *symptoms*, and belong to the same general Pathology or Symptomatology. So far as the symptoms are concerned, we stand upon the same ground; we are breaking off pieces from the same great rock. Hence, as regards the observation of the phenomena, the investigation of the value of the conditions and other influences, (wherein the old school has as yet done so little,) and as to the peculiar physiological significance of each symptom, we are at work in the same field with the Pathologist. The question then arises, what is to be done with these materials? how shall we build, and in what order rank them? I freely admit, that to many it may seem questionable whether practically useful and scientifically-constituted drug-pictures (*Paranosen*) can be formed in this opposite way. It must, indeed, first be done; but, at least, thus far nothing fundamentally false has been received, spread abroad, and brought to the plummet.

I am constantly occupied in this matter; but I have no society of provers to furnish the missing facts, which are every where required. I have only a few friends, who are now and then willing to prove this or that remedy. There is no lack of conjectures and presumptions; but ascertained facts are of slower growth. The labor is very great, but the laborers are few, and intelligence scanty. The tower of Babel, in the old picture-Bibles, is twisted like a snail-shell.

ARTICLE XXXIV.—*On the Clinical use of the Hamamelis-Virginica*. By GEORGE E. BELCHER, M.D., New-York.

HAVING had some happy results from the use of the *Hamamelis-Virginica*, I have thought them not without sufficient interest to justify their publication in the North American Journal.

Case 1.—James, (a porter,) aged about 30, a well-built muscular Irishman, after complaining about three days (as near as I could ascertain) of fullness and grumbling aching pains in the

abdomen, and irregular febrile flushes, was attacked with vomiting and purging of blood, which gradually increased. In the morning of the day the hæmorrhage began, his employer sent him *n.vom.* 3, and *acon.* 3, to be taken alternately; but as by evening there was no improvement, I was sent for, and gave *ipéc.* 1 and *merc. sol.* 2, alternately every hour. Early the following morning I received information, that the hæmorrhage continued, and that he was faint, cold, and sweating profusely. I found him so indeed; with a weak rapid pulse, restless, and complaining of the fullness and grumbling in the abdomen; but, owing to the imperfect domestic arrangements, I could not ascertain how much blood had been vomited or purged. I gave *hamamelis*, two drops of the Tinct. dissolved in half-a-tumbler of water, of which a dessert-spoonful was given every fifteen or twenty minutes, until improvement took place. This was very apparent, when I called two hours afterwards; reâction was moderately, but firmly established, and the patient *felt* better. He had vomited once only, and but a small quantity of blood, and the melæna from this time diminished, so that it disappeared nearly, if not entirely, in two or three days. I substituted *chin.* and *merc.* for the *ham.* in about 24 hours after improvement had begun, and continued them on account of the apparent hepatic congestion to convalescence.

Case 2.—A boy, aged about 14, growing rapidly, with a good appetite, has had epistaxis at irregular intervals, of from 6 to 24 hours, by which he has become pale and much enfeebled. *Ham.* 3, an eighth of a drop twice a day, was given; and since the first dose to the present time, three months, he has had no return.

Case 3.—W. A. B., a man aged about 40, temperate, of a spare habit, after complaining two or three days of fullness through the hypochondria, was attacked with diarrhœa, on account of which he called at my office, and for which I gave him *ars.* 3. The next day, not being relieved, I was sent for; found him feeble, with blank, dingy-reddish countenance, thirst, frequent pulse, and having a loose evacuation about every three or four hours, which he described as offensive, and of the color of dark rose-wood. Not seeing it, I concluded that it must be melæna,

and gave *ham.* and *acon.*, a solution of two or three drops of each in tumblers of water, of which tablespoonful doses were directed to be given alternately every two hours, until better. The next day I found him feeling decidedly improved, having had but one small discharge since. From this time he rapidly convalesced.

Case 4.—A. R. S., a man with a healthy constitution, light, but florid complexion, and dark auburn hair, after complaining some eighteen or twenty-four hours, was taken on Friday with violent fever. I first saw him on Sunday, and found the symptoms of a very aggravated type; pains in the back and head very severe, the face deep red, and the eyes congested. He was restless, and had scarcely slept, and was at times delirious. Gave *acon.* 2, *bell.* 2, alternately every two hours, in solution. On Monday his symptoms were generally worse. He had scarcely slept at all, and variolous papulæ were abundant on the whole surface of the face, body, and extremities, and there was rash between the pimples, resembling that of the measles. Gave *rhus* 2, and *tart.-emetic* 1, alternately every three hours. On Tuesday evening, about 7 o'clock, I found that he had passed another restless night, but his mind was clear, except occasional short wanderings, and about noon had epistaxis which lasted about an hour, and again at 5 o'clock, P.M., which continued after my arrival until about 8 P.M. The blood was dark, discharging freely in drops, the pulse rapid, breathing hurried, lips and mouth dry, the face and body were covered, (besides the papulæ, which seemed to me, not to have progressed, but to have shrunken,) with a dusky red erythema, with purpural spots, varying from the size of a pin's-head to that of a three-cent piece, here and there, but over the abdomen, which I more particularly examined, occupying one third of the surface. The vessels of the conjunctiva were so congested, as at first sight to appear like chemosis. Gave *ham.*, three drops of the first dilution, in a tumbler of water, of which a table-spoonful was given every fifteen minutes. In twenty minutes, the hæmorrhage had ceased entirely, and returned no more. The *ham.* was then continued every hour. I found on Wednesday, that he had had one dejection of a dark, bloody character, but

the purpura had not increased, and he had slept some. Gave *rhus* 2, and *ham.* 2, alternately every hour. On Wednesday night he appeared improved; the mind and general feeling were better, the rash and purpura diminishing, the variola developing and confluent. By Friday the petechiæ had disappeared; and afterwards, under the use of *tartar-emet.*, the disease ran its course as mildly as a confluent variola could run, and without any secondary fever.

Case 5.—I have had one case since, of a lady, who, while pregnant, had albuminuria and general anasarca, with occasional vaginal discharges of blood. She was prematurely confined, when about six and a half months advanced; and then had adherent placenta, which, until detached, caused her to flood so profusely as to be faint, and fainting for four or five hours. About twelve or fourteen days afterwards, she was attacked with dysentery, which lasted four or five days. About ten or twelve days after this, the ague and fever; after this, flooding to faintness; after this, general anasarca, and after this, flooding again, which last attack was controlled without difficulty by the *ham.* 2, repeated every three or four hours.

I was led to the use of this remedy, by seeing it recommended for *passive* hæmorrhages; and as the cases above related appear to me to furnish evidence of its efficacy, I have thought it worth while to report them. As this form of hæmorrhage is rarely sufficiently accompanied by other symptoms to assist in the selection of a remedy, I deem it an accession to our knowledge of the *Materia Medica* at present, that hæmorrhage with asthenia or anæmia, or from an asthenic tendency, is of itself an indication for the use of the *Hamamelis*.

The remedies which seem allied to it are, *mill.*, *ip.*, *sulp.-ac.*, and *china*.

The first has so far never failed me in hæmoptysis, when I have used it, but the particular cases for its application are by no means clear; and for epistaxis, or for passive hæmorrhages from any other part of the body, it has never done the least good in my hands.

The *ip.*, so far as I have observed, is useful where there

has been a previously torpid condition, but it is of little use in asthenia.

The *sulph.-ac.* applies to a condition similar to that of the *ham.*; but its action is not so prompt. An example I had in the above case of uterine hæmorrhage, in which the *sulph.-ac.* and *china*, and afterwards *sulph.-ac.* and *secal.*, were some fifteen hours gradually overcoming what the *ham.* accomplished after the first gush.

ARTICLE XXXV.—*Epidemic Yellow-Fever, and its Homœopathic Treatment*. By WILLIAM H. HOLCOMBE, M.D., Natchez, Miss.

THE year 1853 will stand preëminently forth, in the medical history of the South-West, as the year of pestilence. *Epidemic Yellow-Fever*—the scourge of the tropics—began earlier, continued later, and extended further, than it ever was known to have done before. It attacked, indiscriminately, both sexes, adults and children, whites, mulattoes, and blacks, acclimated and unacclimated, townsmen and country people. It was so much more violent, rapid, and fatal, than heretofore, that some physicians suggested that it was a hybrid between true yellow-fever and malignant typhus; and others compared it to the plague. It decimated the populations of New-Orleans, Mobile, Vicksburgh, and Natchez, and the mortality was even greater in some of the smaller towns and villages. The friends of Homœopathy, the Rational Specific System of Medicine, the New Dispensation of Science, awaited with anxious hope its trial in this frightful malady. Nor was the confidence engendered by its success in cholera, pneumonia, and other dangerous diseases, misplaced in this. The homœopathic physicians have had such fertile opportunities of observation, that our literature of yellow-fever will soon be rich in recorded facts and philosophic opinions. My own experience has been deduced from an analysis of only 140 cases; and I am,

therefore, compelled to restrict to the limits of an essay, a subject which deserves the completeness of a volume.

I. ETIOLOGY.

It has been long disputed whether yellow-fever be a disease, *sui generis*, with a specific origin and mode of propagation, or simply one form of those febrile paroxysms peculiar to hot and miasmatic regions. An impartial analysis of the contending theories, with the facts which respectively sustain them, will lead, I believe, to the following conclusions: 1. There is a malignant phasis of the acclimating, swamp, or malarious fevers of tropical countries, endemic in its nature, and non-contagious, which is undistinguishable by symptoms from the true epidemic yellow-fever, or "*hæmogastric pestilence*," as Dr. COPELAND terms it. 2. This malignant disease, in passing through the systems of probably cachectic or unacclimated subjects, or under peculiar conditions, not now understood, acquires a contagious property, and becomes portable, following the routes of travel and currents of trade, like other undisputably contagious diseases.

The interest and importance of the subject warrant us in looking more minutely at these two forms of yellow-fever; which, probably, run into each other by insensible gradations, like heat into cold, or light into shade.

It is impossible to construct a diagnostic definition of yellow-fever, which shall separate it nosologically from the so-called malarious diseases of intertropical countries. Its onset, with a chill, followed by fever, headache, pain in the back and limbs, restlessness, with or without thirst, nausea, and vomiting, is very similar to that of the bilious-remittent fever. There is more redness of the eyes, and a more uniformly white-coated and crimson-edged state of the tongue in yellow-fever; but these symptoms are too trivial in themselves, and not sufficiently universal to be considered pathognomonic of the disease. Yellowness of the skin is too common an accompaniment of all the fevers of hot countries, to be of the least diagnostic value, notwithstanding the symptom has given the most current name to the malady. The remissions, and even

intermissions, of yellow-fever have been noticed by many writers, and in different parts of the world. Sometimes, indeed, the first paroxysm is so violent that the system succumbs to the morbid impression, and no remission can be detected; but the same is true of the more common remittent and intermittent fevers. Even black vomit is not satisfactorily diagnostic of yellow-fever. It very rarely happens in the cases which recover, and it is by no means found in all the cases which die. Writers, moreover, of high repute, on the endemic fevers of the West and East Indies, and African coast, frequently mention black vomit as occurring in the malarious diseases of those regions. In like manner, the tendency to hæmorrhage from the mucous membranes, and the extravasation of blood into the cellular tissue, are not peculiar to yellow-fever. Nor need the advocates of a specific virus, as the invariable cause, lay so much stress on the immunity from a second attack; because the same immunity is accorded to the "*acclimating,*" "*inflammatory seasoning,*" or "*ardent fever,*" of the tropical writers. And, lastly, the non-contagiousness of yellow-fever has been as warmly contended for as that of swamp-fever; and, truly, if there be any value in medical testimony, there have been not only sporadic cases, but epidemics of yellow-fever, in which the property of contagion was entirely disproved. Authentic cases are upon record, in which no possible hardihood of exposure, from sleeping in the sick-bed, to inoculation, and drinking the black vomit, could reproduce the disease in even unacclimated persons.

There is, then, what may be called, with approximative truth, an endemic, non-contagious yellow-fever. Its causes are similar to, or identical with, the general causes of intertropical fevers. The varieties of fever are, no doubt, like the races of men, modifications of the same type. When a Transcendental Pathology shall be constructed to match the Transcendental Anatomy of OKEN, CUVIER, and OWEN, the archetypal fever will correspond to the "*archetypal skeleton,*" and all the varieties will differ from the ideal model according to the degrees, directions, and conditions of development. It is not my purpose to discuss the causation of fever—a point of

medical philosophy which must remain unsolved until a profounder knowledge of the relationships existing between the living organism and physical nature is brought to bear upon it. A dis-equilibrium between the vital and physical forces is, most probably, the initiatory step of disease, and the cause of the primary phenomena. A secondary train of symptoms may arise from the physiological reactions which occur during the endeavor of the organism to resume its normality. Anatomical lesions are the products of the physiological forces acting under unusual or abnormal conditions. Thus, the nutrition of a part, the repair of its injuries, and the organic changes of its diseases, are all the effects of the same forces, applied under different circumstances. Neither heat, moisture, atmospheric vicissitudes, electrical changes, magnetic currents, telluric emanations, nor specific virus can *alone* produce disease; nor can all of them combined, unless there be a state of receptivity in the vital organism. This is a nut-shell statement of the general principles we may predicate of the etiology of disease in general, and of yellow-fever in particular. Nor can we say more in explanation of the occurrence of yellow-fever symptoms, in a high grade of bilious fever, than that, in some cases, the primary dis-equilibrium is more serious, or the subsequent reactions are less efficient than in others.

It is astonishing with what obstinacy and virulence the non-contagionists deny the existence of a contagious form of yellow-fever. The evidence, however, is overwhelming; and with the enlightened and liberal part of the profession, the question has ceased to be a disputed one. I will adduce only the examples of the *Eclair* and the *Bann*; which vessels sailed from Sierra Leone, a malarious country, with a disease on board, which proved on the voyage to be genuine yellow-fever. The *Eclair* went to one of the Cape de Verde islands, the *Bann* to the Isle of Ascension; both being, at that time, perfectly healthy, and always remarkably salubrious. In a short period after their arrival, a virulent and fatal epidemic broke out among the landsmen, traceable clearly to communication with the infected vessels. Several other similar cases are on record, of the transportation of yellow-fever from a malarious continent to islands

where no such disease was ever endemic. The whole question is impartially and philosophically discussed, in the *British and Foreign Medico-Chirurgical Review* for January and July, 1848; and the views I here present, are but a *resumé* of the conclusions there arrived at.

The difficulty appears to lie in grasping the relations which the contagious yellow-fever bears to that concentrated form of endemic malarious fever, which presents a similar series of phenomena, with the exception of the contagious property. That it is an entirely distinct disease, generated *de novo*, or propagated by a specific virus, always in previous existence, is a position neither sustained by facts, nor rendered plausible by analogies. The whole mystery is solved, if we admit the convertibility or transmutation, under certain circumstances, of a non-contagious into a contagious disease. The essential causes are the same; but at one time, the malignant tropical fever exhausts itself on the individual; at another, it produces, among other organic changes, an effluvium capable of reproducing the disease in the healthy organism, without the aid of the primary links in the chain of causation. The morbid force in the latter case may be said to have *run to seed*, or to have evolved a germ capable of reproducing the species.

HUMBOLDT, who observed that the *vomito* was not contagious at Vera Cruz, and that it was unquestionably infectious in Andalusia, remarks: "It is not contrary to the analogy presented by other pathological phenomena, that a disease, which is not essentially contagious, may, under certain influences of climate and season, and by the accumulation of patients, or by individual disposition, assume a contagious character." Dr. HENNEN, whose individual experience was immense, writes thus: "Surely, there are few practical physicians now-a-days, notwithstanding Dr. BANCROFT'S dogmas, who doubt that diseases, originally incapable of propagating themselves, may acquire that property by crowding many sick into filthy and ill-ventilated habitations under a tropical heat." The point is incontrovertibly established, by a multitude of facts, with regard to typhus, typhoid, and puerperal fevers, erysipelas, plague, cholera, influenza, hospital-gangrene, and other diseases. The

ablest medical reports from the western coast of Africa, show also that a contagious may grow out of a non-contagious yellow-fever. On the coast of Sierra Leone, the same series of sequences has been repeatedly observed. The endemic malarious fever becomes more prevalent; occasional cases of uncommon severity occur; unequivocal sporadic yellow-fever comes on; this next acquires a contagious property; other allied diseases disappear, and true epidemic yellow-fever reigns alone. And to obviate the objection which might arise from the possible coincidence of other causes, it has been shown, as above stated, that the mild endemic fever, taken on ship-board from the African, has degenerated, during the voyage on the wide ocean, even if the daily progress were towards colder latitudes, into malignant yellow-fever; which has been communicated, in all its concentrated virulence, to remote and salubrious stations. The contagious property is, therefore, inferred to be, not so much a quality of the disease itself, as an adventitious feature acquired by transmission, under extraordinary circumstances, through the human subject.

The least tangible form of contagion is that in which no *materies morbi* can be detected, or its existence even assumed, except by remote analogy. Hooping-cough furnishes an example of this, and its propagation may be almost compared to that of hysteria from one female to another, by a kind of nervous or mesmeric induction. On the other hand, contagion is embodied forth to our grossest conceptions as an infectious substance, the educt of morbid action, in the virus of gonorrhoea, hydrophobia, small-pox, &c. Between these two extremes there is no doubt an invisible effluvium, too subtle, perchance, for our present chemical analysis, but impregnating the atmosphere within certain undefined limits, with its noxious essence. This appears to be the general mode of yellow-fever propagation. The distance to which this effluvium may extend, without having its active properties destroyed by dilution or otherwise, is unknown. The fact, that it may be entangled in the meshes of clothing, coils of rope, packed goods, &c., appears to have been fully established. Free ventilation and a low temperature seem to prevent its manifestation. Whether cold really destroys

its vitality, as it may do that of an unprotected plant, or so modifies the nervous system, as to render it unsusceptible to its influence, is still an open question.

Like other contagious elements, that of yellow-fever lies for a while dormant in the system, during what is called the period of incubation. The wide range given by different writers to this period, being from a few days to many months, shows the inaccuracy and insufficiency of our knowledge of the subject. From one week to three, may be stated as the most probable average.

NATCHEZ, containing about 6000 inhabitants, is beautifully situated on a bold bluff, 150 feet above the Mississippi river. The vicinity is dry and undulating, and the town itself remarkably neat and cleanly. It has none of those local conditions which are supposed to generate or foster malarious diseases. Accordingly, with the exception of epidemic visitations, Natchez is an uncommonly healthy place, standing statistically next to New-Haven, the first in the list of American cities in respect to salubrity. Intermittent fevers are rare, and the bilious remittent fevers of swampy countries are almost unknown. It is quite as dangerous for a citizen of Natchez to tarry in the Louisiana lowlands opposite, during the autumnal months, as it would be for a new comer from Boston. The supposition, that any of the endemic diseases of Natchez could degenerate into yellow-fever, or that yellow-fever could originate spontaneously in such a locality, is contrary to the general tenor of facts and analogies drawn from other places. It is not at all unlikely, that former pestilences have differed much from the great one of 1853. That epidemic, however, was most probably imported into Natchez from New-Orleans, and propagated into the neighboring country and villages by contagion. The first cases appeared in families, some member or members of which had come from New-Orleans within a few weeks. The houses were not under the hill along the river, nor in the suburbs, nor in filthy, ill-ventilated, damp, and otherwise noxious places, where, if at all, the disease might be supposed to originate. They were pleasantly situated in the central part of the city, and the tenants all in comfortable circumstances. There were four distinct

centres, or foci of emanation, whence the disease appeared to spread in every direction, not reaching the suburbs until after the lapse of several weeks. Many of the inhabitants who fled to the country, carried the disease with them. One gentleman sickened on the road, and stopped at the house of a friend twelve miles from town, where he died of yellow-fever. One of the family speedily exhibited the same disease, and died. Another fled into an adjoining county, where he also sickened, and communicated the disease to those around him. In this manner, neighborhoods and villages were scourged by yellow-fever, where the disease was utterly unknown. The pestilence extended gradually to the country-residences about Natchez, until scarcely a house was left unvisited. In several cases, which came under my observation, the families were carefully isolated, with the exception of one messenger, who was permitted to visit the town on necessary business, and uniformly that messenger was the one first attacked. The popular mind, ever alert in pursuit of safeguards from supposed danger, is prone to believe hastily the doctrine of contagion; but if the universal sentiment of an intelligent community, matured by the sad experience of months, can have any weight as evidence, that weight is entirely in support of the contagious character of the late epidemic.

The question of quarantine is too complex and difficult for me to pretend to give it a solution. Although quarantines have failed to keep out the disease in many instances, it has not been proved, that the unsuccessful quarantines were all of proper duration, instituted early, and enforced rigidly. If a solitary person evade the restrictions, the whole purpose of the quarantine may be frustrated. The entire subject is well worthy of thorough re-consideration by the opposite factions of the medical profession. The main point is, of course, to keep the disease out of New-Orleans, the commercial emporium of the South-west, whence the seeds of it are disseminated along all the routes of travel. An ample and strict quarantine, conjoined with efficient police regulations, might exclude the pestilence from our borders. Dr. SAMUEL CARTWRIGHT, an ingenious speculator, proposes to confine it to the shipping by quarantin-

ing the sailors, and permitting none but negroes to unload and reload the vessels. This theory is founded on the supposition, that the negro is a perfect non-conductor of yellow-fever, a theory which the death of hundreds of negroes this year by yellow-fever has shown to be as baseless as the fabric of a vision.

The temperature of the summer was not above the average. The nights were generally cool, and the thermometer during the day varied from 80° to 90° Fahr. For several weeks, preceeding the outbreak of yellow-fever, a great deal of rain fell, and it was quite moist during the whole season, as evidenced by the abundance of green mould. An equinoctial storm of wind and rain, at about the height of the epidemic, had no perceptible influence either to increase or diminish it. It continued after several hard frosts, and even the formation of ice; for a good many cases and several deaths occurred in December. Intermittent-fever cases brought from the swamp into the atmosphere of town, soon degenerated into yellow-fever, and many who had escaped in the country, were attacked after coming back to town on the appearance of frost, hitherto the signal of returning security.

II. SYMPTOMATOLOGY.

General course and characteristics.—Yellow-fever like scarlatina presents a wide range of manifestation, from an ephemeral mildness to the most malignant severity. The impending attack is sometimes foreshadowed for a few hours by languor, restlessness, and malaise, but most commonly a chill comes on without premonition. Sometimes heat, shiverings, headache and nausea are all confusedly mingled in the onset. When the febrile reaction is complete, the pain in the head, back, and limbs, is sometimes exceedingly severe; the skin hot and dry; the pulse full, hard, and ranging from 100 to 130; urine scanty and high-colored; eyes injected, watery, and brilliant; tongue covered with a pasty white coat, with red edges and apex; and there is sometimes a good deal of mucous and bilious vomiting. This paroxysm, scarcely distinguishable from the incipient stage of bilious remittent, lasts from 12 to 36 hours, and terminates in a general

or partial perspiration, with great diminution, but seldom the disappearance of the disagreeable symptoms. This remission is the rule, but the exceptions are numerous, and I have repeatedly seen the fever continue uninterruptedly four or five days. When the patient declares himself worse, which is usually in a few hours, another train of symptoms arises; the pain in the head, back, and limbs, is not so poignant as heretofore; indeed it is frequently entirely absent. The pulse, tongue, and skin, may remain entirely natural, whilst in fact the patient is verging into a most critical state. If there be febrile irritation, it is rather that of the typhoid, than of the sthenic type, the pulse being soft, rapid, and sometimes irregular. Pain is referred to the abdomen, most frequently to the epigastric, but sometimes to the umbilical, or hypochondriac regions. It is sometimes almost intolerable, whilst in cases of imminent danger the symptom may be entirely wanting. Diarrhœa or dysentery may accompany this stage, but constipation is more common. Burning in the pit of the stomach, acid and acrid eructations, flatulence, thirst, nausea, all combine to produce a remarkable sense of prostration, and a great degree of tossing and sleeplessness. The skin and conjunctivæ assume a light lemon hue, which deepens into a deep orange or gamboge color, although this symptom is by no means universal. The urine, also, is sulphur or saffron yellow, and stains the linen. Sometimes, however, there is slight strangury, and in bad cases the secretion is totally suppressed. Hæmorrhages from the gums and fauces, or other mucous membranes, are now common. Vomiting becomes a distressing and alarming symptom. The matters ejected pass from a greenish-yellow into a brownish or claret-colored hue; sometimes blood red, dark or black, is thrown up. The appearance of coffee-ground vomit leaves but a ray of hope. Still the patient may recover through a tardy convalescence very liable to relapse. If the disease be not arrested, the temperature of the skin falls, the hæmorrhages become more profuse or ominous, the circulation fails, extreme jactitation comes on, delirium or coma supervene, and the act of dissolution is occasionally preceded by general convulsions. Diagnosis was very easy, but the disease

was so Protean in its forms, and so uncertain in its course, that the prognosis was greatly embarrassed. The patients seemed generally to be worse on the 1st, 3d, and 5th days. Death appeared to be more common on the 6th day, but some few died as early as the 3d, and many lingered beyond a week. Several cases terminated in dysentery, and a good number in common intermittent fever.

The above sketch is purely typical, a Procrustean bed, upon which probably no single case could be accurately fixed. If it be a good general rule in medical philosophy, that each case should be as thoroughly studied, as if it were an isolated and specific disease, it is especially so in yellow-fever. It has been truly said, that an inexperienced observer might mistake several cases of yellow-fever in the same ward, for examples of as many different diseases. This diversity of symptoms, both in particular cases and in the general character of different epidemics, has given rise to all the discrepancies of description and contrarieties of opinion in the literature of the disease. I propose dwelling a little more minutely on some local features of importance, stating only what I have seen myself, without repeating the numerous and frequently discordant observations of others.

Head.—The headache was severe during the first febrile paroxysm, but abated during the remission, seldom to return, and never to resume its prior intensity. It was throbbing, boring, with a sense of undulation in the cranium. There was commonly soreness of the eye-balls on motion, sometimes photophobia, and in one case violent ear-ache. The posterior cervical muscles were sometimes stiff and painful, and, after the headache disappeared, the scalp was frequently tender to the touch. There was sometimes a sensation, as if the head were very much enlarged. The pain in the head in a few cases was general, but it was almost always referred to the supra-orbital region. I believe it will be usually found, that when the organic functions bear the brunt of disease, the headache will be referred to the anterior part of the cranium, while the derangements of animal life are rather displayed by vertical and occipital headache. The *rationale* may lie in the fact, that the

frontal sinuses are lined with mucous membrane, associated with the other mucous membranes through the medium of the cranial ramifications of the great sympathetic or ganglionic system.

Eyes.—The redness, brilliancy, and watery suffusion of the eyes, is more marked in the first stage of yellow-fever, than in any of its allied diseases. They generally cleared up naturally, when the febrile impetus abated, but if they continued injected, or became so again during the course of the disease, it was ominous of greater danger and of a more tedious recovery. Yellowness of the conjunctivæ was very common. Its sudden appearance, whilst the other symptoms were apparently favorable, gave grounds for serious apprehensions. In several cases the yellowness, both of the eyes and skin, came on during tardy convalescence. I saw no case of hæmorrhage from the eyes. In one or two cases, there was transient blindness without disturbance of intellect; and, preceding convulsions by some hours, I noticed a fixed obliquity of the axes of vision.

Nose.—Many cases began with symptoms of what is called a "cold in the head." Hæmorrhage, generally slight, occurred from the nasal membrane, sometimes early, sometimes late in the disease. The former might be called the hæmorrhage of active congestion or of arterial plethora; the latter the hæmorrhage of morbid transudation. I could not see that either of them had the least prognostic value. Children were very apt to pick the nose as the disease diminished, sometimes so pertinaciously as to make it bleed and leave unsightly scabs.

Mouth and Pharynx.—The tongue, white-coated and crimson-edged at first, became frequently yellow or brownish. In a few instances, it was fiery-red all over, like raw beef, and in one protracted case, it was glazed, red, stiff, and dry. Sometimes, it was almost natural throughout the disease, even in fatal cases. I saw little of that tremulous, sluggish, difficult motion, common in typhoid fever. A vertical thickening of the tongue, probably from effusion into its cellular tissue, like that under the skin, I came to regard as a rather unfavorable sign. There was, generally, a bad taste in the mouth, and the breath was always offensive, but my olfactories could not detect

any speciality about it, by which I could recognize yellow-fever. Spontaneous ptyalism sometimes occurred, one or two cases of which were ascribed by the unscrupulous malice of our opponents, to the secret use of calomel. Hæmorrhage from the gums, fauces, and pharynx, occurred in some bad cases. The fluid was like thin molasses; in one case, like prune-juice, and exuded slowly, but in considerable quantity. The mucus hawked up from the pharynx, was frequently tinged or streaked with the same kind of blood. There was common complaint of heat, soreness, and tenderness, throughout the mouth. Sore throat sometimes existed, with redness, swelling, and difficult deglutition. An acrid, nauseated, burning sensation in the fauces, was a symptom of the second stage.

Stomach.—Positive pain in the epigastrium sometimes occurred, but there were oftener only soreness, and sense of weakness and oppression. Thirst, burning in the pit of the stomach, and an indescribable, empty, gnawing, sinking feeling preceded and accompanied the nausea and vomiting, which were the most troublesome and distressing of the yellow-fever symptoms. An insensibility to external pressure stood occasionally in strange discordance with the gastric irritability, and other symptoms of gastro-enteritis. Acid and acrid eructations were very common. Every thing, even cold water, was said by the patient to “sour on the stomach.” Conjoined with all of these symptoms, there was sometimes a morbid, canine hunger, which made the patient forget every thing else, and think that could he only eat something, he would be perfectly well. The nausea was provoked by eating, by motion, and in some cases, by lying on the left side. Hiccough, which Dr. STOKES considers a strong sign of inflammation about the cardiac orifice of the stomach, occurred in some bad cases. The matters ejected, were at first acid, mucous, and watery, followed sometimes by greenish-yellow fluids. Subsequently, the appearance of a few dark specks here and there, foreboded the coming hæmorrhage. Sometimes there was a regular hæmatemesis, the blood varying from dark-red to a deep black, according, probably, to the length of time it had been subjected to the

acids of the stomach, before being thrown up. Occasionally, the liquid part was of a light-claret color, with shreds, or little masses, of dirty mucous membrane floating about in it. There was a brown, jelly-like matter sometimes, intermediate between this last and pure black vomit. Black vomit, which is, evidently, blood in a minutely granular state, has been aptly compared to very fine coffee-grounds, and to snuff, mixed with just enough water to make it trickle. The quantity vomited up is sometimes very great, and it is frequently found distending the whole intestinal tube after death. It is sometimes spirted out of the mouth over the bed-clothes or floor, like the vomiting of Asiatic cholera. If the patient is very much prostrated, it is merely gulped up with a kind of eructating motion, and then runs out at the corners of the mouth. It is said to be distinctly acid, reddening litmus paper, and effervescing with carbonates. It may be arrested by medicines, or cease spontaneously, even several days before death. As we shall see hereafter, it is not always, nor necessarily, a fatal symptom.

Genito-Urinary Apparatus.—The uterus and vagina were by no means exempted from the hæmorrhagic tendencies of the other mucous membranes. Sometimes this discharge was very profuse, and in one case there was dreadful excoriation around the vulva. In pregnant women, spasmodic uterine pains were very generally excited, and, in several cases, abortion took place. Such complication, of course, greatly augmented the danger of the patient. One lady had convalesced satisfactorily to the eighth day, when abortion came on, profuse hæmorrhage followed, and she died next day with the black vomit. The urine, as usual in fevers, was at first scanty and red. In a few cases it was limpid and in great quantities, indicating a serious implication of the nervous system. In the second stage it was intensely yellow, or occasionally turbid and brownish, like porter. This last was sometimes largely excreted, without proving critical. Urging to urinate, and small, bloody discharges, took place in some cases. Suppression of urine is perhaps more frequent in severe cases of this, than in any other disease, except Asiatic cholera. It was always a symp-

tom of formidable character, and when conjoined with black vomit and delirium, presaged too certainly the approach of death.

Other Abdominal Organs.—A sense of fullness, tenderness and pain in the hypochondria was occasionally observed, but never so marked as to suggest inflammation of the liver or spleen. In a great many cases there were tenderness and pain below the umbilicus, and oftener on the right than the left side. Flatulence was a common and annoying symptom. If spontaneous diarrhoea occurred, the stools were always bilious. Subsequently, they consisted of the molasses-like blood rendered blacker than elsewhere by the sulphuretted hydrogen of the lower intestines. I saw no case of the swelling of the groin, or sloughing of the scrotum, mentioned by some West-Indian writers.

Chest.—The thoracic organs were not primarily deranged. There was no fixed, distinct pain, referred either to the heart or lungs. The heart was accelerated during the febrile action, the pulse being full, strong, and regular. In the latter stages, its beat became rapid, tumultuous, small, irregular, and sometimes intermittent. A soft, full, compressible pulse, averaging 100, was very common throughout the disease, whether mild or severe. In one case, the wrist was pulseless for some hours, as in Asiatic cholera, and the pulsation returned during a partial but transitory reaction. Deep sighing respiration, at irregular intervals, was quite common, and indicated pulmonary congestion, or deficient innervation. Irregular and distinctly intermittent breathing in an infant, due probably to effusion upon the respiratory nerve-centres, terminated in convulsions and death. One lady, laboring under chronic bronchitis, had bloody expectoration during the fever; but I met with no case of hæmorrhage from the pulmonary membrane analogous to those from the other mucous surfaces. The vito-chemical processes excited by a constant renewal of oxygen, may keep up the activity of the capillary circulation, and prevent that partial stasis of the blood which must necessarily precede its transudation.

Nervous System.—In all points of view, as the medium of the

mind and of the senses, as an excito-motory apparatus, both voluntary and involuntary, and as exerting a powerful exciting or depressing influence over the organic processes, the nervous system was both primarily and secondarily implicated. The subjective phenomena were numerous and distressing—pains, nausea, vertigo, numbness, bad taste, thirst, hunger, coldness, burning heat, frightful dreams, and a great variety of abnormal sensations. Fear, as in other epidemics, was a predisposing cause of the disease, and some patients were stricken from the beginning with apprehension amounting to a presentiment of their approaching death. Sleeplessness, and great restlessness, were common in severe cases. The sleeplessness was sometimes conjoined with great drowsiness, and the patient frequently started up from unrefreshing sleep, haunted by terrifying visions. The pains in the head, back, and limbs, were probably due to congestion of the cerebro-spinal axis, and its investing membranes. In one case, notwithstanding strong febrile symptoms, no complaint was made of any thing but intense pain in the ankles. The abdominal pains of the second stage, and even the thirst, nausea, heart-burn, &c., were sometimes distinctly, but irregularly intermittent, like the pains of colic, which is explained by the fact that all the functions of the ganglionic plexuses are rhythmical in their character. Even a current of electricity, according to VOLKMANN, is not transmitted continuously through them, but is broken up into a number of successive shocks. The pains reflected from the cerebro-spinal apparatus, were frequently shifting as to place, and varied as to intensity. Delirium sometimes occurred, in the first stage, when it was of little importance. Coming on, however, after a few days, and the result of vitiated blood acting upon the nerve-centres, it was very generally a fatal symptom. In some cases it was furious, the patient struggling desperately to get out of bed; but generally it was of the mild, incoherent, typhoid type. In an old drunkard, it was precisely the delirium of *mania a potu*. Stupor, even to profound coma, often marked the last stages. I heard of cases in which the intellect was retained to the last, as in Asiatic cholera; but in

the few death-scenes I witnessed, not a ray of thought was manifested.

Skin.—The temperature of the skin after the febrile paroxysm, was commonly natural, except when it subsided into the coldness of death. In a few cases there was the *calor mordax* of typhus. The perspirations were very irregular, sometimes only partial, sometimes offensive, and never, that I could discern, of the least prognostic value. Our patients, from a lingering allopathic prejudice, were at first anxious to keep covered up, take mustard foot-baths, drink hot tea, &c., to determine to the skin. But before the epidemic was over, so many allopathic cases reported to be doing finely, in a good perspiration one day, had black vomit the next, that our patients became generally willing to leave the case to pure, unperturbating Homœopathy. The yellowness came on generally by the 3d or 4th day, seldom earlier, and sometimes not until convalescence was established. The face and neck were often more yellow than the rest of the body. This yellowness occurred sometimes coincidentally with copious, bilious evacuations, as happens in many cases of jaundice—and on the other hand there was sometimes no yellowness when the bowels were obstinately constipated. The color commonly deepened very much after death. Petechiæ were sometimes observed in protracted cases. I saw the back (the most dependent portion) of a young infant covered with large bluish-black blotches, simultaneously with yellow eyes, urine and skin, black stools, and bloody vomit. Cutaneous eruptions were very common in the disease, but there was little uniformity in character or extent. The eruption was sometimes vesicular, sometimes like what is known as “prickly heat,” sometimes like nettle-rash, and again the skin presented the persistent, lobster-like redness of scarlatina. During convalescence, scabby eruptions, abscesses, pimples on the face, desquamation of the cuticle, particularly of the hands, feet, and face, were exceedingly common.

The scalpel has as yet given us but little definite or reliable knowledge of the anatomical lesions produced by yellow-fever. The diversity and contrariety of medical statements upon this subject are remarkable. If we abstract from the reports of

post-mortem examinations the traces of former acute or chronic diseases, the effects of the poisonous drugs used in the treatment, the cadaveric changes, and other sources of confusion and fallacy, but a meagre, and even then unreliable outline, will be left of the pure pathological anatomy of the disease. Of what significance is an anæmic, friable liver, when we do not know whether blood-letting and calomel, or yellow-fever produced it? The most important fact deduced from this source is that the morbid changes in the stomach, in the great majority of cases, are *not* those of inflammation. The most distinguished pathologists concur in the opinion that besides redness there must be thickening of the mucous membrane, (which has never been found,) and a greater degree of softening than has ever been observed, to warrant our identifying the last stages of yellow-fever with gastro-enteritis. The great mass of the *post-mortem* appearances may be, no doubt, referred to the chemical and physical changes in the blood, its stasis in, and exudation from the capillary vessels.

III. PATHOLOGY.

Pathology in its widest sense is the interpretation of morbid phenomena. The only key to its secrets will be a perfected physiology, for "the pathological process," in HENLE'S philosophic definition, "is the manifestation of the typical or physiological forces under abnormal conditions." The repair of injuries is not a peculiar measure adopted by some "*vis medicatrix*" in cases of emergency, but the common and ordinary nutrition of the part taking place under unusual circumstances. Disease is not an entity introduced from without and preying upon the living tissues—nor does it alone consist in the reaction of the vital forces against the disturbing cause. It is the abnormal action of the vital force itself, characterized by stimulation, depression, perversion, or other terms. This principle must be kept constantly in view when we survey the various phenomena of disease with the hope of establishing a chain of relationship between them, which shall illustrate and simplify our conceptions of the morbid process. From this point of view, we will endeavor to analyze and reduce to something like sys-

tematic order, the confused mass of symptoms which I have here brought together. He would be a bold man who should pretend, with our present limited knowledge, to construct a satisfactory pathology of yellow-fever. Speculation, however, upon such an important subject is not idle or worthless, even if it be fruitful of nothing but suggestions. Fact and theory are the body and soul of science, and it has ever been the highest aim of philosophy to make them blend into harmonious life and beauty.

There are three classes of pathologists named—according to the view they take of the point and mode of the morbid invasion—*solidists*, *humoralists*, and *neuropathists*. The first believe diseases to be of local origin, arising primarily from some impression made on the parenchyma of the organs. The school may almost be said to be extinct, but it bequeathed us the valuable fact that local determinations and changes occur in almost all general and continued diseases. The humoralists, carried away by the partial truth derived from the chemical analysis of the blood and other fluids, have revived, amended, and enlarged the old doctrine of peccant humors and critical expulsions. The neural pathology has arisen from the minute and comprehensive cultivation of physiological science, for which the last half century has been so distinguished. It takes higher ground, covers and explains more phenomena, and has greater power, scope, and plausibility, than either of the others. But he has taken a narrow view of the wonderful combination of apparatus and processes through which our human life is manifested, who, in the midst of such a labyrinth of mysteries, can say of disease, lo! it is here, or lo! it is there. We may safely take the broadest position, and say that there is no disease in which the nervous system, the blood, and one or more organic tissues are not involved. Just as the rivers and lines of commerce, the agricultural area, and the cities and towns, as greater and less centres of civil life, are blended harmoniously together, so are the functions in health, and their derangements in disease.

A pathological theory of yellow-fever, to be satisfactory, must embrace and explain, as far as possible, all the disturbances in-

cident to the disease. Let us suppose it to be divided into two stages—the first consisting of the chill, febrile paroxysm and remission; the second of the subsequent symptoms, chiefly abdominal, and the various sympathetic phenomena dependent upon them. The first stage we may reasonably compare to the poisoning of the cerebro-spinal system by malaria, and call its pathology a modified innervation of that system. The second stage may be compared to a less obvious but profounder poisoning of the ganglionic system. The main feature of this is modification of function and secretion. These changes exert a progressive toxic influence upon the blood, during the course of which it partially stagnates and exudes from the mucous membranes or into the cellular tissue. This vitiated fluid then reacts upon the nerve-centres—producing delirium, coma, or paralysis of the *medulla oblongata*. The different links in this morbid chain are worth studying, particularly by the Homœopath, who must select those remedial agents whose pathogenetic effects are parallel with and similar to the pathological process under treatment.

The first stage of yellow-fever, like that of bilious remittent, or like a single paroxysm of intermittent, has its cold, hot, and sweating periods, although the last is sometimes but faintly marked. A chill is characterized by a constriction of the capillary tissues, a laxity or febleness of muscular fibre, coldness both objective and subjective, diminished secretions, (for the organic constituents of even the urine are not separated in usual quantity from the blood, while the watery portion merely exudes through the venal parenchyma,) and abnormal sensations, such as vertigo, nausea, pain, &c., &c. All this is evidently a deficient innervation or a kind of sub-paralysis of those nerve-centres which promote muscular tonicity, regulate the capillary circulation, and influence directly and powerfully the chemical transformations of organic life and the evolution of animal heat. The symptoms may be not inaptly compared to the coldness, pallor, chattering, muscular tremor, enuresis, and palpitation of extreme fear. The vomiting of this stage is not of gastric but cerebral origin—like that which results from concussion of the brain. It is very probable that the constriction

of the capillaries is not confined to the skin, (why should it be ?) but extends throughout the mucous membranes. A shrunken, contracted state of the liver especially, and of all the mucous membranes from which the portal veins arise, will explain the reflux of blood upon the spleen, and the consequent engorgement of that organ in intermittents. Anatomical considerations will also show why the heart, lungs, and kidneys, should be the next most remarkable centres of congestion. It may be here observed that the chilly stage of yellow-fever is usually short and slight, sometimes exceedingly evanescent, and that it seldom or never returns.

The explanation usually given of the passage of the cold into the hot stage is very unsatisfactory. It is said that the centripetal fluxion of blood stimulates the heart to vigorous contractions, which overcome the obstacle in front, and gradually restore the equilibrium of the circulation. This rationale depends on the truth of HALLER'S doctrine of the inherent irritability of muscular fibre, a doctrine strongly questioned, if not quite subverted, by recent physiological discoveries. The heart of the frog was known to beat for a considerable time after being exsected from the body ; but, it has been observed, that when a nervous ganglion, found in its substance, is removed, no possible stimulation can excite any muscular contraction. This, and many correlated facts, lead to the inference that muscular fibre is a mere medium for the manifestation of nerve-force, and that all the motions of the heart and other muscles are due to innervation alone. If it were possible to keep up the nervous supply, and to nourish the muscle itself, all the time, the heart would, no doubt, circulate water, or milk, or any other fluid as readily as blood. The accession of the hot stage is caused by a change in the nerve-centres. It is a reversal of nervous action, an oscillation of the pendulum to the other extremity of the arc. In the act of blushing, in the engorgement of the erectile tissues, in the circumscribed heat and redness of the hectic flush, &c., we see the very opposite conditions of those we have just described, produced by nervous action alone. These phenomena exhibit, in miniature, what takes place universally in fever. The capillaries relax and be-

come turgid; the internal congestions are relieved; animal heat evolved; the secretions restored, and the whole system resumes its normal state. The reaction is most probably effected by the impressions conveyed from the abnormal peripheries by the centripetal nerve-trunks to the nerve-centres, just as the pain of inflammation is produced by the swelling. This view is entirely accordant with HENLE's conclusion, "that *even* where *external* influences occasion increased accumulation of blood, and exudation, the cause of the phenomena proceeds from the centripetal nerves." The blood moves more slowly through the turgid and congested capillaries, and is thus, as it were, dammed back towards the heart. The pulse is full, strong, hard, resisting, because the artery is dilated and distended, and not because the blood is moving through it more rapidly, forcibly, or in greater quantity. "Strong pulsation," says HENLE, "far from being an evidence of increased vital activity of an artery, proves, much rather, that its vital energy is weakened." Why may not the same fact be predicated of the heart itself, notwithstanding its apparent excitement? Is it not altogether probable that it is passively responsive to the changes going on in the nervous system; and that the full, hard beat of the hot stage is simply the natural transition-state from the tumultuous action of the cold stage towards the functional manifestations of health?

The evolution of caloric is the exponent of the chemical changes going on in the body; and both in the human organism are notably dependent on the nervous system. Animal heat is increased by the exciting, and diminished by the depressing passions. It is lessened, also, in sleep, when the nervous energies are dormant. A paralyzed limb is colder than one not paralyzed. When the nerve-centres are removed, the body cools rapidly, notwithstanding the artificial maintenance of respiration and circulation. Heat is the unfailling index of chemical transmutation. In the febrile paroxysm, before the secretions are unlocked, the chemical affinities prey upon the adipose and other tissues, as in the animal stage of hybernation. It is waste without supply, and hence the emaciation of disease. Simple determination of arterial blood to a part cannot cause

secretion. The skin remains red, and dry, and burning for hours; but the return of perspiration indicates that the nervous system has resumed its normal play, and permitted the cutaneous secretion. This return of organic activity generally begins in the viscera, and the immense outpouring of the gastric, duodenal, and hepatic secretions may give rise to the nausea and vomiting of the hot stage. The pains subside with the restoration of function; and the intermission, or remission, has come.

So far the symptoms of yellow-fever are not dangerous. We have described simply a paroxysm of intermittent. It is almost always the initiatory stage of yellow-fever, but just such a paroxysm never returns in pure yellow-fever. When, after a few hours, the patient gets worse, the symptoms all point to a derangement of the ganglionic nervous system. The local determination is to the mucous and serous membranes, particularly to the former, and more especially to those parts supplied by the great abdominal plexuses. The violent pains of this stage are all neuralgiæ of these nerves. Nausea and the various subjective sensations, sticking, boring, burning, pressing, sinking, empty, raw, tender, &c., &c., are impressions made by the organic disturbances on the sensorium, and interpreted in the language and according to the experience of the special senses. The principal objective symptoms are perverted or arrested secretion, stasis of blood, and, finally, exudation. The various muscular contractions of this stage, the hiccough, the vomiting, the occasional intestinal and vesical urging, the uterine spasms, the not infrequent rapid action of the heart, the extreme jactitation, &c., &c., are reflex phenomena excited by the abnormal condition of the viscera. We cannot define, precisely, the relation which these two stages bear to each other; but it is because we are still ignorant of the corresponding relations of the cerebro-spinal and ganglionic symptoms. It is probable that the ganglionic system is the primary and real seat of the yellow-fever poisoning, and that the first stage, or febrile paroxysm, is purely sympathetic. This supposition is supported by the remarkable injection of the conjunctiva from the beginning; it being a visible intimation of a corresponding

derangement of the nerve-centres, whose branches impinge upon the mucous membranes, which are not seen. The florid edges of the tongue, appearing so early, may have the same significance.

In what the morbid process really consists, we cannot determine; for we know, positively, nothing of the essential nature of disease. We may safely say that it is not the process we call inflammation; for post-mortem examinations have given no evidence of fibrinous effusion with the adhesions, thickening, induration, or ulceration, so uniformly found as proofs of that condition. The burning in the pit of the stomach is no sign of it, because it is even more strongly marked in Asiatic cholera, in which inflammation was never suspected. The tenderness, on pressure, is equivocal, being sometimes absent in the worst cases, and frequently present as a mere index of nervous irritability. The lesions are what the pathologists call functional, in contra-distinction to organic. Hence we may approximate the workings of the disease when we call it a perverted application of the nervous energies, emanating from the ganglionic centres. It seems to be more than a simple depression, or excitation, and perversion is a more comprehensive and suitable phrase. One prominent effect is, no doubt, depraved secretion. This is evident in the stomach during what DR. BLAIR calls the stage of acid elimination, and, it is probable, in the liver and kidneys. The next remarkable effect is the stasis of blood; and when we recollect that the blood-vessels are supplied with nerves from the great sympathetic, we may readily conceive the dependence of this symptom, also, on the state of the ganglionic centres. The next symptom we might expect to be arrest of secretion, and so it is. A diseased organ already secreting badly, or abnormally, in which deteriorated blood stagnates, is not likely to secrete at all. The liver is generally the first to stop working; the kidney the last. The matter vomited for some time previous to black vomit has seldom a trace of bile. Absorption, however, is still comparatively active. The bile last exuded from the hepatic cells, and stagnating in the radicles of the biliary duct, from absence of the *vis a tergo*, is taken up into the circulation, and gives the yellow

tinge to the urine, skin, conjunctivæ, &c. The same thing happens in jaundice, and is a symptom of very little importance. The state of the liver, in yellow-fever, is but one link in a long chain of morbid phenomena, and by no means the most essential one. The absorption of the last particles of urea, secreted in the cortical portion of the kidneys, is a more dangerous symptom, because urea is a prompt and fatal poison to the nerve-centres.*

We have assumed a progressive poisoning of the blood in yellow-fever, as in other zymotic diseases. The fermentation theory of LIEBIG has been proven to be a hasty and unphilosophic generalization, unsustained by facts, and supported only by crude analogies. The deterioration of the blood is not produced by the multiplication of virus in molecular form. If such virus enter the blood, as is probable, indeed almost certain, in those cases propagated by contagion, it acts on the nerve-centres like other poisons taken into the circulating current. The changes in the nerve-centres alone, are quite capable of producing the vitiated blood of yellow-fever. A fit of passion produced almost instant jaundice, absorption of bile, effusion of yellow serum into the cellular tissue, conjunctiva, &c., in Murat, when he was king of Naples. Mental emotions have caused changes in the mother's milk, sufficient to poison the child. MAYO states that when the pulmonary innervation is cut off by section of the eighth pair, the blood is partially deprived of its fibrin, and the fibrin and hæmatosin are found separated in the pulmonary veins. The same experiment made by DUPUY upon a horse, led to a dissolved state of the blood, and this devitalized blood, injected into the veins of another horse, caused gangrene. DR. BELL has seen sun-stroke produce rapid deterioration of the blood, and breaking down of all the solids of the body, so that the smell of putrefaction existed even before death. MR. DICKINSON, good authority in tropical fevers, states that he has seen pure black vomit induced by sun-stroke and by injuries of the brain. The continued functional derangement of the whole blood-

* The later experiments of physiologists seem to refute this old opinion.—Ed.

making apparatus is a sufficient cause of the deterioration of the blood. This vitiated state is, no doubt, vastly increased by the retention, in the circulation, of the carbon and nitrogen which should have been eliminated, the former by the liver, the latter by the kidneys.

The hæmorrhagic transudation of the second stage depends upon two causes acting conjointly; the want of plasticity and arterialization of the blood, and the relaxed state of the capillaries, induced by their abnormal innervation. That the state of the nerve-centres alone may so modify the capillaries under their control as to permit or induce hæmorrhage, is evident from the hæmatemesis which occurs when the state of the uterine nerve-centres is reflected upon those of the stomach. Black vomit, the most dreaded of these exudations, is blood chemically modified by the gastric secretions. The vomiting preceding its appearance, is almost always intensely acid. The blood is poured out by a kind of *exosmosis*; for the membranes are generally perfectly free from any trace of rupture. The albuminous part of the effused liquid is coagulated into that finely-granulated state compared to coffee-grounds, while the coloring-matter, already dark by excess of carbonaceous matters, is rendered pitch-black by the sulphuretted hydrogen and other chemical agents always present in the intestinal tube. This coffee-ground substance is only found in that tube, the hæmorrhages from other points being uniformly of dissolved, molasses-like blood. Dr. STEVENS, who has a chemical theory to maintain, says that black vomit and blood taken from the heart after death, looked exactly alike—a beautiful specimen of analytic argument! if he means us to infer that the substance of black vomit circulated in the vessels before death. It is impossible to conceive how the nervous functions could be carried on a moment with such a plasma for their nutrition. When people die with black vomit, while the intellectual faculties are perfect, it is very improbable that the blood is more vitiated than it commonly is in scurvy. It is also likely that blood exuded from all the surfaces is considerably modified *in transitu* through the diseased membranes. Blood drawn from the arms by Dr. BLAIR, in the second stage, although the serum

was yellow, coagulated firmly, and in one case fibrinous blood was obtained from the veins, while the dissolved, molasses-like blood was oozing from the mouth and anus. The occurrence of black vomit is of such bad augury, not because it shows a thoroughly devitalized state of the blood, but because it indicates a state of the solar plexus particularly, and the ganglionic system generally, which, from their intimate sympathies with the *medulla oblongata*, is likely to prove fatal to life. This is readily understood when we reflect that through the same sympathies, a blow upon the epigastrium can kill by causing almost instant paralysis of the brain, heart, and lungs.

We may here dismiss the subject without attempting to analyze the mode of death. We see that the vomiting, the suppressed secretions, the febrile action, the hæmorrhages, &c., to which allopathic medication is directed, are all secondary phenomena, mere external indices of the disease which has its seat higher and nearer to the secret recesses of life. All effort to modify these peripheral derangements without striking at the cause and root of them, is not only useless, but injurious. Allopathic readers may probably not understand this neural pathology of yellow-fever, because none of their favorite indications can be deduced from it. Neither blood-letting, nor calomel, nor quinine, are sanctioned by it. The Homœopath, however, who is not obliged to square his pathology to the supposed action of his drugs, can get at the pure facts of nature unbiassed by theories of any kind. He has only to find a remedy which shall produce a train of similar peripheral derangements, indicating an action on the nerve-centres similar to that of the disease. Without its producing this, that, or the other physiological disturbance, the disease and its symptoms gradually subside under its administration.

IV. TREATMENT.

Before passing to the homœopathic treatment of yellow-fever, I cannot forbear making a few strictures on the methods by which allopathic physicians flatter themselves they can encounter this formidable disease. No "outsider" could be

more severe on the whole school than the adherents of different practices in it have always been, and still are, on each other. They harmonized in little but in blistering the epigastrium, and abusing Homœopathy. There were several theories in vogue during the present epidemic, but they were the old ones revamped, with little revision and no amendment. The wonderful advances in chemistry, physiology, and pathology, gave no new light to the therapeutical management of yellow-fever. The dominant Molochs of allopathy, the lancet, calomel, quinine, and "expectant medicine," each had his altar, and each received a satisfactory quota of victims. We will take a brief glance at these toxicological appliances for the cure of disease, which will hereafter be characterized as having belonged to the dark ages of medical opinion.

The idea of depletion is thoroughly ingrained into the allopathic philosophy of medication. Founded on the plausible fallacy that disease is a state of excitement requiring means of moderation, it proceeds, by perturbing measures, to increase the evil it would remove, or to superinduce other and worse dangers on those already existing. There is no doubt that abstraction of blood will frequently give prompt relief to pain by diminishing the nutrition of the nerve-centres, and thereby modifying and lessening sensibility; but that it impairs the vital powers, disturbs the natural process of cure, complicates the phenomena, makes organic lesions more liable to occur, and retards recovery, is almost unquestionable. Many standard allopathic authorities have been driven to this conclusion. Professor SKEY, one of the most distinguished of the British physicians and surgeons, asserts in severer terms than even Homœopaths are accustomed to use, that science affords no sanction to the practice of general depletion in inflammatory diseases. He even states that a resort to leeches in peritonitis is, in his opinion, the death-warrant of the patient. Professor BOCK, of Leipsic, expresses similar views, and confesses (a rare specimen of candor!) that the Homœopaths cure the various inflammations of the viscera as well, or better, than the physicians of his own school. The accessory depletive measures, purgation, diaphoresis, &c., are just as irrational as

blood-letting, and, as the success of homœopathic practice has shown, just as unnecessary. They arose out of the erroneous doctrine of *crisis*, it being supposed that as diseases sometimes disappear with diarrhœa, sweating, &c., the artificial production of similar states might hasten the cure of the disease. HENLE has shown that the so-called critical discharges are only symptomatic, and that many more recoveries take place without than with them. The use of purgatives is, however, sometimes rudely homœopathic, acting on the mucous membrane like a blister on the skin, and curing by indirect irritation.

A resort to the specific action of *mercury* is the forlorn shift of unphilosophic empiricism. *Mercury* is homœopathic to syphilis, dysentery, and many other morbid states which are daily cured by allopathic practitioners on HAHNEMANN'S principles. There is, however, no more poignant satire on the medical profession, the meagreness of its knowledge, and the poverty of its resources, than the history of the abuse of *mercury* for the last fifty years. In yellow-fever, mercurialization is the superinduction of another and very different, and therefore not curative, disease on the one already existing. The medical man who, in the present state of science, bases the pathology of yellow-fever on suppressed or retained hepatic secretion, and uses calomel as an "open sesame"—should be delivered over to the cholagogue nostrum-makers, or to a committee of "bilious" hypochondriacs. On this point I cannot do better than quote a learned and able critic in the *British and Foreign Medico-Chirurgical Review*, (October 1850 : page 426,) in an article on Dr. BLAIR'S account of the yellow-fever of British Guiana :

"We are sorry to find Dr. BLAIR countenancing that abominable system of large doses of calomel, which was first recommended on the strength of a crazy hypothesis, and has since been persevered in by some with a tenacity that one can heartily wish had been applied to a better cause. After the first large dose of calomel and quinine, similar large doses were given, so that 'calomel and quinine might be introduced *cito, tuto, et jucunde (!)*' " Dr. DAVY says in a note, "The above treatment by calomel and quinine was tried in the last endemic fever of Barbadoes, and extensively, but I regret to say, not with the same success. It has been tried five hundred times, and it is really too bad to make us go through the same dreary catalogue of calomel—calomel for ever."

The above is the language of the highest allopathic authority, applied to the most prevalent measures of allopathic treatment. Truly, a house divided against itself shall not stand.

Of the *modus operandi* of *quinine*, in large or small doses, so little is really known, that its use in yellow-fever is simply a toxicological experiment on the human body, differing from MAGENDIE's scientific cruelties only in this, that the subjects, instead of being animals, are sick people. The supposed resemblance to malignant intermittent no doubt suggested its employment, but it has never commanded the attention or confidence of even a respectable minority of the Old School profession. There is not a tittle of reliable evidence, that it can be rationally indicated in any of the zymotic diseases of which yellow-fever is unquestionably one. I am fully persuaded upon theoretical grounds, (for I was never guilty of the culpable experiment,) that it has frequently accelerated the fatal termination by producing congestion of the cerebro-spinal centres.

The expectant or do-nothing treatment has been fatal enough in the hands of French and Spanish physicians. Dr. BLAIR says that the mortality of untreated cases in British Guiana was about *twenty-nine* per cent. And the apology usually offered for such a vast number of deaths at New-Orleans and elsewhere, is, that a great many had no medical attendance at all, or none in time. These are the strongest negative proofs of the curative efficacy of the homœopathic method; for nothing but purblind prejudice or stupidity can fail to see the inconsistency in the two pleas, that allopathic patients died because they were left to nature, and homœopathic patients got well for the very same reason. A distinguished Austrian Allopath treated pneumonia with sugared water, and found it much more curative than old-school physic, and honest statistics might reveal the same fact as to yellow-fever.

The Old and New Schools of medicine verge nearer to each other on the question of counter-irritation or revulsion than upon any other point of therapeutics. Many lives, I believe, have been saved in allopathic hands by the indirect homœopathic action of a blister. They still cite the old and exploded

explanations—that of derivation of morbid stimulus from the diseased part to the periphery; that of a new impression breaking the concatenation of morbid phenomena; that of another disease incompatible with the one to be cured, &c., &c. The simple fact, intelligible to every tyro in physiology is, that the peripheral stimulus is reflected through the agency of the nervous system, according to its well-known laws, on the diseased part itself, making an indirect but purely homœopathic cure. We do not employ such counter-irritation, because we have found the *direct* homœopathic treatment by attenuated drugs to be much more successful, and quite capable alone of leading the disease to a fortunate issue. Allopathists who dared to experiment, in hope of finding something better than the present dubious measures, have sometimes stumbled upon homœopathic remedies, with which their success would have been much greater had their doses been much less. A case in point is found in Mr. HACKETT'S Use of Croton-oil in Yellow-fever. (*Cyclop. Pract. Medicine*, vol. 2, p. 264). The Homœopath who has studied the pathogenesis of that drug will understand Mr. HACKETT'S remarks, and believe them much more readily than one of his own brethren. "The power of *croton-oil* in allaying gastric irritability and general nervous excitement, as well as in restoring the circulation to the surface, and thus relieving the congested state of the internal and deep-seated vessels, is really extraordinary; and though it may seem for the moment when first given, to increase the irritability, [homœopathic aggravation!] yet after a little time I have scarcely ever seen it fail in producing the desired end."

The homœopathic law "*similia similibus curantur*," is the golden chain which unites the whole brotherhood of its believers in a scientific precision and successful harmony of practice. HAHNEMANN'S achievement was not the invention of a mode of cure, but the discovery of a law of nature. Allopathic practice, with the exception of its empirical cures, which have all a homœopathic foundation, is based upon some theory, physiological, chemical, or pathological, and the failure of the method is always proportioned to the fallacy of the medical hypothesis. By the very nature of his system, the homœo-

pathic physician is precluded from the exercise of the theorizing faculty at the bed-side. He has two great series of *facts*—the phenomena of disease, and the effects of drugs upon the healthy. From the latter, he endeavors to select a remedy which produces a train of functional and organic lesions similar to the former. His success depends upon the number, scope, and purity of his facts of both classes. Hence the progress of Homœopathy depends upon that of Chemistry, Toxicology, *Materia Medica*, Physiology, Pathology general and special, and all the correlated sciences. It rejects nothing but the worthless experiments upon sick people with poisonous doses of drugs. We need not pause to inquire into the *modus operandi* of our medicines: the sailor had as well disbelieve his needle because he cannot tell *why* it points to the pole. With the means of cure in our hands, we may safely leave to future times the solution of an enigma which will possibly require for its elucidation the concentrated light of a whole cycle of perfected sciences. Gravitation is not the less a fact because its principle is still one of the unsolved riddles of the universe.

If the chill was violent, or persisted long, I ordered *Tincture of Camphor* every ten minutes in drop doses, a procedure eminently successful in Asiatic cholera and in the cold stage of malignant intermittents. The primary action of *Camphor* is still a mooted point in Toxicology. I met not long since in an old book, (CULLEN'S *Materia Medica*,) some interesting facts in proof of the best substantiated view, namely, that its primary effect is a great reduction of animal temperature. The operation of *Camphor* is so evanescent that it in no wise interferes with the efficacy of the subsequent remedies. I made no objection to hot foot-baths, warm fomentations, and other sudorific appliances, (with the exception of herb-teas,) which the friends were generally anxious to employ, unless I saw that they rendered the patient positively uncomfortable. *Aconite* and *belladonna* in alternation were the specific remedies for the first stage. Others might be added or interposed to relieve particular symptoms; but these two were invariably employed, covering as they do every feature described as incident to the febrile paroxysm of yellow-fever, and indeed many later and more dangerous phenomena of the

disease. To run a parallel between the symptoms of yellow-fever and those produced by these drugs, would be to abstract whole pages from the *Materia Medica*. It is needless to recapitulate what must be familiar to every Homœopath; and if I chance to have an inquiring allopathic reader, I refer him to the pathogenesis of those remedies in JAHR'S *Manual*. Nor need I speculate on the pathology of the *aconite* and *belladonna* poisonings. They evidently show that profound lesion of innervation, subsequent nervous and vascular erethism, and local determinations to the cutaneous and mucous membranes so strongly characteristic of the yellow-fever poisoning. They are complements of each other in making out the whole morbid picture, and were therefore used in alternation, every half-hour at first, the interval being afterwards lengthened to one, and in mild cases to two hours. In a few cases, I used a drop of pure tincture in half a tumbler of water; but I generally contented myself with 5 or 6 drops of the 1st centesimal dilution prepared in the same manner, of which one tea-spoonful was given at a time. A similar preparation of *ipecacuanha* was commonly left, to be administered after each act of vomiting, if gastric irritability came on. In very mild cases these remedies alone sufficed, and rapid convalescence left no further need of medication.

When the second stage came on, the cerebro-spinal symptoms disappearing, or being much ameliorated, while the patient complained of nausea, prostration, acid or burning sensations, pain in the abdomen, thirst, restlessness, &c., a change of remedies was demanded. On studying over the symptoms of this stage, ninety-nine Homœopaths out of a hundred would suggest *Arsenic* as one of the main remedies. But, lest my allopathic reader should distrust HAHNEMANN'S *Materia Medica*, or JAHR'S *Manual*, I will collate from the nearest allopathic authority, which happens to be TAYLOR on *Poisons*, some of the prominent symptoms of the Arsenical pathogenesis:

"Faintness, depression, nausea, with intense burning in the region of the stomach, increased by pressure.—Violent vomiting, of a brown, turbid matter, mixed with mucus, and sometimes stained with blood.—Sense of constriction, with a feeling of burning in the throat, often accompanied by intense thirst.—Pulse small, frequent, and irregular.—Skin cold and clammy, in the stage of collapse; at other times it is very hot.—Respiration feeble, and accompanied with sighing.—Inflammation of the con-

conjunctiva, with suffusion of the eyes and intolerance of light.—Irritation of the skin, accompanied by an eruption.—Exfoliation of the cuticle.—Great nervous irritability.—Intolerable pain in the bowels, with bloody stools.—Great emaciation, want of sleep, urine scanty, high-colored, and passed with an effort.—Suppression of urine.—Strangury and jaundice have been also noticed among the secondary symptoms.—Delirium, jactitation, coma, convulsions."

Finally, the anatomical lesions of *arsenic* are also remarkably similar to those of yellow-fever. They are the pure, dynamic effects of the drug acting through the nervous system; for it is well known, that its specific effects on the stomach will be produced by injecting the veins, or inserting it into a wound. Mr. TAYLOR says:

"Arsenic is not an irritant poison: it does not seem to possess any corrosive properties, that is, it has no chemical action on the animal tissues, and the changes met with in the alimentary canal of a person poisoned by it, are referrible to the effects of the inflammation excited by the poison, and not to any chemical action."

It is no objection at all that *arsenic* produces many more symptoms than those picked out, and that it cures many diseases not specially related to yellow-fever. A medicine which is capable of producing almost the entire group of yellow-fever symptoms of the second stage, must have a mode of action remarkably similar to that of the disease itself; and it is of that undiscovered, and perhaps undiscoverable mode of action, that the Homœopath, in accordance with his curative law, wishes to avail himself.

In looking for a complementary medicine, to alternate with *arsenic*, in order to fill up the morbid picture, we keep it in view, that it must be capable, chemically or otherwise, of deteriorating and devitalizing the blood, so as to give rise to hæmorrhages and extravasation, and render it unfit for the nutritive demands of the nervous system. No poisons, animal, vegetable, or mineral, do this more uniformly and effectually than the virus of serpents. With some of these poisons, particularly *crotalus* and *lachesis*, we have been made tolerably well acquainted, through the zealous and useful labors of Dr. CONSTANTINE HERING. They are remarkably similar in their action, like the isomorphous substances in Dr. BLAKE'S interesting experiments. We chose the *lachesis*, and the results were

so satisfactory, that *crotalus* was only used tentatively in one or two hopeless cases. I have no doubt, however, that the *crotalus* would answer the same uses. I employed the 4th trituration of *arsenic*, and the 5th of *lachesis*, alternating them, at intervals of an hour. Some few doubts I had entertained about the therapeutic value of *lachesis* were dissipated by the powerful efficacy of these remedies, in many severe, and some desperate cases of yellow-fever. When *belladonna* and *arsenic* produced no amelioration, a change to *arsenic* and *lachesis* brought about the desired amendment.

These remedies sufficed for very many severe cases of yellow-fever, but occasional symptoms arose from the idiosyncrasy of the individual or the peculiarity of the case, which called for other remedies. *Veratrum* was very useful in allaying the vomiting and abdominal pains. *Tartar-Emetic* succeeded, promptly, in some cases of prolonged and distressing nausea. *Chamomilla* did more for this gastric irritability than its rather mild pathogenesis would lead us to expect, particularly in the cases of women and children. Mustard-plasters to the epigastrium, and cold enemata were also used as palliatives for the nausea and vomiting. Very hot fomentations frequently diminished the excruciating pains in the bowels. When diarrhoea or dysenteric symptoms supervened, *mercurius*, *phosphorus*, or *colocynth* relieved them readily. *Cantharides* scarcely ever failed to remove strangury, and restore the renal secretions, in conjunction with *arsenic*. *Nux-vomica* was freely employed, as an adjuvant in persons much addicted to alcoholic liquors. *Chamomilla*, *sabina*, or *secale* generally caused the symptoms of threatened abortion to disappear. When the strong characteristics of yellow-fever gradually subsided, leaving the system prostrated and torpid, *rhus* and *bryonia* were used with good effect. *Belladonna*, *coffea* and *hyosciamus* were sometimes indicated at night for nervous sleeplessness. *Millefolium* was used in one case of abundant hæmorrhage from the mouth—and whether it was a coincidence or a cure—the bloody discharge was almost immediately checked. Some of our ultra Hahnemannian brethren may find fault with us for using such low dilutions, repeating them so frequently, and sometimes employ-

ing three remedies in quick succession. But the malignity and rapidity of the disease, the diversity and frequent incongruity of the symptoms, their Protean forms and treacherous character, warranted us in active and decisive measures. Homœopathic aggravation under such circumstances, is very little to be apprehended, foreshadowing as it does a curative result. A resort to the higher dilutions—6th, 12th, or 30th—after the lower had failed, was attended, in some cases, with the happiest effect.

If the above remedies proved inefficacious; if the patient sank; if the vomiting became worse, with brownish stains in the matters ejected, or any of those various hues which indicated hæmorrhage from the gastric mucous membrane, *nitrate of silver* was the remedy, conjoined with *arsenic* and *lachesis*. A reference to JAHR'S *Manual* will show the extensive applicability of this substance to yellow-fever. We made a 1st and 2nd centesimal trituration—all of which we used—and as the latter did just as well as the former, perhaps better, I infer that the action, like that of *arsenic*, was not topically stimulant, but dynamic. Indeed, what stimulus, in the allopathic sense of the word, can the one ten-thousandth of a grain of *nitrate of silver* dissolved in half a tumbler of water, and administered in tea-spoonful doses, give to the whole gastric mucous membrane? A much more *curative* one, I venture to say, than the same remedy would have made in larger doses. As it was, the medicine frequently aggravated; and one patient complained bitterly of the nausea it produced. In her case, this remedy, with *lachesis*, arrested all the dangerous symptoms, the prominent of which was vomiting of a brownish fluid, mixed with specks of pure coffee-ground matter. If no improvement was produced by these agents, the case was considered hopeless. One negro woman lived a week after black vomit, apparently, but not permanently rallied by *nitrate of silver*, *carbo-vegetabilis*, and *hydrocyanic-acid*.

Strict attention was paid to diet; a point of vast importance in managing the diseases of the blood-making apparatus. Arrow-root, rice-water, and black tea, with a little sugar and milk in it, were the standard articles for the first stage. During

the second stage, the canine hunger was sometimes distressing; but besides the above nutriment, we seldom permitted any thing but a tea-spoonful of pure cream, at regular intervals. Ice was allowed, in moderate quantities, for the thirst. During convalescence, the slightest imprudence in eating was apt to induce relapse. I have seen toasted bread, chicken-broth, soft-boiled eggs, &c., decidedly injurious. When the patient is able to pass from the farinaceous articles to something more nutritive, he may be permitted, at once, to chew pieces of good beef-steak. This is much better than beef-tea, because the act of mastication extracts the saliva, and incorporates it with the animal juice, thereby facilitating its digestion. Alcoholic stimulants were seldom given during the disease, or recommended to promote more rapid recovery. Confirmed toppers, however, were permitted to use small quantities of their favorite beverages during the latter stages of the disease.

V. RESULTS.

I treated 140 cases of yellow-fever between the 13th of August and the 15th of December, 1853. None of them were cases of ephemeral sickness—nothing but unequivocal, strongly-marked yellow-fever was admitted into the list. Of this number, 71 were white, and 69 colored; of the colored, 39 were blacks and 30 mulattoes. The adults were 93; children, 47; cases in town, 111; cases in the country, 29. Males, 60; females, 80. At least one half of the cases were very severe, the patient being for several days in a critical and dangerous situation. Of the 140 cases, 9 died. Of these, 6 were treated homœopathically by me from the beginning; 3 came into my hands on the 4th or 5th day of the disease, 2 of them having employed allopathic measures. Of the six treated with pure homœopathy from the beginning, one case was complicated with abortion and profuse hæmorrhage; another, a cachectic negro, died six weeks after the day of attack, in a typhoid condition—the sequel of yellow-fever.

Dr. F. A. W. DAVIS, the able pioneer of Homœopathy in this region, treated 415 cases, with 24 deaths. The combined

result of our practice was, therefore, 555 cases and 83 deaths: a mortality of 1 in 16.87, or 5.94 per cent. Of Dr. DAVIS' cases, 5 recovered after pure black vomit—4 children and 1 adult. Occasional recoveries after black vomit have been recorded by almost every allopathic writer of any repute, but as nothing of the kind transpired here under allopathic practice during the late epidemic, the restoration to health after such circumstances was ignorantly and presumptuously pronounced an impossibility by the opponents of Rational Medicine. It is both just and proper for me, in this place, to express my obligation to Dr. DAVIS for many practical and valuable suggestions in the treatment of this formidable disease, with which the epidemic of 1837 and 1839 had made him intimately acquainted. He presents the rare spectacle of a medical man, who had acquired a large fortune and wide reputation by the practice of one system, becoming in the middle period of his life a convert to another, and sacrificing the repose to which his wishes and his circumstances invited him, to withstand the odium and misrepresentation which always accompany the propagation of truth.

It is impossible to get any satisfactory statistics which could enable me to compare impartially our results with those of allopathic practice. It is certain that there were at least 430 interments in and immediately about Natchez, besides those which died under our hands, which, divided among 8 practising allopaths, would give the average of 52½ for each. But to come more closely; there were 320 deaths by yellow-fever reported (many who died were not officially reported at all) by allopathic physicians, making an average of 40 deaths under each. It is very difficult to estimate the actual number of cases which occurred. The census taken during the epidemic showed 3416 people to have remained in town. But to prove the allopathic treatment barely equal to the homeopathic, there must have been 5800 cases in the community. It is altogether improbable that more than half that number occurred within the circle from which the mortuary report was made. The allopathic report of the sporadic cases which occurred this year in Philadelphia acknowledged a mortality of 75 per cent. And

it is perfectly evident that the average allopathic loss at New-Orleans must have been from 20 to 30 per cent. The triumphant manner in which Homœopathy has passed through this severe ordeal has made a lasting impression upon the South-west. This, however, is but "the beginning of the end." Every successive epidemic will reveal the truth and superiority of the system in clearer light. And when at last its practice becomes universal, as it must and will, an invasion of yellow-fever will not drive the population from their homes nor disturb the commercial prosperity of the country.

Note.—For the greater convenience of our readers, we have tabulated the results of Dr. Holcomb's experience in yellow-fever, and have added, side by side, the results of the late Epidemic in Philadelphia, as reported in the *New-York Journal of Medicine*, (Vol. 12, p. 149:)

	Children.	Adults.	Males.	Females.	Total.	Deaths.	Per cent.
Dr. HOLCOMB, (hom.)	47	93	60	80	140	9	6.43
Dr. DAVIS, (hom.)					415	24	5.78
Dr. JEWELL, (allop.)	9	85	25	19	44	34	77.27

We are far from desiring to maintain, that this tremendous disproportion truly represents the relative success of the two schools. The cases in Philadelphia, collected by Dr. JEWELL, were from the lower orders, and subjected to unfavorable hygienic conditions; but let any man of fair reasoning faculties and moderate experience, compare the *treatment* of the two schools, and say, whether the difference there discovered may not account for a great part of the difference in the mortality-tables.

"The treatment generally pursued," says Dr. JEWELL (*loc. cit.*) "in the first stage, was blood-letting from the arms, and by cups to the back and abdomen, emetics, mercurial purges, diaphoretics, &c. In the second stage, or as soon as a remission took place, which was generally the third or fourth day from the attack, calomel as a sialagogue was administered in some cases; in others quinia, in three or five-grain doses, every one or two hours. If reaction was not prompt, brandy or wine in-

ternally, and local stimulating applications by blisters and rubefacients were resorted to. Quinia in full doses on the first intimation of a remission from fever, appears to have been a favorite remedy. In some cases over seventy grains were administered daily for several days, and, as far as we could learn, without any annoyance to the brain or other organ, (!) but with advantage. In Blockley Hospital, cases were treated without quinia in any stage of the disease; calomel pushed to salivation, was the principal remedy employed."

Blood-letting, emetics, mercurial purges, diaphoretics, quinine, salivation, and last of all, the formidable &c.! No one with the least homœopathic experience can doubt, but that yellow-fever, on proper trial, would be added to the list of those diseases, in which, as in the case of pneumonia, a greater number of patients would survive, and in a better condition, left to nature alone, than subjected to the pernicious scientific guesswork of allopathic medicine. Ed.

ARTICLE XXXVI. — *Mephitis Putorius, and other remedies in Hooping-cough.* By C. NEIDHARD, M.D., Philadelphia.

HAVING always regarded the experience of the people as of the first importance in illustrating our homœopathic law, I have eagerly sought any casual information like that obtained by the following letter, and endeavored to profit by it. I at least never reject it without the closest scrutiny.

Extract from a letter, dated Hart's Village, Dec. 13, 1851:

"Several of my children had the hooping-cough, as we thought very hard, for several weeks, when I had this remedy recommended, and, to our great gratification, the cough left the children in a perfectly healthy state in about 24 to 48 hours. I think three of the children had it at that time; ages about 4, 6, 8 years, as near as I can recollect. Since then I have recommended it to others, and believe it has almost universally proved successful. (I do not know but always.) One family of two or three children, who had coughed but a week or thereabouts, (cousins of mine,) were cured as soon as mine were, but took it again a year or so afterwards; it was thought they were cured too soon, and that it had not worked through the system sufficiently, from their taking it a second time. The way we prepared the dish was to have the animal (the skunk) properly dressed, so that there was

no smell of the meat. It was roasted the same as fowl; the children ate of it for dinner; supposing it the same as the rest of the family were eating; it relished well, and they ate freely of it. In the course of the afternoon it sickened them, so as to vomit pretty freely. This was about the end of the cough. I have known it given two days in succession, when it did not sicken them the first day."

If the cure of the hooping-cough in the above cases is to be attributed to the eating of the skunk-meat, it can only be in consequence of the peculiar secretion pervading the flesh of the animal. Viewing it in this light, the secretion from the bag must have a similar effect. Only few cough-symptoms, can, however, be gathered from Dr. HERING's provings of *Mephitis-put.*, and these are not particularly characteristic of hooping-cough. The same is the case with regard to the new and extensive provings instituted by the same gentleman, and soon to be published in his "American Provings." These provings being, however, all the results of the higher and middle dilutions, as well as from the smell of the medicine during its preparation, could not very easily produce a violent attack of hooping-cough. This view is farther corroborated by the following *involuntary provings of the mephitis in large doses*, communicated to me by a very reliable friend: Several years ago a young man, afflicted with the symptoms of consumption, told him, that some years previously he had been attacked one evening by several polecats, which squirted their juice all over his person; it nearly suffocated him, and produced a *spasmodic cough, which very nearly resembled hooping-cough*. It had the crowing sound, lasted all night, and *again returned several times*. How many times, my informant did not know. That this effect was not merely mechanical from the overpowering stench of the juice, is proved by the cough, resembling the hooping-cough, returning several times *without a new dose*.

In consequence of these facts, I have not hesitated to make an extensive and almost exclusive use of *mephitis-putorius* in the following cases of hooping-cough, which prevailed epidemically in Philadelphia and vicinity, during the summer and fall of 1853:

Case 1.—The first dose of *Mephitis* 8, in water, arrested the hooping-cough in the case of *Susan* — aged 6. She only

coughed once in the night, whereas before she had 8 or more paroxysms every night; rattling of phlegm during the cough, with vomiting after eating.

Case 2.—In the other child of the same family, aged 2 years, two months, the hoop was arrested the first night after taking the medicine.

Case 3.—H. N., a little boy, aged 6. *Meph.* 3, in water, decidedly relieved the cough after every dose; the mucus became loose, and the cough assumed the form of a common catarrh; the effect was slow in this case, because the patient was subject to chronic cough, hoarseness and disease of the larynx, requiring chronic treatment. Characteristic symptoms were: excoriation, heat, and hoarseness in the throat; cough every two hours day and night, but generally worse at night, with feeling of excoriation in the chest; tonsils swelled with whitish ulcers; slight fever; during every severe coughing-spell he vomits. At the end of four weeks he had only one or two paroxysms of coughing in the night. Besides *Mephitis* he also received tincture of *cochineal* and *phosphorus*, but with less decided effect than *mephitis*. *Kali-carbon.* had no effect. For the chronic disease and swelling of the tonsils with hoarseness, *Antim.-sulph.-aur.*, of which I possess several provings, was most specific; also the *phosphate of lime*.

Case 4.—Frank D., aged 4, had a slight catarrh from four to five days, which soon assumed the unmistakable characteristics of the hooping-cough. During the day the cough was slight, but in the night he had a paroxysm every ten minutes, with frequent vomiting and fever. He received every day *mephitis* 1, in water, from 10 A.M. until 8 P.M., with a very beneficial effect.

Case 5.—Charles D., aged 6, had a common catarrh for two weeks, after which the hooping-cough commenced, particularly at night, with occasional vomiting after eating; choking and redness in the face; his bowels were relaxed; eyes suffused with blood. When he first took the *mephitis*, he coughed every ten minutes, but the second day after its administration, the attacks were prolonged to two hours. It was one of the most severe cases I attended during the epidemic. Cases 4 and 5 had both a violent fever and want of appetite; the eyes were closed

whenever they lay down. *Aconite* relieved the fever, and the attacks only occurred once in the night. As soon as the *mephitis*, even in a higher dilution, was resumed, the fever returned; pulse, 120 to 130, together with the other symptoms; the cough always diminished in violence by suspending the medicine for 24 hours.

Case 6.—Augusta D., aged 9, ordinary cough for three to four days. *Mephitis 6* soon relieved the hoop, which came on afterwards.

Case 7.—A baby D., aged 20 months, had for a few days a slight cough, after which the hoop commenced; was relieved in a few days by *mephitis 6*.

Cases 8 and 9.—W. and B., two children, aged 8½ and 5½; hooping-cough. *Mephitis 6* and 3, in the form of powders, was rather slow in its action, but still decided enough, so as to cure them both in a few weeks, or at least to change the spasmodic cough into a common catarrh. The *mephitis* had to be repeated twice before they were cured.

Cases 10 and 11.—Robert T., aged 4, had the hooping-cough for a month, with vomiting after every paroxysm. His brother, James T., aged 2, had the cough for only two weeks. They both took *mephitis 3*, in water. Did not report, but we may suppose them cured, as those who were not relieved, generally returned for another supply of the medicine.

Case 12.—C. G., child, with hooping-cough, bleeding of the nose, &c. *Mephitis 6*, in powders.

Case 13.—John —, aged 8 months, had the hooping-cough for three weeks, worst at night, with vomiting. *Mephitis 6*, in powders. No report.

Case 14.—Horace R.; hooping-cough. *Mephitis 1* and 2, in water; was cured very rapidly.

Cases 15 and 16.—James N., two children, were cured by *mephitis 2* in a month.

Case 17.—William M., aged 3. *Mephitis 2*, in water, did not at first relieve the cough, so that I was compelled to prescribe another remedy; but after taking this for a short time, the father of the child averred, that he thought the first remedy, *mephitis*, had a better effect than the last. *Mephitis 1*, in water now, had

such a good effect, that on the first night after its exhibition he had no cough at all, and on the next following, only one paroxysm.

Case 18.—A little boy, one year old, of the same family, was soon cured by *mephitis* 2.

Case 19.—Reuben M., aged 6, cured by *mephitis* 6; a slight case.

Case 20.—Willy C.; hooping-cough with vomiting, &c. *Mephitis* 2, in water, every three hours, produced a looseness of the cough, changing it into a common catarrh. Two powders, exhibited as mentioned above, cured him.

Case 21.—Another child of the same family was cured by one powder.

Cases 22 and 23.—E. N. D., two children, were cured in a month by *mephitis-put.*, 6 and 2, each powder in half a tumblerful of water.

Cases 24 and 25.—One child aged 6, and a baby 9 months. *Mephitis* 6 and 2, in water. No report.

Case 26.—Fanny T., the daughter of a druggist. *Mephitis* 2, in water. No report.

Case 27.—D. and K., two children from Bristol, Pa. Two packages of *mephitis*, 1 and 6, soon relieved them.

Case 28.—Mrs. H., a middle-aged lady, was attacked by the cough in the country, and had it very badly. She was entirely cured in two weeks by *mephitis* in water, aided by *contium* 3.

Case 29.—L. J., a little boy, received, July 17, *mephitis* 2, in water, 6 powders, which were sufficient to relieve him.

Many other persons applied for the medicine, which had acquired a sort of celebrity for curing the hooping-cough, but as they did not report themselves, I thought it unnecessary to mention them.

One child in a neighboring town, which had been afflicted with the hooping-cough for several months, for which it had received a variety of remedies, took *mephitis* 6, one powder, after which it slept for 24 hours. The parents became alarmed, and sent for a physician of the neighborhood, who, as the child slept very calmly and naturally, disabused them of their fear. The child woke up, completely cured. This was reported to me by the father.

Conclusion.—With regard to all those cases of which the final result could be procured, it may be asserted, that the worst cases were cured in a month. Many of the slighter cases, as will be seen, were cured in a few days, or in a week. In a few cases, liable to chronic cough, some other remedy had to be alternated with the proper remedy for the whooping-cough, the *mephitis*, when the cough generally soon yielded.

If the above facts do not prove that *mephitis* will supersede all other remedies for the whooping-cough, they certainly may be considered as establishing its claim to rank as a very valuable specific in that disease. But in order to insure its full success, it should be exhibited in the lower dilutions from one to three; at least in the severer cases.

To complete this article, I will add a few words about other remedies. In previous epidemics, *drosera* in high potency, middle and lower dilutions, only seemed very transiently to benefit the patients. I think, that at least in one case, *drosera* 200, one dose, performed a cure in a few days, but entirely failed in other cases, as did also the lower dilution. On the whole I cannot speak very favorably of its action in this disease. I have derived more permanent benefit in my practice from *cuprum-acetic.* 2 in the most obstinate cases, particularly where there was a chronic cough and tendency to consumption of the lungs. In one case, that of a child aged 22 months, the following symptoms were predominating: Redness of the face, blueness round the mouth and of the lips during the attack, rapid and wheezing respiration with groaning, rattling of phlegm, starting in sleep, great fretfulness, a distinct hoop after each paroxysm of cough, and crying. Almost every thing had been tried by the family and physicians, when *cuprum-acetic.* was resorted to, which produced a rapid cure.

Belladonna seems to be the best remedy to relieve the spasmodic violence of the cough at the commencement of the convulsive stage, and *conium* is always efficacious if the aggravation of the cough takes place at night. *Kali-carbon.* often relieved the vomiting, but did not otherwise benefit the patients.

In several cases I employed the old school remedies, *cochineal*, and also *ferrum-carb.*, with great benefit, both in large doses,

but it was generally in cases where other remedies had proved ineffectual. There is a great difference, whether a remedy acts beneficially at the commencement or towards the close of a disease, when the latter has nearly run through its natural course. A remedy in order to be of real use must be capable of abridging the natural course of the disease at its very outset, and this, as far as my present experience goes, the *mephitis* is better able to accomplish than any other remedy.

Two cases, where *cochineal* was prescribed with the greatest benefit (so that in the space of three days, the six paroxysms, which the patients were previously subject to in the night, were reduced to one) presented the following features: Tickling in the head of the larynx, face red during the cough, vomiting more at night; they wake up with the paroxysm about 11 o'clock P.M. with determination of blood to the head, pain in the bones, with chilliness.

In that dangerous form of hooping-cough, where each paroxysm of the cough is followed by a diarrhoea, *arsenicum* has been prescribed by me with much success.

Cina has in many cases been very serviceable to me, after many other remedies had failed, particularly where the symptoms of worm-disease were present, where there was loss of consciousness and general rigor of the whole body.

If the disease has already existed for a long time, and become chronic, no remedy will be found superior to *sulphur*.

I cannot help mentioning in this place a remarkable case related by Dr. MÜLLER in the *Hygea*, where a very obstinate case of hooping-cough was suddenly cured on the appearance of scarlatina. The affinity of this latter affection with hooping-cough has been less generally known than that with measles. In many epidemics, measles have immediately followed after the disappearance of the hooping-cough. The same is the case with croup.

Another case also fell under my notice, where a man, poisoned by lead, who had been sick for eighteen months, was entirely cured on the appearance of the hooping-cough. He had vomited continually, and nothing would stay on his stomach but raw potatoes.

A singular indication for the employment of *kali-carbon.* in hooping-cough, is given by Dr. BECKER of Mühlhausen. It was a roughness and dryness of the skin on the hands and arms; the hair also was dry, like dead. When the cough improved after *kali-carbon.*, they all became natural again. In addition to this, BOENNINGHAUSEN mentions as a characteristic symptom, tumefaction around the eyes.

ARTICLE XXXVII. — *Symptomatology of Mercurius-corrosivus.*

*Collected from the authorities, and digested by Dr. ROTH. Translated for the North American Hæmæopathic Journal.**

THIS powerful drug has many synonyms. It is a compound of two equivalents of chlorine and one of mercury, only differing from calomel in the additional dose of chlorine. It is called, *Corrosive sublimate, muriate of mercury, chloride of mercury, mercurial sublimate*, and has a variety of other designations not necessary to be particularly specified. It exists in the form of colorless, transparent crystals, or as white translucent, crystalline masses, leaving upon the tongue a very acrid, metallic taste. It is exceedingly poisonous, a grain or two being quite sufficient to induce toxicological symptoms.

Preparation.—Take of pure mercury, two parts; boil it to dryness with three parts of sulphuric acid. Rub the resulting salt when cold, with one part and a half of common salt in an earthenware mortar, until they are thoroughly mixed, and then sublime the corrosive sublimate with a gradually increasing heat. In this process there is a mutual decomposition of the bi-sulphate of mercury and the chloride of sodium, resulting in sulphate of soda and bi-chloride of mercury, which sublimes.

The pure bi-chloride should entirely disappear when heated on an iron spoon or a piece of platinum foil; it should be wholly soluble both in water, alcohol, and ether; if it do not comply with both these tests, it is impure.

* ROTH, *Mat. Med.*, *Pure* ii. 526.

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SYMPTOMATOLOGY.

☞ The figures refer to the authorities; the curative symptoms are preceded by a cypher, c; the symptoms from poisonous doses by a dagger, †.

MENTAL AND MORAL. — **Mental.** The head becomes heavy and the ideas confused; what he says has no connection; this confusion is perceptible to himself, but on trying to correct his expressions, he cannot succeed, and stops short from chagrin; 2d day, (2.) Weakness of intellect; he looks at us with staring eyes, and does not understand what is said to him; after two hours, (1.) His comprehension is so weakened in the evening, that he does not understand what is said to him; he looks stupidly at those who speak to him; 12th day, (6.) † No traces of delirium, (24.) **Moral.** † Great propensity to anger; 10th day, (25.) Ill-humor; nothing satisfies him; this state alternates with good spirits, (1.) Ill-humor in the afternoon; 13th day, (6.)

HEAD.—Confusion of the head; an hour after, (4.) Confused head; 8th day, (8.) † Violent headache, (from the external application,) (11.) † Violent headache, (22.) † Violent headache aggravated by uncovering the head, (22.) † Headache occupying the whole head, and trembling of the extremities, (28.) Slight congestions to the head and face, with burning of the cheeks and very copious discharge of flatulency, (4.) Attacks of stupefaction, (8.) Slight vertigo. (4.) † Attacks of vertigo, (28.) † Vertigo; 10th day, (15.) Heaviness and confusion of the head, (4.) **Frontal.** Confusion in the superior frontal region, (4.) † Violent lancinating pain in the anterior part of the head, which wearies him very much; 5th day, (12.) Lancinating frontal headache, soon after taking the remedy, (5.) † Lancinating pain beneath the forehead, (12.) Dull pain in the right frontal eminence; after four hours, (2.) **Parietal.** Lancination in the right parietal bone, 1st day, (7.) **Eyebrows.** Pain with pressure and lancinations above the right eye, aggravated by stooping, (1.) Tearing, which seems to be seated in the bone above the left eye, near the root of the nose and in other bony parts of the body; 1st day, (7.) Pain in the head, especially above the eyebrows, (9.) **Temporal.** Pains in the temples; 11th day, (6.) Pain in the left temple; 7th day, (6.) Temporal headache and pressure above the left eye; 11th day, (6.) † Contraction of the corrugator supercilii and strabismus; 13th day, (14.) **Scalp.** His head feels cold, (1.) Coldness on the head; 11th day, (6.) Coldness confined to the head, in the evening before going to bed; 12th day, (6.)

EYES.—**Lids.** Tearing burning in the upper part of the left lid; 1st day, (7.) Palpebral conjunctiva red injected, (4.) Burning on the internal edge of the lids; after four hours, (4.) **Eye.** Slight burning and sensation of dryness in the eyes, (4.) Itching in the left eye; 1st day, (7.) Eyes very painful, with slight injection of the ocular conjunctiva; the pain is burning and pressive; 12th day, (6.) † Conjunctiva slightly injected, (26.) Eyes red and inflamed; after twenty minutes, (12.) His eyes pain him; 11th day, (6.) † Eyes dull and drooping, surrounded by bluish circles, expressing the suffering and horror of one who feels that death is ~~not~~ certainly approaching, (24.) † Sparkling

eyes, (13.) † Eyes sparkling and in rapid motion, (26.) † Look expressing exaltation of mind and physical pain; after twenty minutes, (12.) † Eyes prominent, fixed, (10.) Lancination and itching in the muscles of the eyeball, and analogous sensation in the region of the navel, (9.) **Iris.** † Contracted pupil, (26.) † Dilated pupils; 10th day, (25.) † Pupils dilated, insensible to light; 2d day, (14.) † Pupils insensible to light; 2d day, (14.) † Pupils still insensible; 3d day, (14.) † Pupils insensible even to a bright light, (14.) **Sight.** Objects seem smaller and more distant than ordinary; this symptom lasts for several hours, (3.) Burning in the eyes; objects all appear smaller and more distant than they really are; this symptom is several times repeated during the day, and especially after violent yawnings, to which he is strongly inclined, although he is not sleepy and slept well the night before; after four hours, (4.) Every object appears to him smaller, particularly letters; this lasts several hours; after two hours, (4.) Objects appear smaller, and the intervals between them greater than usual; 2d day, (4.) Photophobia when walking in the sunshine, (4.)

EARS.—Throbbing in the left ear isochronous with the pulse, (1.) Pain in the left ear; he thinks he can hear the throbbing of the auditory vessels; 7th day, (6.) Strong pulsation in the ears, especially in the left; 11th day, (6.) Lancination in the interior of the left ear; 4th day, (7.) Digging and lancinations in the left ear so violent, that it makes him cry out and shed tears; the pains last three minutes; afternoon, (2.) **Hearing.** The ears feel as if stopped internally, (8.) Rushing as if of running water in the ears, with vertigo, (8.)

NOSE.—Constant feeling of dryness in the nose, and palatine arch aggravated in the open air; 2d and 3d day, (7.) Very violent coryza, (1.) † Slight epistaxis; 6th day, (12.)

FACE.—† Face pale and faded, (24.) † Paleness of the face, (23.) † Face wrinkled and yellow; 10th day, (25.) † Face emaciated, distorted; 2d day, (12.) † Face puffed; 10th day, (19.) † Fatigued, wan look of the face, (18.) † Face swollen, very red, covered with sweat, (15.) † The face swells very much and becomes crimson, (13.) † Face, especially the lower half of it, swollen and of a brownish red, (10.) † Face red, swollen and excited, (26.)

MOUTH.—Tearing in the upper jaw (in the sinus maxillaris) near the eye, followed by swelling, (1.) Tearing in the left malar bone; 1st day, (7.) † Painful swelling of the parotids and sublingual glands, with copious flow of saliva, (22.) Swelling of the parotids and submaxillary glands, (21.) † Right parotid swollen, (21.) Sensitiveness of the angle of the left under-jaw; after four hours, (2.) † Stiffness in the masticatory muscles, (21.) **Lips.** † Lips much swollen and of a deep red; after twenty minutes, (12.) † Lips very swollen and prominent like those of a monkey, (10.) Pale lips; 10th day, (25.) † Lips dry, cracked and of a natural color, (26.) † Lips and tongue whitish, contracted, (24.) **Gums.** The gums of the last molars swell with burning pains; 7th day, (6.) The gums of the right molars swell in the night; 12th day, (6.) The swelling of the gums and scraping in the throat continue for two days longer, after the other symptoms have disappeared; 14th and 15th days, (6.) † Swollen gums, (10.) † Inflammatory swelling of the gums, (22.) **Teeth.** Tearing burning pain in the upper-teeth, extending into the eye; 11th day, (6.) Tearing pain descending from the left eye towards the upper molar teeth; 12th day, (6.) Toothache and drawing in the femur; 9th day, (6.) Toothache gradually increasing and becoming tearing; the pain descends from the suborbital region toward the upper jaw; it very much resembles that occasioned by the contact of nettles with the mucous membranes; it continues during the whole day, and is accompanied by coldness in the head, lancinating pain in the dorsal muscles of the hands, especially in the adductor and extensor pollicis, and in the extensors of the feet; colic and several liquid stools after dinner; ill-humor during the whole day, and at night the toothache keeps him awake; when he does sleep, he is waked by a feeling of anxiety; 4th day. It continues on the 5th day, is aggravated particularly at 7 A.M., and again appears on the 6th day, (6.) Lancinating tearing in one of the large upper molars, extending into the ear; 1st day, (7.) † His teeth are on edge, and are loose in their sockets; 2d week, (16.) Teeth loose; 3d day, (18.) **Buccal cavity.** Burning pain in the buccal cavity and gums, (1.) Burning pain in the buccal cavity; 12th day, (6.) Burn-

ing pain from the mouth into the stomach, which disappears on drinking cold water; 13th day, (6.) † Swelling of the gums, ulceration of the internal buccal surface and right side of the tongue, (22.) † Swelling of the whole buccal cavity, (10.) † Ulcers in the buccal cavity, without salivation, (22.) † Buccal cavity fetid, but not painful; 5th day, (19.) † Fetid breath, (18.) † Inflammation of the mouth, (13.) † Dryness of the mouth; after five hours, (9.) **Tongue.** Clean tongue, (14 c.) † Tongue white and moist, (19.) † Tongue coated white: after twenty minutes, (12.) † Tongue red and burning; 2d day, (14.) † Tongue slightly moistened and covered with a yellow coating, (26.) † Tongue covered with mucus, sometimes dry; 10th day, (25.) † Tongue swelled to such an extent as to occupy the whole buccal cavity, (10.) † Tongue swelled, especially at the base, which is covered with a thick whitish crust; 2d day, (12.) **Speech.** † Slow and painful replies, (26.) † She speaks more easily; after twelve hours, (24.) † Difficult speech; after sixteen hours, (24.) **Saliva.** † Abundant flow of saliva from the mouth, (15.) † Discharge of a great quantity of albuminous mucus from the mouth, (10.) † Ptyalism; 8d day, (17.) † Copious ptyalism, (15.) † Very abundant secretion of saliva, (29.) † Confirmed salivation; 10th day, (18.) † Ptyalism and pain in the mouth, (21.) Neither ptyalism nor swelling of the submaxillary glands; 10th day, (25.)

TASTE AND APPETITE.—**Taste.** Astringent taste as of verdigris, (5.) Astringent taste in the mouth, and afflux of saliva for several hours, (5.) Astringent taste in the mouth, afflux of saliva and several attacks of chill, (4.) Metallic, astringent taste; immediately, (4.) Metallic taste in the mouth, (4.) † Metallic taste in the mouth; after twenty minutes, (12.) † Metallic taste; 10th day, (25.) Bitter taste in the mouth, (18.) Bitter taste in the mouth in the morning, sometimes pasty; bitter taste of food during the day; water has not a bitter taste, but broth has, (8.) Disagreeable pasty sensation in the mouth, but without loss of appetite, (9.) Salt taste in the mouth; after two hours, (1.) **Appetite.** Complete anorexia, (22.) Anorexia; 10th day, (6.) Loss of appetite; 12th day, (6.) Loss of appetite; 13th day, (6.) **Thirst.** Moderate thirst; 10th day, (6.)

† Great thirst, (24.) † Violent thirst; after twenty minutes, (12.)
 † Violent thirst; 10th day, (25.) Violent thirst; 12th day, (6.)
 Great thirst: 2d day, (14 d.) Great thirst; 13th day, (6.)
 † Unquenchable thirst; 2d day, (19.) † Unquenchable thirst;
 (14 a.) † Violent thirst, (14 b. 14. c.) † Violent thirst, but the
 ingestion of liquids is immediately followed by nausea and
 vomituration or vomiting, (12.)

THROAT.—Spongy swelling of the palate, (21.) Pain in
 uvula not aggravated by swallowing; 2d and 14th day, (7.)
Pharynx and Oesophagus. † Burning in the throat, (21. 28.)
 † Violent burning pains in the pharynx; 2d day, (12.) Burn-
 ing in the throat, toothache and cold in the head; 13th day, (6.)
 † Very violent and burning pain in the pharynx, with dys-
 phagia, 14 c.) † Horrible burning pain in the throat and sto-
 mach, (15.) † Burning pain in the throat, oesophagus and
 stomach, so violent that it makes him scream, (17.) † Violent
 burning pain in the pharynx and oesophagus aggravated by
 external compression of the neck; after 20 minutes, (12.)
 Scraping in the back of the throat, obliging him to spit fre-
 quently; 1st day, (7.) Scraping in the throat which renders
 talking difficult, but not swallowing, (1.) Scraping in the
 throat; 11th day, (6.) Scraping in the pharynx and pain-
 ful deglutition; 12th day, (6.) Scraping in the throat; 11th
 day, (6.) The scraping in the throat increases, and is accom-
 panied by a cold in the head; 13th day, (6.) † Very painful
 scraping in the throat when swallowing any liquid, (14 c.)
 † Sensation of constriction in the throat, (15.) † Sensation of
 constriction in the pharynx and dysphagia; 10th day, (25.)
 Sensation of constriction and dryness in the throat, (5.) † Con-
 striction and burning in the throat, with dysphagia; imme-
 diately, (19.) † Constriction in the throat, (26.) † Redness of
 the pharynx, painful to external pressure; 3d day, (19.) † Hor-
 rible pains in the whole extent of the digestive tube, princi-
 pally in the pharynx, (26.) † Pieces of dead epithelium are
 detached from the throat and buccal cavity; after several weeks,
 (16.) **De-glutition.** † De-glutition impossible, (10.) † De-glutition
 very painful; 2d day, (12.) † Dysphagia, (14 b.) † De-glutition
 is so difficult and painful, that the smallest mouthfuls of liquid

brought on, by the irritation which they occasioned, contractions of the œsophagus and stomach, followed by vomiting of whitish, mucous stringy matters, and of green bilious matter, when the efforts at vomiting were prolonged, (24.) **œsophagus.** † Burning in the œsophagus and rectum; 4th day, (19.) † Horrible pain in the œsophagus and upper part of the stomach, (16.) † Feeling of heat and smarting throughout the whole course of the œsophagus, (24.) Painful feeling of laceration in the middle of the chest in the œsophagus; when eating at noon it feels as if the œsophagus were distended by a bolus of food which would not go down; he can eat and drink without difficulty, but the pains seem to be aggravated by it as well as by eructations; cuttings in the epigastrium on the right side when the preceding symptoms had subsided; 4th day, (7.)

STOMACH.—† Painful eructations, (18.) † Desire to vomit during the whole day, (5.) **Vomiting.** † Frequent vomiting, (24.) † Frequent and copious vomiting, (30.) † Constant vomiting, (27.) † Constant vomiting during the whole night, (18.) † Spasmodic vomiting, (15.) † Vomiting, sometimes painless, at others accompanied by horrible pains in the epigastrium and umbilical region, (14 b.) † Violent bilious vomitings, 2d day, (2.) † Vomiting of greenish bitter matters, not at all bloody, (26.) † Vomiting, recurring every hour, of food mixed with bile and streaked with blood; 10th day, (25.) Constant vomiting of bile and curdled milk, which he had eaten; 3d day, (19.) † Vomiting of whitish mucous and stringy matters; after twenty minutes, (12.) † Nausea and vomiting of thick mucus, (10.) † Spasmodic vomiting of serous fluid, (23.) † Vomiting of a great quantity of mucus and of all he had drunk, (17.) † Frequent vomiting of a bluish mucus; 3d day, (14 d.) † Violent and continual vomiting, frothy and sticky mucus with violent pain in the pharynx, complete dysphagia and great agitation; 1st day, (14.) † The matters vomited are at first mucous and stringy, afterward greenish and bloody, (12.) † Vomiting of food mixed with clots of blood; 3d day, (12.) He voids a great quantity of blood by the mouth without effort, (21.) † Vomiting of blood with great effort, (22.) † Regurgitations

of pure blood, (20.) † Vomiting of blood; 7th day, (12.) † Vomiting of matters which resemble coffee-grounds mixed with clots of black blood and evacuation of coagulable lymph, clots of blood, and a thin transparent membrane; after twelve hours, (14 b.) † Constant and very violent vomiting of blood and black matters, resembling coffee-grounds, (14 c.) † Purulent vomiting followed by death, (27.) † Vomiting and diarrhoea, (21.) † Vomiting and bilious stools; 2d day, (19.) **Stomach.** Slight burning in the stomach; soon after the dose, (4.) Slight burning and pressure in the stomach, followed by eructations of wind; immediately after the dose, (4.) Burning in the stomach from morning to the noon meal, (4.) Burning in the stomach for half an hour, (4.) † Burning in the stomach, (27.) Heat and burning in the stomach, and contractive pains, which extend into the intestinal canal; at the same time, congestions to the heart, and anxiety, until he has had two soft evacuations; these symptoms lasted sixteen hours, (2.) † Pains in the stomach, (23.) † Horrible pains in the stomach, (13.) † Violent pains in the stomach, (18.) Violent lancination in the stomach after having eaten egg-soup; 1st day, (7.) Painful pressure in the stomach; 11th day, (6.) Pressive pain in the stomach with colic; several bilious, diarrhœic stools, and anal tenesmus; 12th day, (6.) Violent pressive pain in the stomach; 12th day, (6.) † Painful griping in the stomach, (28.) † Prickings in the stomach; 10th day, (25.)

ABDOMEN.—**Integuments.** † The skin of the abdomen was cold all over, (24.) Painful twitching of several muscular fibres of the right abdominal muscle, lasting two or three minutes, and recurring several times, (9.) † Abdomen very painful to the slightest touch; 2d day, (14 b.) † Abdomen swollen and painful, especially to pressure, (26.) † Abdomen tense, hard, painful to the touch, especially in the umbilical region, where a tumor four inches in diameter is perceptible; 10th day, (25.) † Abdomen inflated, very painful to the touch, (15.) **Abdomen.** Borborygmi and three brown stools at 3 P.M.; 10th day, (6.) Extraordinary inflation of the abdomen; after twelve hours, (1.) † The abdomen is inflated, (29.) † Tearing pains in the abdomen, (13.) Coldness and cuttings in the ab-

domen on the least movement, even when simply rising from his seat, (1.) † Transitory colic, (28.) Cutting colic after having eaten potatoes, and slight desire for stool; 3d day, (7.) Coldness, cuttings in the abdomen, and tenesmus in the open air, although warm, which is very disagreeable to him, (1.) Cuttings in the abdomen, with chills in the open air, which is warm; immediately, (1.) † Violent cuttings in the abdomen, (29.) Cuttings in the abdomen in the afternoon, and very slight twitching towards the femora; 2d day, (6.) † Horrible pains in the intestines, with evacuation of blood by the anus, and accompanied by cramps, (21.) **Epigastrium.** Lancination and pinching in the integuments of the epigastrium; 1st day, (7.) Slight pricking in the scrobiculus; 3d day, (7.) † Violent pain in the epigastrium, (15.) † Horrible pains in the epigastric region, (26.) † The epigastric region gave signs of pain on the slightest pressure; she complained of the most vivid heat, and insupportable pains there, (24.) † The abdomen is inflated only in the epigastric region, which is sensitive even to a slight external pressure; 2d day, (19.) † Burning and lancinating pains in the scrobiculus, which is inflated and very painful on the slightest touch; after twenty minutes, (12.) † Corrosive and burning heat in the region of the stomach, soon followed by tearing pains, (13.) † Violent pain in the epigastric and hepatic regions, (12.) Very violent pain in the scrobiculus; 1st day, (14 d.) † Violent pain in the præcordial region, (14 c.) **Umbilical.** † Pain in the umbilical region; after twelve hours, (24.) † Pain in the umbilical region, persistent for eight hours, and extending from there into the lumbar region, where it remains until death takes place; after eighteen hours, (14 c.) † Violent pain in the umbilical region; first night, (14 d.) Sensation of pressure from above downwards in the umbilical region, immediately after a stool, which remains for some time, (1.) Cuttings above and around the navel, after having eaten fresh butter; 1st day, (7.) Gripping colic on the right side near the navel at noon, after having taken a piece of sugar; 2d day, (7.) Cutting colic below the navel, after having eaten a sourish apple, when walking in the open air; the colic increases towards evening, and he experiences a slight desire for

stool; 4th day, (7.) Feeling of malaise below the navel, as if he were about to have a stool, (9.) **Hepatic and Cœcal.** Slight lancination, which seems to be in the liver; 1st day, (7.) Lancinations in the hepatic region; 2d day, (7.) Lancinations in the hepatic region; 7th day, (7.) Bruised pain in the region of the coecum and mesocolon, aggravated by moderate external pressure; afternoon, (3.) The region of the coecum and transverse colon is painful, as if bruised even under moderate pressure; neither the left hypochondrium, nor the abdominal integuments, are sensitive; this bruised pain continues the whole day, and becomes duller towards evening, but without entirely ceasing, (3.) Peculiar sensation as if beaten in the abdomen, especially along the transverse colon and in the cœcal region, (3.) **Hypogastrium and Inguina.** Feeling of malaise in the hypogastric region, which disappears after the discharge of flatus, (9.) Pain in the lower part of the abdomen; 1st day, (7.) †Pains in the abdomen, particularly in the hypogastrium, with cramps in the lower limbs and menostasia, (22.) Slight lancination and drawing in the left inguinal region; 1st day, (7.) Tensive and pressive pain in the right inguinal region, as if the glands were swollen, on walking at 5 A.M.; 2d day, (3.) Peculiar sensation in the glands of the right inguinal region in the morning on waking, as if they were about to swell; it only lasted an hour, and was ameliorated when he rose, (3.)

STOOL.—**Rectum.** † Burning pain in the rectum; 2d day, (12.) † Burning in the rectum and œsophagus; 3d day, (19.) † Smarting feeling towards the lower part of the rectum, copious and bloody stools, acute pain in the sigmoid flexure of the colon, (26.) **Anus.** Burning in the anus during stool, (8.) Itching around the anal opening when walking; 1st day, (7.) † Violent tenesmus accompanies the stools, (12.) † Diminution of the tenesmus; 3d day, (14 a.) **Stool.** † Slight diarrhœa; 2d day, (17.) † Diarrhœa of very fetid and mucous matters, (10.) Yellowish diarrhœic stools without colic, accompanied by tenesmus in the morning after taking a cup of chocolate; 2d day, (7.) Feeling as if he must go to stool again, after having discharged a yellowish diarrhœic stool without colic, but accompanied by

tenesmus; 2d day, (7.) † Diarrhoea and tenesmus, (18.) The stools become solid; (secondary effect;) 7th and 12th days, (7.) † Bloody diarrhoea, (10.) † Bloody stool after two hours, (19.) † Bloody stools, (13.) † Discharge of blood from the anus, (22.) † Involuntary discharge of blood; 7th day, (12.) † Two stools mixed with blood; 12th day, (12.) Tenesmus followed by an evacuation of blood and mucus; 3d day, (16.) † Continual desire to go to stool, but he can only pass blood and mucus, (18.) Colic and continual cuttings, constant and frequently fruitless efforts to discharge a little bloody mucus, night and day, (1.) † He dies after having discharged six pounds of blood by the anus, (21.) Absence of the usual stool, (4.) † Constipation, (22.) † Obstinate constipation, which cannot be overcome except by purgatives, (22.) † Suppression of the alvine and urinary evacuations; 10th day, (25.) † Suppression of the alvine and urinary evacuations; 1st day, (14 c.) Absence of stool; 2d and 3d days, (15.) Frequent desire to go to stool in the course of the day, (8.) † Frequent desire to go to stool without result, which distresses the patient a great deal; 5th day, (12.) Natural stool; 5th day, (7.) Stool compact and less copious than usual, (4.) † Hard stool accompanied by a worm; 3d day, (14 d.) † Several very fetid evacuations, following rapidly one after the other; after twenty minutes, (12.) † Two pappy, blackish, and very fetid stools; 3d day, (12.) Several pappy stools, dark colored and very fetid; 2d day, (22.) Evacuation of long thin faeces, (1.) Two yellowish clayey stools; 3d day, (4.) Discharge of viscid matters, (1.) † Two brownish and reddish stools; 6th day, (12.) Bluish stool in lumps, and very fetid; 2d day, (14 d.) † Repeated stools of mucous matters; 1st day, (14 d.) † Evacuations of an enormous quantity of bilious matters, both upward and downward, (14 d.) Several bilious stools, accompanied by violent tenesmus; 11th day, (6.) Violent colic, with several bilious evacuations, and very painful tenesmus of the anus; in the forenoon 5th day, (6.) † Borborygmi, colic, tenesmus, and six stools in the course of the night, (23.) † Stools and frequent desire for an evacuation, (24.) Desires to go to stool so pressing, that the patient requires to be taken from her bed and placed upon the chamber, (24.) † Frequent, scanty, bil-

ious stools, continuing even after the vomiting has ceased, (26.)
 † Very copious stool; ten minutes after, (30.) † Three stools,
 (26.) † Very painful stools, (14 c.)

URINE.—Urethra. Violent itching in the meatus, aggravated by urinating, and several lancinations along the urethra; 12th day, (6.) Burning in the meatus at night; 12th day, (6.) Itching in the anterior part of the urethra, (1.) Slight lancination in the anterior part of the urethra after urinating, and at the same time, near the sphincter ani; 9 A.M., 4th day, (7.) Lancination in the anterior part of the urethra, followed by itching around the anus when walking in the open air from 8 to 10 A.M.; 4th day, (7.) Lancination in the anterior part of urethra, and acute pricking in the left testicle, when walking in the evening; 4th day, (7.) °Gonorrhœa; discharge at first of liquid matters, then thicker; finally smarting pain when urinating, and lancinations along the urethra, (1.) **Urine.** † No discharge of urine; 1st day, (14 a.) † Retention of urine, (14 c.) † Retention of urine; 3d day, (14 e.) † Continual retention of urine, (14 a.) Continual retention of urine; 3d and 4th days, (19.) † Retention of urine, even when going to stool; no urinary discharge; 2d day, (19.) † Scanty urine, red, and discharged with difficulty, (26.) † Retention of stool and urine, (22.) Desire to urinate with very scanty discharge; subsequently when the bladder was full, little desire to urinate, and the feeling of fullness continued after the discharge; 10 A.M., two hours after the dose, (2.) Scanty, red urine, depositing a lateritious sediment; 2d night, (2.) † Scanty urination; 2d day, (14 b.) Very scanty urination, (14 b.) † Discharge of a very turbid, deep-brown urine, (from external use,) (11.) Pale yellow urine depositing a grayish sediment, (8.)

GENITAL.—Male. 360 acute lancinations in the middle of the left testicle; 1st and 2d days, (7.) Repeated lancinations in the right testicle in the course of the day; 6th day, (7.) Prickings in the lungs and testicles; 5th day, (7.) Very violent erection when asleep, continuing after he wakes, without pollution; 2d night, (7.) Violent erections and desire for coïtus in the morning; 4th day, (7.) Diminution of the venereal appetite, (secondary effect;) 7th and 12th days, (7.) Very slow ejacu-

lation during coïtus; 2d night, (7.) Burning lancination in the anterior portion of the urethra after coïtus, followed by a feeling of lightness and good health; 4th day, (7.) **Female.** Pressive pain on touching the os tincæ during coïtus, (1.) † Violent metrorrhagia, lasting a long while, (22.) † Menostasia with headache over the whole head, and trembling of the arms, legs and neck, (22.) † The involuntary trembling of the limbs increases on the approach of the menses or when she experiences some disappointment, (22.) † Menorrhagia, (22.) Abortion, (22.) Yellowish white leucorrhœa, which smells sweatish and nauseating, (1.)

LARYNX.—Irritation of the larynx and cough in the evening, (3.) Lancinations in the upper part of the larynx when performing the act of deglutition, (8.) Dryness of the larynx, in the evening, (3.) † Hoarse voice, (12.) † Feeble, hoarse voice; 2d day, (12.) **Cough.** Dry cough, (1.) Hollow, dry, fatiguing cough; after two hours, (1.) Dry cough, in the evening, (3.) Several paroxysms of spasmodic cough in the course of the day, (4, 5.)

CHEST.—† Hæmoptysis, (22.) † He spits up a great deal of mucus mixed with blood; after two hours, (19.) **Exterior.** Lancinating pain in the middle of the right pectoral muscle; 1st day, (7.) Lancinating and itching pain in the muscles of the right inferior thoracic region, (9.) Tearing in the middle of the sternum, after midnight; 2d night, (7.) Frequent tearing pain in the last right sternal cartilage; 1st day, (7.) Painful swelling of the glands of the breast which surround the nipples, (1.) **Internal.** Dull lancination in the upper part of the thoracic cavity, several times repeated during the course of the day, particularly when breathing deeply; 1st day, (7.) Lancination in the upper part of the thoracic cavity, increased by respiring deeply; 4th day, (7.) Lancinating pains in the left inferior portion of the chest; 12th day, (6.) Lancinations in the upper part of the inner chest when breathing deeply; 1st day, (7.) Frequent lancinations through the chest, after the noon-meal, (3.) Painful lancinations through the whole chest, at night, (1.) Acute, transitory lancinations passing through both sides of the thorax, in the morning, when rising, (3.)

† Cramp in the right side of the chest, extending into the back below the scapula; after three hours, (16.) † Pleuritic stitches, (22.) † Pleuropneumonia of the left side, with all the physical signs of percussion and auscultation, (22.) **Respiration.** † Slow respiration, (12.) † Very slow respiration, (24.) Oppression of the chest, (1.) † Embarrassed respiration, (26.) † High degree of embarrassment of the respiration, (18.) † Respiration extremely painful, (10.) † Respiration a little accelerated after twelve hours, (2.) † Fetid breath, (21.) **Heart.** † Palpitations, (28.) † Irregular, undulating, and trembling pulsation of the heart; after twelve hours, (14 c.) **Diaphragm.** † Very violent hiccough, (19.) † Constant hiccough; 6th day, (12.) † Hiccough twenty-six times in a minute; 4th day, (19.)

BACK. — † Pressure upon the neck was followed by pain, (24.) Tearing in the upper part and internal border of the scapula, as if seated in the bone; 1st day, (7.) Tension outside of the left scapula; 1st day, (7.) † Pains extending from the lumbar into the hypogastric and inguinal regions, alternating with convulsions and spasms of all the voluntary muscles, (22.)

EXTREMITIES GENERALLY. — † Pain in the extremities, (12.) † Violent pain in all the limbs, (20.) † Constant cramps in all the limbs, (26.) † Numbness and insensibility of the limbs; 3d day, (19.) † Weakness and chills in the limbs, (23.) Cold extremities; 2d day, (14 d.) † Coldness of the extremities; after sixteen hours, (24.) 425. † Paralytic stiffness of the extremities, (12.) † Paralysis and complete stiffness of the limbs; 7th day, (12.) † The paralysis of the limbs increases, the least change of position is painful; frontal headache, particularly at the root of the nose; eyes brilliant, fixed; skin dry, sweat on the forehead; 6th day, (12.) † Stiffness of both extremities; 5th day, (19.) † Paralysis of the extremities; before death, (20.) 430. Drawing in the deep parts of the extremities, seemingly in the bones; evening 7th day, (6.) Involuntary trembling of the limbs, more violent in the upper extremities, (22.) † Weariness and trembling of the limbs when standing upright and motionless, (23.)

UPPER EXTREMITIES. — Slight trembling of the arm when standing up and leaning strongly upon it, as well as of

the whole left side of the body; 1st day, (7.) † Cramp of the upper extremities and jaws; 10th day, (25.) Tearing in the left shoulder; 2d and 3d days, (7.) Fatigued feeling in the deltoids, (9.) Sensation as if the left axillary glands were about to swell, with frequent lacerations in their interior, (8.) † Coldness of the hands and feet; 10th day, (25.) Pain in the left metacarpal bones; 5th day, (7.) Contractive stretching pains in the muscles of the right metacarpus, (9.) Violent pain in the metacarpo-phalangean articulation of the left thumb, index and ring-finger; 1st and 2d days, (7.)

LOWER EXTREMITIES.—Rheumatic pain in the lower limbs, like the pricks of a pin, (2.) Lacerations in the muscles of the lower limbs; 11th day, (6.) Unusual fatigue of the lower limbs, in the evening, with somnolence; 1st day, (7.) † Complete paralysis of the lower limbs; 10th day, (25.) † Sensibility extinguished throughout the whole extent of the lower limbs; after sixteen hours, (24.) **Hips.** Laceration in the hip-joint when moving and at rest, (1.) Lacerations in the hip-joint when he is at rest, dissipated by motion; 10th day, (6.) Lacerating and pressive pain in the hip-joint and knee, not affected by either motion or rest; an analogous pain is perceived, but less intense, in the other limbs; 12th day, (6.) Transitory lacerating thrusts in the hip-joint; afternoon 13th day, (6.) Tearing in the hip-joint, first behind, then outward; 2d day, (7.) Laceration in the head of the left femur on its external side; 1st day, (7.) **Legs.** Feeling of numbness in the leg, (1.) The legs numb; 2d day, (6.) Tearing on the internal side of the left calf; 1st day, (7.) Twitching of several muscular fibres on the internal side of the gemelli, (9.) **Feet.** Feet cold as ice; after two hours, (1.) Cramps, first in the toes, in feet, then in the fingers and hands, and finally in the arms and legs; after three hours, (16.) Itching between the first and second right toes; 1st day, (7.)

SLEEP.—Yawnings, (4.) Frequent yawning and desire to stretch, (4.) Somnolence during the whole afternoon, (4.) Somnolence, but sleep disturbed by hiccough; 3d day, (19.) Light sleep at night, and frequent waking with a start; 2d night, (6.) Very light sleep, and frequently she cannot sleep

in consequence of vertigo, (8.) Very light sleep; 1st night, (6.) He goes to sleep very late, and immediately wakes with a start, caused by a sensation of a shock, and cannot go to sleep again in consequence of heat, weight on the chest, and a distressing sensation of anxiety; 12th day, (6.) He feels a start and shock over the whole body on going to sleep; after eight hours, (1.) Disturbed night; two or three minutes sleep, then waking and shifting his place; 1st night, (2.) Night very much disturbed sleep frequently interrupted, whimsical dreams, almost febrile pulse and dry skin, (3.) Sleeps only a few minutes during the night; 2d night, (2.) Sleeplessness in consequence of a perpetual sensation of anxiety; 12th night, (6.) Sleeplessness, and starts on going to sleep; 10th day, (6.) Sleeplessness until morning; 6th night, (6.) † Sleeplessness; 2d day, (15.) † Sleeplessness for several days; 10th day, (25.) † Startings during sleep; (15.) He cannot find a comfortable place in his bed at night; it passes with scarce any sleep; 6th day, (6.) He wakes at 3 A.M.; 1st and 2d days, (7.) He constantly wakes at 3 A.M., but this early waking is not followed by fatigue, nor by desire to sleep; 2d, 3d, and 4th days, (7.) He wakes at 3 A.M., except on the 6th day, when he sleeps to his usual hour, (7.) He wakes again at 3 A.M.; 5th day, (7.) † Dorsal decubitus, (26.) † She lay stretched on the bed, the limbs lying as they fell, (24.) **Dreams.** Sleep filled with vivid dreams of disagreeable things; 6th night, (7.) † Sleep disturbed by frightful dreams; 2d night, (16.) Dreams of fire and murders, (4.) Very lively dreams of ridiculous and disagreeable accidents of travelling, &c.; 1st night, (7.) Voluptuous dreams; 2d night, (7.)

FEVER.—Coldness. Access of transitory chills, (5.) Frequent coldness at night in bed, (8.) Coldness in the evening, especially in the head; 10th day, (6.) Shivering from coldness, making the teeth chatter, coming on at irregular periods, especially in the open air, lasting for an hour, accompanied by pains in the throat, frequently followed for a quarter of an hour by a warm perspiration, which affords relief and comfort, (8.) Coldness of the extremities, painful deglutition, pain at the angle of the lower jaw, copious secretion of saliva; aggravation at 10 A.M. to such a degree, that he is obliged to go to bed and have

his feet warmed, but he warms up very slowly; his whole head, with the exception of the temporal region, is dull; the secretion of saliva continues, complete absence of thirst and sensitiveness of the skin over the angle of the lower jaw, which begins to be inflamed; 2d day, (2.) † Skin and extremities cold; 2d day, (12.) **Heat.** General heat on stooping, diminished by standing straight, (1.) **Sweat.** Moderate sweat in the bed at night, when awake, (8.) Fetid sweat towards morning; 2d night, (2.) † Cold sweats; 10th day, (25.) **Pulse.** † Feeble and accelerated; 1st day, (14 d.) † Small and so rapid, that it cannot be counted, (14 a.) † So rapid that it cannot be counted; 2d day, (14 c.) † Regular, small, and compressed, 112, (26.) † Soft and weak, 100; 3d day, (19.) † Pulse 120, (19.) Small, contracted, 120, (12.) † Intermittent, 112; 2d day, (15.) † Pulse, 128, (15.) † Irregular and feeble; 3d day, (14 c.) † Scarcely perceptible; 3d day, (14 d.) † Weak and small; 2d day, (14 d.) † Feverish and small, (13.) † Radial pulse, completely absent twelve hours before death, (14 b.) † Radial pulse, completely absent; after twelve hours, (14 c.) † Small, tremulous, feeble, (14 c.) † Small and very rapid, (10.) † Small, contracted, accelerated, (12.) † Small, accelerated, (17.) † Small, accelerated, tremulous, (18.) † Small, weak, and tremulous, (14 b.) † Small, weak, and infrequent; after sixteen hours, (24.) † Weak, thready, scarcely perceptible, (24.) † Slow, compressed; 10th day, (25.) † More full; after twelve hours, (24.) **Fever.** Slight chill and transitory heat towards evening; 1st day, (6.) † Fever, violent headache, face red, skin burning and full, and accelerated pulse, (18.) † Violent fever increasing at evening, (22.) The face which was pale, becomes red, sparkling eyes, contracted pupils, forehead covered with drops of sweat, general heat not increased, pulse full, 112, body stiff, and the least change of position exceedingly painful; 5th day, (12.) † Very violent fever, (from external application,) (11.)

SKIN.—† Dry skin; 10th day, (25.) † Intense stinging heat of the skin, especially on the forehead, (26.) † Skin very burning, (15.) † Skin cold, covered with sweat, (24.) Blisters unaccompanied by pain on the arms and body in the morning,

disappearing in the course of the day, (1.) Itching in the skin, changing to lancination and burning; 5th day, (7.) Itching in different parts of the integuments, scalp, thighs, &c., frequently changing into lancinations and burning; 1st day, (7.) Itching, lancination and burning in different parts of the body, immediately underneath the skin; 1st day, (7.) Itching, changing into pricking, as though seated in the middle of the skin; 1st day, (7.) † Sensation of formication over the whole body in the morning, resembling numbness; 3d day, (16.) † Violent general itching, (from external application,) (11.) † Eruption of a miliary exanthem over the whole body, which lasts two days, (from the external application,) (11.) † Skin pale, discolored, covered with perspiration; after twenty minutes, (12.)

GENERAL.—Great restlessness; he cannot lie quiet in bed; he is tempted to get out of it; 2d day, (2.) He cannot lie quiet in the bed in consequence of the heat and anxiety he feels, (1.) † Great agitation; 3d day, (14 d.) † Præcordial anxiety, restlessness, and constant jactitation, (13.) Præcordial anxiety, (23.) † General anxiety; 10th day, (25.) **Physical strength.** General weariness, particularly in the morning, accompanied by stupefaction, (8.) Sudden great debility, with stupefaction; sight normal, but attacks of difficulty of hearing lasting from half an hour to an hour, and coming on most commonly in the evening, when going to bed, rarely at night; when they appear in the daytime, they are accompanied by pains in the occiput, (8.) Lassitude without having done any thing to fatigue one's self; 2d day, (6.) † He complains more of the debility than of the pains; 2d day, (21.) † Very great general debility, (18.) † Increase of the prostration; after sixteen hours, (24.) He is obliged to go to bed, (3.) He is very weary in the morning, after a very restless night, and after having dressed is obliged to go to bed again, and sleeps another hour; 2d day, (2.) Feeling of health and general lightness; 7th and 12th day, (7.) † General malaise, (23.) † Frequent fainting fits; 10th day, (25.) † Syncope, during which they thought she would die; after sixteen hours, (24.) † Syncope, (16.) † Tendency to stupor, (26.) † Comatose state; 2d day, (14 b.) † Coma at noon; 3d day, (14 c.) † Coma until noon; 3d day, (14 e.) † Complete stupor;

3d day, (14 d.) † State of stupor, (14 b.) † Has the appearance of a patient in the last stage of typhoid fever, (21.) **Bones.** Disagreeable sensation towards evening in the periosteum of all the bones, analogous to that experienced at the commencement of a fever, with heat in the head, after 6 hours, (1.) Feverish pulse and drawing pain in the cranial periosteum after the noon-meal, (3.) † Dolores osteocopi in the head and limbs, (22.) **Joints.** Great debility, especially of the joints; 10th day, (15.) Tearing in the finger and femoral articulations; 5th day, (7.) **Muscles.** † Convulsive movements from time to time in the muscles of the face, arms, and legs, (26.) Pricking here and there in the muscles during the day, (1.) † Pains in the body, with general stiffness and aggravation of the pains by motion; 4th day, (12.) Several symptoms are aggravated when walking in the open air; 3d day, (7.)

ARTICLE XXXVIII.—*Fragmentary Contributions to Materia Medica and Therapeutics.*

I. *Case of Hysteria.* By Dr. BARTLETT, of New-York.

THE subject of these remarks was a delicate young lady, about 16 years old, who had enjoyed a fair share of health up to January, 1853, when I was called to see her. She had then been suffering from a cold for about ten days, each morning complaining of chilliness, followed in the afternoon by some febrile disturbance; of great pain in the back, between the shoulder-blades; she vomited each meal almost as soon as it was eaten; indeed, this was a symptom from which she had suffered, more or less, for several years. In early childhood she had received a blow upon the spine, and had ever since complained of tenderness along its course. At the time I was called to see her, the whole spine was more sensitive than usual; she could bear no pressure upon it; there was also a spot in the abdomen, a little to the left, and below the umbilicus, which was extremely tender; a pain also in the left shoulder, extend-

ing down the left arm and side, sometimes so severe that she could not refrain from crying out. At times she experienced a peculiar sensation in the left arm, which she described as feeling as if it were "very stiff," when it was in reality as flexible as ever. Her bowels were very much constipated, but her catamenia were regular. She continued in this state, sometimes better for a few days, and then again worse, for two months, when her state suddenly became much aggravated. The whole of the left side of the abdomen became more tender, so as to bear not even the slightest touch, and a circumscribed redness appeared upon the skin over the spot before mentioned; although I was struck with the fact that the redness appeared when I disappeared, and *vice versa*, so that I never caught a sight of it. Paroxysms of great pain and anguish she experienced every evening in this spot; accompanied by vomiting of bloody water and sometimes of pure blood, to the amount of several table-spoonfuls; numbness of the left side and limbs, which was soon followed by complete paralysis of the left arm. For a week or two following, she grew rather worse than better, and, in addition to all her other troubles, she began to experience difficulty in urinating, and would postpone passing water for two days, and then for three or four days at a time, having a terrible paroxysm of suffering on each occasion. She could not be raised from the recumbent posture without fainting, and having her paroxysms of pain increased in frequency and severity. She had several during the course of a night; by her screams she would summon the household to her bedside; where they would find her rolling from side to side, panting, speaking only in broken words and sentences; then she would become unconscious, and remain so for several minutes, and slowly recover, discharge blood by vomiting, and rest more quietly for a few hours. About this time she lost all desire to pass urine, and, confined to her bed with constant watchers, she passed first over three weeks, and then over *five weeks* without voiding a drop, and suffering no inconvenience from such an unheard-of retention. Completely tired of this ever-changing disease, as spring advanced, I advised a change of air, really hoping that it might do something for her recovery; but she

continued in great suffering for a time. At last, however, being so far recovered as to be able to drive out, she returned to the city in September last, and I was summoned again to her bedside to meet the same train of symptoms I have before described. I almost despaired of being of any service to a case of such obstinacy and severity, but took a careful record of her case, and hunted up the remedy; the lot fell upon *Sepia*, of which I gave her six powders of the third trituration. At my next visit she stated that the medicine seemed to help her more than any she had before received, and that she had been improving ever since. A little *sacch-lac.* completed the cure. She has gained fifteen pounds of flesh, walks several miles per day, and considers herself perfectly well. Her pulse during the whole of her sickness was 72.

II. *Proving of the Canchalagua of California.* By M. A. RICHTER, M.D., New-York.

One of my objects in visiting California was to examine and prove indigenous medicinal plants. I selected first the well-known *canchalagua*, or *canchilagua* as the word is pronounced by the Californians, also known by the name of *Gentiana de Peru*, (see Dict.,) an herb used by them, in the form of tea, to cure fever and ague.

It is a small grass plant, growing in patches, has a small red blossom, seldom white, not unlike that of the forget-me-not, a round woody stem and similar branches, and small lanciform leaves. I used the tincture for proving.

I inclose a list of the symptoms observed by myself. I have tried this medicine in tincture, dilutions, and triturations, in different diseases, but especially in fever and ague, both chronic and acute, and invariably with good results, even after a long and ineffective use of quinine. It leaves the system comfortable, and especially free from that clammy coldness, which often remains after the suspension of the fever by quinine. It checks, generally speaking, the fever pains more promptly than electro-magnetism or Galvanism, although this is an indispensable agent when there is induration of the liver, indicated by a distressing palpitation or pulsation. Myself and others have besides ob-

served that it is highly valuable in many gastric complaints, connected with engorgement of the liver.

Dr. HOFFENDAHL, in Boston, my most esteemed friend, when confirming these observations, told me, that he had used it with relief in a case of imminent delirium-tremens.

I had no opportunity in California to have the *canchalagua* proved by a female, but may have it here, and shall not fail to publish the symptoms.

I add, further, some clinical remarks, extracted from my journal kept in California. All this I do rather reluctantly with regard to publicity, because I know that the subject is yet far from perfection. Still circumstances and time have not allowed me to do more. It is well known how difficult is the task of proving medicines, on our person, in the midst of the bustle of business and traveling.

Symptoms of Canchalagua.

General.—Sore all over, especially in the lower extremities. That kind of pain in the head and fingers which is concomitant with the attacks of intermittent fever. Heat in the whole body. I could bear, after the proving, the cool trade-wind, usually setting in in San Francisco in the afternoon, better than before.

Sleep.—Sleeplessness, (after proving with the first trituration.)

Head.—Feels congested; pressive pains in the forehead, fulness, tightness of the scalp; it feels as if drawn together by India rubber.

Ears.—Piercing or stitches, increased buzzing and roaring. Slight pain in the ears.

Eyes.—Burning in the eyes, first in the left and then in the right.

Chest.—Alleviating a catarrh, produced by influenza.

Stomach.—Ructus, increase of appetite, regurgitations, water-brash, spitting of white mucus, with trembling and nervousness.

Abdomen.—Slight pain, relieved by pressure; flatus; several loose stools a day; chills repeatedly, down the spine and all over, especially in the bed at night. Constipation; hard, knotty morning stool.

Cases.

1852, Sept. 6. Tried Canchalagua with two fever and ague patients; one quotidian, the other tertian. The first was a seaman; had little sweat, chills, no shaking, exhausted, eruption around the mouth, offensive mercurial smell. The other was a mechanic; had nausea, vomiting, headache; advised both to take warm baths, the skin requiring attention. The fever left both.

Oct. 7. *Canch.* promoted most promptly a tremendous alvine evacuation in a lady just delivered from a large child, and habitually constipated during pregnancy.

Dec. 14. A short, corpulent baker from New-Orleans, who has been often under allopathic treatment for fever and ague, was instantly relieved from the attacks by *canch.*

Dec. 15. A gentleman from Canada, suffering from tertian, and under the influence of quinine, cured by *canch.*, taking it scrupulously day and night.

Dec. 26. A sea-captain from Massachusetts, somewhat advanced in age, and troubled by the fever and ague for years, took *canch.* and has remained well ever since. He turned homœopath, and supplied himself with books and medicines.

1853, Jan. 9. An Englishman, who brought the fever and ague from the Isthmus, cured by *canch.*; took some warm baths besides.

Jan. 12. A Methodist clergyman, who imported this fever from the Isthmus, cured by *canch.* He had been subject to this disease in the Western States, and made use of warm baths also.

Jan. 12. A merchant's clerk from Massachusetts, consumptive, and troubled with ague. The chills were instantly removed by *canch.* Quinine in allopathic doses did nothing.

Feb. 13. A lady from Massachusetts treated allopathically without relief, cured by *canch.* of a tertian, with night-sweats. She took alternately *puls.*, on account of dysmenorrhœa.

March 23. A gentleman, of large build, from Sacramento, relieved from a quotidian by *canch.* This case was the more striking on account of his habit of smoking cigars most im-

moderately; for it seems as if strong smokers suffered more from this disease than others.

April 1. A lady, mother of several children, who, since she had the fever and ague in St. Louis, treated allopathically, suffers from a chronic bilious intermittent diarrhoea, was more improved by *canch.* than by any other medicine. It seems as if *canch.* were an antidote of mercury.

April 9. A lady, confined four weeks ago, was cured of fever and ague, and exhausting sweats by *canch.* The fever left her instantly, and the sweats gradually, by the help of a few other remedies and ablutions.

April 10. Prescribed *canch.* to a colored woman, sick in bed, unable to stir, and suffering from extreme pain caused by inflammatory rheumatism, on account of the highly bilious derangement of the system, indicated by the root of the tongue, and yellow color of the eyes, and want of appetite. I applied at the same time Elect. Magnetism and ablutions. After three days she was able to lift herself again alone from the bed. The pain left her at once. The appetite returned instantly. A supervening inflammation in the eyes removed by *bell.*

It is unnecessary to remark that in some cases other remedies are required to finish a cure. Still, according to my experience, *canchalagua* instantly produces a change for the better in fever and ague patients. Since I have used this remedy, I have been successful in the treatment of this disease. I cannot say as much for the other homœopathic remedies, quinine included.

Bibliographia.

- ARTICLE XXXIX.—1. *Homœopathy: Its Tenets and Tendencies, Theoretical, Theological, and Therapeutical.* By JAMES Y. SIMPSON, M.D. Third edition. London. 8vo. pp. 286.
2. *Homœopathy Fairly Represented.* By WILLIAM HENDERSON, M.D.

As we entered a public library, not long since, we found a black-letter friend of ours standing before one of the cases and replacing, with something of vehemence, an innocent-looking volume upon the shelves. "What book is that?" said we. "Some fool of a monk," said he, with a tone of mingled vexation and contempt, "has filled a quarto with fine Latin arguments to prove that the sun goes round the earth. It almost makes me sick of my kind," continued he, "to see prejudice constantly usurping the place of reason, and to find questions of pure fact perpetually determined by an appeal to the absurdities of logic." We left our friend to digest his monk-Latin as well as he might; but could not avoid the reflection, as DR. SIMPSON, and our own immortal HOOKER came to mind, that this was the sort of reputation they were preparing for themselves. Some few years hence, forgotten by the world in the universal adoption of the reformed therapeutics, their cherished volumes, the product of so much labor, will be contemptuously thrust back into their dusty nooks, with the sententious epigraph—"Some fool of a doctor."

It is not our intention to review either the elaborate and spiteful attack of DR. SIMPSON, or the calm and humorous reply of our colleague, DR. HENDERSON. They are of a class of literature that we care little for. They make no new converts either upon one side or the other; their principal audience is composed of those who eagerly devour their contents because they there find their own previous thought reflected, and are happily confirmed in a belief which they are resolutely determined not to abandon. Homœopathy is found to be making conquests in the world of patients that seriously threaten the very existence of the ancient regime; silence and contempt have failed to arrest it; something must be done, and DR. SIMPSON is called upon as the Goliath who, with his spear like

a weaver's beam, and his heavy brazen armor, is to annihilate at a single blow the liberties of the suffering world. His blow is struck, and a shout of exultation arises from the camp of his friends; but when the dust has cleared away, it is found that the ponderous spear has struck the ground and is buried, by its own weight, beyond the power of extraction, in the earth.

We have very little hesitation in asserting our entire belief that not a single convert will be made from Homœopathy by DR. SIMPSON'S book. Its office is far other. It will comfort and confirm the weak and wavering of his own side, gratify the pugnacious feelings of those who are earnestly desiring the downfall of Homœopathy, and furnish an admirable soothing pill for the practitioner to prescribe to such of his patients as may have testified some restlessness under their present Egypt, and a dangerous hankering after a dimly-seen Canaan. And so with Prof. HENDERSON'S reply. It is not easily understood without previous perusal of the production of his antagonist, and will be widely read and eagerly received only by those whose faith stood scarce in need of such a bolstering.

Still, after all, we cannot but avow that we are highly gratified at the omens to be gathered from the flight of such birds across our literary sky. The simplest can but see that that enemy must have assumed a formidable position, that calls into action such fierce and serried ranks as those now every where marshalled by the opponents of the new medicine. The tone, too, of the debate has seriously changed; while our adversaries, conscious of their daily loss of ground, are becoming more and more bitter and envenomed, the champions upon our own side, similarly conscious of a daily progress towards the vantage-ground, are softening in tone and manner, and beginning to suffer the humanity of the victor to struggle through the excitement of the combatant. A smile, deepening occasionally into a broad, good-humored laugh, may be traced upon DR. HENDERSON'S face, even while he is launching his deadliest home-thrusts, and dealing his heaviest blows.

So should it be; the implied philosophy, not to say morality, of our black-letter friend was right. As it is the highest folly to launch the thunders of logic against a system that appeals wholly to experience for its support, and can only be successfully attacked by a counter-experience; so it is by no means a doubtful morality that leads its possessor to strengthen his own arguments by ridicule and abuse, and to endeavor to weaken those of his antagonists by the coarsest vituperation of their characters as men.

ARTICLE XL.—*Notices of Recent Publications.*

- I. *The Homœopathic Materia Medica. Arranged systematically and practically, by A. TESTE, Graduate, &c. Translated and Edited by CHARLES J. HEMPEL, M.D.* Philadelphia: Rademacher & Sheek. Parts I, II, III.

ANOTHER part will complete this publication, in which Dr. TESTE, of Paris, has endeavored to set forth a classification of the *Materia Medica*, for the purpose of assisting the memory of the practitioner, and reducing our prodigious accumulation to the convenience of a scientific system. While, for our own part, we are but little favorable to such attempts in the present state of our knowledge, we cannot aver but that some may find in the ingenious speculations of our French colleague, a clue that may be of material assistance to them in threading our bewildering labyrinth of provings. We commend it to all who are desirous of keeping posted-up in the historical development of Homœopathy.

- II. *The Parent's Guide: containing the Diseases of Infancy and Childhood, and their Homœopathic Treatment, &c., &c., by J. LAURIE, M.D. Edited, with Additions, by WALTER WILLIAMSON, M.D., Professor, &c.* Philadelphia: Rademacher & Sheek. 1854. 12mo, pp. 458.

Diseases of Females and Children, and their Homœopathic Treatment. Containing also a full description of the dose of each medicine. By WALTER WILLIAMSON, M.D., Professor, &c. Philadelphia: Rademacher & Sheek. 1854. 12mo, pp. 256.

OUR laborious colleague, besides attending to an extensive private practice and the duties of his professorship, finds time also to add to the literary resources of our art. The two manuals, of which we have given the titles above, will be found to occupy a worthy place among the now almost innumerable candidates for popular favor as domestic guides.

- III. *The Hand-book of Veterinary Homœopathy; or, the Homœopathic Treatment of the Horse, the Ox, the Sheep, the Dog, and the Swine. By JOHN RUSH, Veterinary Surgeon. From the London Edition, with Additions, &c., by JACOB F. SHEEK, M.D.* Philadelphia: Rademacher & Sheek. 1854. 18mo, pp. 144.

THIS is a convenient little pocket volume, which will be very acceptable to those Homœopaths who desire to give their domestic animals the benefits of the science which they have found so advantageous in their own cases. We have so frequently found the action of homœopathic remedies to be prompt and happy in the diseases of animals, that we recommend the perusal of this manual and a few experiments to those of our opponents who continue, with such senile pertinacity, to advocate the theory that our remedies act, *solely by the imagination.*

C O L L E C T A N E A .

In the year 1768, while Hahnemann was still a boy at his sports, ANTON VON STÖRK, a Viennese physician of learning and celebrity, having an employment at the Austrian court, published a little Latin tract with the title: "*Libellus quo demonstratur Stramonium, Hyosciamum, Aconitum non solum tuto posse exhiberi usu interno hominibus, verum et ea esse remedia in multis morbis maxime salutifera.*" We think we cannot do better than present to our readers the substance of the work, which will be found interesting in more points of view than one. The original tone of thought, the comparative pureness of the experimentation, the accurate and conscientious statement of the reported cases, and the anticipation of the homœopathic law, all render the essays of the BARON VON STÖRK a fruitful study to the disciple of the new school, while our reverence for the ability of the master is increased when we see how nearly other minds have touched upon his immortal discoveries without perceiving them. The three remedies are the *Stramonium*, the *Hyosciamus*, and the *Aconitum*.

I. OF THE THORN-APPLE. (STRAMONIUM.)

As my station at court two years ago required that I should spend the summer at Hetzendorff, and take care of the Imperial family, residing at that place, I very often, on a morning or evening, walked out in the neighboring fields in search of plants which grow in those places. I considered not so much their botanical characters, as barely what use each plant I knew might be of, what distempers it might be administered in by physicians, and what effects it had produced. For the most part, I met with such plants as are extremely well known, and generally used in medicine, and approved of by a long experience, and an immemorial practice. But in the months of June, July and August, I observed about the imperial garden at Hetzendorff, and in the neighborhood of Schönbrun, Prutzing, and Heitzing, great plenty of thorn-apple growing, and thriving well. *Stramonium* is the official name of this plant; its botanical names are, *datura, pericarpis spinosis, erectis ovatis*. (LINN. *Species Plant.* p. 179.) *Solanum fetidum, pomo spinoso oblongo, toro albo infundibuliformi*. (C. BAUHIN. *Pin.* p. 168.)

I well know that this plant is altogether disused in physic, and described by authors as highly noxious, both to man and beast. But at the same time, I am not unacquainted with what was heretofore written concerning the use of hemlock, as being unanimously pronounced a plant of a highly deleterious quality. All of which was afterwards found and proved by repeated trials to be false and groundless; for a medicine is procured from it, which is administered with safety to patients, and very often found effectual.

After I had frequently revolved these things in my own mind, I at length determined to gather some thorn-apple, and to bring it to a medical test. I was in the first place to try, whether what botanists had written on this plant, could be depended on. In some of these we read, that if it is but smelt of, it intoxicates. The experiment was therefore of a dangerous nature,

but this did not at all daunt me; I boldly proceeded. On the twenty-third of June, 1760, I went out very early on a morning fasting, in search of this plant, and gathered a great deal of it. I strongly rubbed the leaves and stalk between my fingers, and often smelt of them. I indeed perceived a rank, disagreeable, nauseous smell, but observed nothing intoxicating or inebriating. This gave me great pleasure, and emboldened me to go on with the experiment.

On the third day after, I caused a large quantity of this plant to be brought to me, and I shred it small myself, throwing away only the roots, then beat it in a marble mortar, and expressed the juice. I was sensible of no disorder from it; as little was my servant who assisted me, though I often asked him. After I had done, I made a hearty supper, slept sound all that night in the same room in which all this was done, with the windows shut. On waking in the morning, I perceived an uncommon dull, heavy pain in my head; in other respects, I was brisk, calm, and fit for business. After breakfast, this dull, heavy pain in my head went off, also. From the shred plant, I expressed eight pounds of juice, which I evaporated to the consistence of an extract, on a slow fire, in a glazed earthen vessel, often stirring it with a wooden spatula to prevent its burning. A very disagreeable vapor arose from it, but without causing any disorder in my head, or my servant's, who was employed with me in the operation. The extract coagulated in a cool place to a black friable mass, which sparkled with innumerable oblong, saline spiculae. I laid a grain and a half of this mess on my tongue, and on perceiving no disorder from it, I strongly pressed it against the roof of my mouth, and by often rolling it about, my tongue at length dissolved it. I then perceived so disagreeable and nauseous a taste, that I should directly have thrown it out, had not my fondness to go on with the experiment restrained me. When dissolved, I at length swallowed it down. For a quarter of an hour after, a disagreeable rank taste remained in my mouth, which gradually went off of itself. After taking it down, I neither eat nor drank for three whole hours, in order to observe the issue. But notwithstanding all my attention, I felt nothing extraordinary. I was as well that day as ever, without either my memory or judgment being in the least disordered or affected. This circumstance gave me great pleasure. I own, indeed, at first I was apprehensive lest what authors have remarked concerning this plant should happen to be my own case, for loss of judgment appears to me a greater calamity than death itself.

But after making the first experiments on myself, and perceiving no manner of disorder, either on that day or on the following days, I concluded, that extract of Thorn-apple might be safely administered to patients in small doses.

We happened at that time to have to do with a disorder or case, wherein it might be supposed to answer, and patients to whom it might prove of service.

I then again consulted both ancient and modern writers, but to no purpose; for all of them unanimously write, that Thorn-apple disorders the mind, causes madness, destroys our ideas and memory, and occasions convulsions. These are all very bad effects, and which dissuaded me from the internal use of the Thorn-apple. However, I thence formed the following query; *If Thorn-apple by disordering the mind, causes madness in sound persons, may we not try, whether by disturbing and changing the ideas and common sensory, it might not bring the insane, and persons bereft of their reason, to sanity or soundness of mind, and by a contrary motion remove convulsions in the convulsed?* This notion was indeed far fetched, yet it was not without some good success. The experiments or cases are as follows:

Case I. A girl of twelve years old was disordered in her mind for two months, answered confusedly when asked any questions, and what words she uttered, she could not perfectly articulate; she was sullen and refractory, and neither by fair or foul means could she be brought to her duty. The medicines that were tried, proved ineffectual; half a grain, therefore, of extract of Thorn-Apple was administered in the morning, (in the form of a pill,) and repeated at night in the same dose, drinking upon it, each time, a small cup-full of veal broth, or an infusion of tea. For fourteen days, no alteration was observed in the patient, by the use of this extract. But on the third week she became less sullen, returned more pertinent answers, and spoke distinctly enough. In two months' time, always continuing the use of the same medicine, but increasing its dose, (as she took for the second month the pill of half a grain thrice a day,) she began to reason extremely well, and said her morning and evening prayers (which before she could not) with a clear and distinct voice, gained a good memory, and gradually recovered her understanding. From these circumstances, I came to be convinced that extract of Thorn-Apple may, with safety, be administered, and for a long time, with good effect.

Case II. A woman about forty, having been afflicted two years with a vertigo, could find no relief by any medicines. She came gradually, to be disordered in her mind, and a degree of madness accompanied her vertigo. She was then carried to our hospital. The medicines that were prescribed gave her no manner of relief. She began to be raving and furious, rose up out of bed in the night, and by her bawling disturbed and frightened the other patients, some of whom she would forcibly pull out of bed. In this condition I administered to her, morning and evening, half a grain of extract of Thorn-Apple. The first day she directly became more composed, but in the night turned as furious as ever. The third day I gave her one grain of the extract in the morning, and another at night. All the symptoms became thereby milder. The patient bawled out, indeed, in the night, but did not rise out of bed, and soon after fell asleep again. On the fourth, she began to give more pertinent answers, but soon fell again into her old raving fits. Her days and nights were then calm and quiet enough. On the eighth day, I gave her thrice a day, one grain of extract of Thorn-Apple. This dose was continued till the fourth week; at this time, all her fury was laid. Her madness went off, her sound mind, speech, and judgment returned, and she slept the whole night as sound as her fellow-patients. She gave very pertinent answers, ate heartily, and even to a degree of voracity; her strength was good, and she walked about the room and abroad in the open air. Yet the vertigo frequently and suddenly returned upon her, as it had done before she used this medicine; and at times with such violence as to make her fall down as in an apoplectic fit: she, however, always retained her presence of mind.

It was enough for my purpose that extract of Thorn-Apple cured madness; and upon observing that the vertigo was not thereby removed, I forbore its farther use. I again tried several things in order to remove the vertigo, but to no purpose. She lived five months in all, in the hospital; all her functions of mind were good and sound, but the vertigo turned, gradually, stronger, and the fits of it became more frequent. If the patient sat upright in bed, she was free of her disorder; but if she lay with her head a little lower, or moved her body, directly a dimness, vertigo, and anxiety came upon her. Her strength gradually diminished, and at length, a true apoplexy and sudden death succeeded. After dissecting her, we found all the veins of the brain, varicose: the *sinus falciiformis* in its anterior parts, for

an inch and a half in length, turned bony; the two anterior ventricles of the brain preternaturally distended, and replete with many hydatids of different sizes and shapes. All the viscera in the rest of the body were in a very sound state.

From these discoveries, made after her death, it appears that the vertigo of this patient was an incurable disease. For what physician, did he ever so well know the true cause of this disorder, could pretend to remove the hydatids, or restore the bony sinus to its natural softness? It is sufficient that, by the use of the Thorn-Apple, her rage was laid and her madness cured, and that it produced no bad symptoms.

Case III. A peasant of thirty-two years was, from a child, so violently afflicted with frightful convulsions, and true epilepsy every third or fourth week, that after every fit, he remained weak, out of his mind, and mad for several days together. He happened to be seized with an acute putrid fever, and then he was brought to our hospital. After being fourteen days in the hospital, he began to grow better at the end of the third week. As he wanted to quit the hospital, he was seized with a convulsion, and a violent fit of an epilepsy, which held him for three days. After the fit was over, he had a delirium with a fever, and his strength was quite gone. I administered the following emulsion:

Take camphor, fifteen grains; melon-seeds and sweet-almonds, an ounce and a half each: make an emulsion with a decoction of barley; to two pounds of which, after straining, add syrup of diacodium and syrup of mint, of each one ounce; mix, and let the patient take every other hour two spoonfuls. In twenty-four hours he recovered his strength, and sat upright in bed, and had no longer any tremor in his hands; but yet, the delirium was not gone off. On the third day he turned voracious, and would violently snatch the food from other patients, and very greedily devour what was given him. A degree of rage alternately accompanied the delirium. On the fourth in the morning, I began to give him a pill (of one grain) of extract of Thorn-Apple, which I repeated at night. He had a quiet night. On the fifth, no rage was observable, but yet he was still quite out of his senses, nor did he give any pertinent answers. However, he was tractable in every respect; neither did he so greedily devour what was offered him; nor were his looks any longer so wild and frantic. On the sixth, I continued the same dose, and the symptoms in like manner were the same. The same thing was observable on the seventh day. Neither was there any alteration on the eighth day. On the ninth, I gave at three different times one pill of one grain. This day the patient was very composed, and in the afternoon slept several hours. His mind was still disordered; yet he slept very well, and sound, every night. On the tenth, he often answered pertinently, and complained of being hungry. On the eleventh day, he walked about the room and talked with the other patients; but, continuing to speak for some time, he was again disordered in his mind, and spoke impertinently; but a little after, he owned he was in the wrong, and then he corrected himself, and began to talk rationally. On the twelfth, scarce any thing amiss was observable. On the thirteenth, he was extremely well, and said that his head was never so free, and his mind never so calm and clear; that almost all his life long, he was in a languishing state, but now there was an universal change wrought in him, and he was vigorous and active. I kept him still in the hospital that I might see whether the fit would return at the due time. In the mean time I prescribed three pills a day, and the diet of a person in health. He had every day, a natural stool, but discharged a copious, pale urine. All the

functions of his mind were free and sound, his strength entire and good, and all his muscles brawny. About the beginning of the fourth week, all of a sudden, he was unexpectedly seized with an apoplectic fit; but it was slight, and lasted not above a quarter of an hour. Nor did the patient lose strength thereby; neither was he discomposed in his mind. This gave me great satisfaction; and I made him continue the use of the same pills in the same dose. In a few days, finding himself extremely well, he begged I might give him a good many of these pills to take at home, with a promise directly to return to me if he found but the least disorder; but from that time forth I saw him no more. As he experienced the good effects of these pills, it is probable he would have returned again to the hospital, had his disorder recurred upon him.

Case IV. A girl of nine years was for four weeks afflicted several times a day with a very strong convulsion of her whole body. The most skillful physicians exerted all their art to the utmost to relieve this poor girl, and yet this disorder by no means abated. I advised to give, morning and evening, half a grain of extract of Thorn-Apple. The convulsions were thereby heightened. Next day, half a grain was again administered in the morning, and as much at night; but the disorder was the more exasperated. The use of the extract was intermitted for some days, and at length resumed again; but the former symptoms recurred. Wherefore it was necessary to forbear the use of this medicine, and to have recourse to others for this patient.

Case V. A young man, about twenty, was for several years afflicted with a most dreadful epilepsy; he knew not the cause of his disorder. He was usually taken suddenly with a fit, four, five, six, or seven times a day, which always lasted for half an hour, and more. His strength was thereby weakened, his mind stupefied, his whole countenance sad and melancholy. No medicine afforded him hitherto any relief. I, therefore, gave him, thrice a day, half a grain of extract of Thorn-Apple. The patient continued the use of this dose, for four days, but he observed no alteration by it. I then gave him thrice a day, a full grain; by which the fits came to be less frequent, more mild, and short. His mind came sensibly to be more composed, his countenance more cheerful, and his speech more free, which before was attended with impediment. On the twentieth day, I gave four grains; and then the distemper became so mild, that only a slight fit or two a day were observable. His strength increased, and all his melancholy insensibly disappeared. On the thirtieth, I gave five grains. On the thirty-first, only two slight fits were perceivable. On the thirty-second and thirty-third, the patient was quite free. On the thirty-fourth, he had three fits, and much more violently than on the thirty-first. On the thirty-fifth and thirty-sixth, days the patient found himself well, had an appetite, was cheerful. On the thirty-seventh, he was twice strongly convulsed. On the thirty-eighth, three slight fits were observable, which lasted only for a moment, without disordering the mind; but in the preceding fits the memory and all sensation were abolished. On the thirty-ninth, the patient was free. The same day I gave him six grains of extract of Thorn-Apple. This dose I continued for a whole month longer, till the patient was almost cured; but then the medicine happened to be out, and it was the winter season, in which none could be prepared. Whence the experiment which hitherto answered so very well, was necessarily broken off. I advised his taking, in the mean time, other medicines; but as I could not supply him with any more of these pills, he refused taking any others.

II. OF THE HENBANE. (HYOSCYAMUS.)

THE Henbane has a thick, rugose multifiduous root; dark colored externally, and white inwardly; it has soft, large, downy leaves, of a very disagreeable smell; its stalks are two cubits high, thick, branchy, and beset with a thick down; its flowers are monopetalous, divided into five obtuse segments of a yellowish color, with some shades of purple veins intermixed, &c. It grows about villages and on high-ways. The internal use of this herb is forbid by most authors; but there are some compositions in the Dispensatory, in which an extract made of it, is an ingredient; but so small a portion goes to a dose, that it can have no manner of effect.

I therefore resolved to try what the extract alone would do in the human body. I inspissated the juice expressed from the fresh plant (without the root) to the consistence of an extract, over a gentle fire. I made the first experiment on a middling-sized dog, by putting down his throat a bolus of ten grains of this extract; from which I observed no manner of alteration in the dog; he ran about briskly, and ate with a good appetite what was given him. On the third day I gave the same dog twenty grains with a piece of flesh; and neither did any symptoms appear from it. On the sixth, day I forced down the stomach of the same dog, two drachms of this extract. He turned timorous for a few minutes, and then lapped a great deal of water, and swallowed the flesh that was thrown him. In about half an hour he fell into a languor, kept his eyes open, and his pupil very much dilated; he staggered as he walked, stumbled against every thing in his way, and almost lost his sight. Then he laid himself to sleep. He showed anxiety in his sleep; and the pit of his stomach was very often violently retracted. In about two hours, he began to cast up all he had swallowed; and when he stood, he tumbled, and was very feeble. After vomiting three times, he had five stools. The *stæces* were liquid, dusky, in great quantity, and very fetid. His eyes continued immovable, and the pupil very much dilated, and his sight seemed to be almost gone. Then the dog began to sleep again, the spasms about the pit of the stomach abated, and gradually went off. He slept for four hours, and lay very still, nor did his limbs quiver as they had done a little before. After sleeping, his eyes came to their natural state, and his sight seemed to be perfectly returned; his strength was good; he was brisk, and ate bread and flesh with a good appetite. I still kept this dog for several weeks longer; in all which time he was healthy, watchful, and brisk.

From this I saw that extract of Henbane given in a small dose, cannot be noxious; but given in a large quantity, may cause disorders and anxieties; I therefore took every day, in the morning, fasting, for a week, one grain. I found myself as sound and well as ever, and never observed any alteration in my sight, (for this symptom in the dog raised a suspicion in me,) but in the days on which I took it, I had a more open belly, and a far better appetite. After making the trial for a week, without any detriment, I imagined it might be with safety administered to patients; but yet, only, in those cases in which other medicines should prove of no service.

In a short time the following case offered:

Case I. A woman of thirty-seven years of age had for more than a year been almost daily afflicted with violent convulsions, but these convulsions were by no means all over her body, but wandering; at one time taking the breast, then the belly, again the feet, and then the arms, &c. The patient suffered great pain; her strength and appetite were almost quite gone, nor

could she ever sleep. At times she threw up a great deal of bile of an eruginous cast; and while the convulsions seized the lower belly, the sphincter of the anus was so strongly contracted, that a clyster-pipe could on no account be introduced; and then she had a strangury, attended with a continual and highly painful tenesmus. Medicines recommended both by ancients and moderns, and proved by numerous experiments to be good in convulsions, were without any efficacy on this patient. Opium alone, and that in a large dose, abated the paroxysms, lulled the pains, and at length stilled the convulsive motions of the nerves, but yet prevented not a speedy return; besides, it brought on costiveness, and that to such a degree, that clysters could bring nothing away. The known medicines being therefore employed in vain on this patient, I administered extract of Henbane. The patient took one grain in the morning, a second an hour before dinner, and a third at night. In four days' time she observed her appetite to return, her belly more open, and the paroxysms no longer to rage with that violence. I therefore increased the dose, and exhibited, thrice a day, two grains of extract of Henbane, after which she was free for seven days from any convulsion, had an appetite, and plentiful stools of a proper consistence, with quiet and refreshing sleep. On the eighth day she had slight twitchings in her belly and feet, but they were soon suppressed by opium. I then gave nine grains a day, of this extract, by which the belly was quite open, and the appetite in a tolerably good state. I continued this dose for two months, and as no sign of convulsions appeared, I forbore its further use.

Case II. A young woman of twenty-four had for five weeks a convulsive tremor in her right foot, and therefore could neither lie still nor sit, much less walk. After trying several things, I at length gave morning and evening, one grain of extract of Henbane. On the fifth day, I began to give thrice a day one grain, and in a few days the tremor abated, and in three weeks' time the disorder went quite off. The patient, by using the pills, had daily copious stools, but before, only once in two or three days, stools of a hard consistence, which she discharged with much straining. There was also observed a change of color in her urine, which had always before been limpid, watery, and inodorous, but by using the pills turned of its natural color, or sometimes from red to dusky, and then a thick, sily cloud settled to the bottom of the vessel. But what deserves attention, is, that this patient always, in half an hour after taking the pill, began to feel a chilliness and shuddering all over her body, with anxieties and cold sweats, weakness of sight, and a sense of a beginning fainting fit. But these symptoms lasted not above two or three minutes, and then the patient was well again, without loss of strength, and with an abatement of the disorder in her foot. I therefore continued the use of this remedy, yet without increasing the dose. By this means she was entirely cured.

Case III. I in like manner administered Henbane, gradually increasing the dose, till at length it came to twelve grains a day, to a man upwards of sixty, who for half a year was afflicted with involuntary twitchings of the tendons of both feet, and who had hitherto found no relief from any medicine. He observed himself to be more cheerful by the use of it, but the disease remained in the same condition, though the remedy was continued for a long time. But it is to be noted, that this disorder was owing to a contusion of the vertebræ of the loins; nor had I any hope of relieving this patient by these pills, but as so many medicines employed proved ineffectual, I wanted to exhibit also this, being satisfied, from what I had seen of its effects, that it would do him no harm.

Case IV. A young woman of fifteen was greatly afflicted with a chronic

palpitation of the heart, nor could she move her body without the greatest anxiety, or apprehension of suffocation or swooning. Whatever remedies, though the most celebrated in this distemper, were used, rather heightened the disorder, and afforded no manner of relief. I therefore gave one grain of extract of Henbane in the morning, and another at night. The disorder thereby abated in a short time, and the patient could with far greater freedom move her body. I then gave thrice a day one grain of this medicine, and in eighteen days the disorder was gone. The patient, before the use of these pills, was every morning afflicted with an unquenchable thirst, but the thirst went off after the palpitation of the heart was assuaged. The too frequent discharge of urine went off also, for the patient before this discharged almost every hour a copious and limpid urine. Her appetite was also better. I wanted several times to increase the dose for this patient, and give each time two grains, but she could not bear this quantity, for as often as she took two grains, so often she had colicky pains, though they were neither very severe nor of long continuance.

Case V. A man of about thirty, from the effect of some passion, fell into a state of melancholy, which gradually increased, and at length turned to a true madness. His appetite was quite gone, his nights were restless, he had almost a continual delirium, attended with timorousness; his strength abated, and he felt frequent shudderings and rigors in the spine, of which he complained in his lucid intervals. A vein was several times opened whenever he came to be plethoric. Purgatives and other remedies were used, yet without any alteration for the better; rather the contrary. Paregoric and opiates, though used in large doses, caused no sleep; his nights were thereby rendered more restless, his mind full of anxiety, and then a fever came on. I therefore determined to use extract of Henbane. I gave, thrice a day, one grain of this extract. The first night proved more calm, and the next day his appetite was good. On the third day the patient took six grains, and then his shudderings and rigors, which passed up along the spine into the head, and increased his timorousness, ceased. The delirium was milder, and his belly, which before was costive and very hard, became open. The stools of a proper consistence and copious, two or three times a day. On the sixth day, I gave him nine grains. In ten days' time, the patient seemed to be almost recovered, and then without my knowledge he left off the use of the pills, and soon after the distemper turned worse than before. Then he perceived and owned what great relief he had received from these pills, and therefore directly began to take them again. For upwards of three weeks he continued taking daily fifteen grains of this extract; then he got well, and could again go about his business.

Case VI. A man of thirty-three, for several weeks discharged a phlegm mixed with bloody streaks, and was teased with a very tickling cough, and with anxiety in the night. I was at great pains to cure this disorder, and one day it seemed to abate, but another day the former scene returned again. I then exhibited one grain of the extract of Henbane in the morning, and another at night. The nights proved far more quiet, and the patient surmised he had taken opium. On the second day his streaky spittle was diminished, and the night again was calm. On the third day I exhibited, at three several times, one grain of this extract; and then all the blood in the spittle disappeared, and directly a yellowish well-concocted matter was discharged, and his breast became much more free. I then increased the dose, and on the sixth day I exhibited nine grains, namely, three in the morning, three about noon, and the rest at night. This dose was continued for four weeks. Then a well-concocted spittle was discharged, his breast

became free, his appetite good, with stools of a proper consistence three or four times a day, and the patient's strength returned. After this, his cough being almost quite gone, and the patient well, I forbore the use of the pills any longer.

Case VII. A gentlewoman of forty-seven, from a violent fit of passion, fell into a hæmoptoe, or spitting of blood. After employing venesection, and several remedies according to the indication, the discharge was indeed lessened, yet the spittle still continued to be tinged with much blood. Astringents, opiates, incrassating medicines, &c., restrained the spitting, and checked the cough, but produced anxieties in the breast, with a fever and delirium; nor did they relieve the disorder, for in a short time after, there was again a greater discharge of blood, caused by a very violent cough. I made trial of Henbane, and gave one grain three times a day. On the same day I observed the spittle to have less blood, and the patient felt her breast relieved; but yet in the night the tickling and teasing cough was to be laid with opium. The day after, the same dose of pills was continued, and then the spittle was sizy, yellowish, with only a few streaks or small spots of blood. On the third day, two grains of the extract were exhibited three times, and thereby she got an appetite; her belly, which before was costive and hard, now became open, without any effort and straining, and she discharged much sizy matter. There was no longer any blood found in the spittle, which was copious and well concocted, and her strength increased. On the seventh I now used nine grains a day; the spittle was freely discharged, nor did the patient any longer feel those spasms, which before the use of the pills so often contracted the breast and throat, as to give an apprehension of suffocation. On the eleventh and twelfth, the patient observed always, in a quarter of a hour after taking the pills, a slight colicky pain to arise; and then she had a stool with a copious discharge of sizy matter, very much resembling that which was discharged by spittle; and hence the patient complained of weakness, on which account I advised to intermit the use of the pills for some days. But I then observed, that her appetite went off, and that in a few days she felt anxiety or straitness of breast, and that she did not go to stool in the due time; she, therefore, begged the pills might be again administered. She now takes, and has done for three weeks successively, three grains a day, has got an appetite, and sleeps well; her excretions are regular, and her strength returned.

Case VIII. A man of thirty became, from a fit of passion and sudden fear, so melancholy and timorous, as to hide himself in every corner, and even to dread and run away from flies. At the same time he was like a dumb person; for neither by fair promises, nor by severe threatenings, could a word be got out of him. His appetite was quite gone; he had no sleep, his strength decreased, he seemed as one out of his senses, and altogether unfit for any thing, and to have less reason than a brute. Phlebotomy, and several other remedies employed, rather heightened his disorder. Nor were diversions, of which he was formerly very fond, of any use. To threaten him with severities brought on such a degree of pusillanimity, as to give apprehension of convulsions, or some other disorder. But upon giving extract of Henbane, he immediately, the second night, began to sleep quiet, and his eyes and countenance were far more calm. In a week's time his fear abated much, for he no longer sought to get into corners to hide himself, nor shunned the converse of men; but yet he uttered not a word. The third week after, he set about his business again, which required great attention, in a proper manner. In about a month, he made proper answers; but yet, of his own accord, would speak to nobody. The second month he began to

jest and talk; and now he seems to be quite well. At first, one grain of extract of Henbane was administered thrice a day; on the fourth, six grains; and thus every third or fourth day, the dose was increased; till at last he took twenty grains a day. The very learned Dr. Colin has observed the following cases in our hospital, and given in writing the histories of them.

Case IX. Anna Maria Keltenerin, of thirty years of age, was, in harsh and threatening words, on the second of September, accused of theft; whereby she became so disordered, as to lie in a continual delirium, fancying herself to be surrounded with objects of a terrifying nature. Nor did she recover out of this delirium, though she was declared innocent, and the false accuser had begged her pardon.

On the eleventh of September, being carried to us, she had not a moment's quiet, continually calling out that she saw the devil; denying that she was guilty of theft, or had any concern with witches. Then she had a tremor all over her body, and struggled with such violence to make her escape, that several keepers could not hold her in bed, and hence we were obliged to tie her down to the bed. In the meantime, her pulse and respiration shifted according to the various phantoms which offered themselves to her imagination; her tongue was extremely moist, her eyes stern, grim, and wrathful; and she made an involuntary discharge of excrements in bed.

We exerted all the powers of art till the eighteenth of September, in order to relieve this wretched patient, but to no manner of purpose, she still continuing in the same condition; and upon giving two grains of pure opium in one dose, we just procured for her one short nap, from which, awaking, she tossed and tumbled more than ever. I then gave her extract of Henbane; for the first three days she took two pills, by which she seemed to be calmer; then she took three pills a day, one in the morning, another about noon, and the third at night; by these means her former calm of mind gradually returned. About the end of October, she was seen by the honorable president, and by other persons of distinction.

Case X. Theresia Liedmayer, of eighteen years of age, came to our hospital the sixteenth of July, after several fits of epilepsy. As she never had her menses, I employed all my skill to bring them on; and in the beginning of August, she had a tolerable good flow for the first time, after eight epileptic fits in the hospital. I was in hopes that after this flowing of the menses, she would be freed of the epilepsy; but in a few days that dreadful disorder returned, and seized the patient almost every day, baffling every remedy that was administered. In the beginning of September she had again her menses in a sufficient quantity for three days; during which she was convulsed several times a day. At length, about the end of September, her body during the fit was so distorted every way, that the assistants expected every moment that either her joints or back-bone would be broken in pieces by the violence of the convulsion. It was therefore resolved to try what effect the pills of extract of Henbane, which proved so salutary to the foregoing patient, might have in this dreadful case. The first time, she took three pills, but with little or no relief, the paroxysms being equally violent; yet I observed no disorder to arise from the use of the medicine; and, therefore, I gave two pills thrice a day, each weighing a grain, so that on the twentieth of October the distemper went off. The patient continued the use of the pills till the end of November; and then being perfectly recovered, she chose to remain no longer in the hospital. I have seen her several times since, and on the twenty-fourth of March, she was with me here in the hospital, in perfect health, returning thanks for her recovery. During the use of the pills I was obliged to interpose, now and then, a purgative, on account of her costiveness.

Case XI. Eleonora Gallup, twenty-two years old, came to our hospital the 18th of August, without having had her menses for four months before, and with a headache and vertigo of two weeks standing. The patient seemed very healthful by her looks, had her appetite, and a natural stool every day; her thirst was no ways unnatural, yet her pulse full and quicker every morning, and she could not be any time out of bed in account of her vertigo.

I employed bleeding and other medicines, by which her course came on as early as the latter end of August, with some relief to her head. I, therefore, was in hopes that the patient would soon be restored to health; but on the third day of September, about ten in the morning, she began to be somewhat chilly in her extremities; at length she turned hot, first in her head, and the heat descended quite to the extremities of the limbs, when she began to sing, and as my assistant came to her, bawled out aloud, and covered her eyes with a handkerchief, but stood in awe of her keeper or nurse, or of the other women. This scene continued for the space of two hours, and then she slept for three hours, being very hot, with a small quick respiration, and in her sleep she sweated much. On awaking, she was insensible of what had happened before she fell asleep. On the following day, in the morning, she herself apprized me that her case was now the same as on the foregoing day, when her paroxysm began. I therefore examined every circumstance. She had no pain in any part, not even in her head; her respiration was good, her pulse unequal, and somewhat more contracted; her eyes were moist, her countenance tinged of a rosy color, her tongue moist, but her abdomen was tense, without the least pain. In half an hour after, she was hot all over her body, and now she dreaded the sight of man; yet she seemed cheerful, laughed often, and in a little while, sang several love-songs. At length, after speaking in a raving manner about several things, she fell asleep. Her pulse was then free, full, quick, sometimes unequal; her respiration difficult, but her abdomen no longer tense. Awaking an hour after, her pulse was natural, but she knew not what she had done before she fell asleep. I gave her a very dissolving decoction of grass, which she used for six days, in which time she had a fit every day, sometimes once, sometimes twice. Her head was much weakened by these fits, and afterwards vertiginous. I therefore prescribed the bark, two ounces and a half of which being taken in four days in substance, produced not the least alteration. When I found the bark had no effect, I gave her a decoction of orange leaves, which she also used for a week, but without any alteration for the better. Then I administered largely the usual anti-hysterics with *ludanum*, and applied an aromatic plaster, mixed up with *ludanum* and oil of mint, to the abdomen, by which the paroxysms came to be less frequent. But when they returned, they lasted the longer, and the patient became much weaker after each fit than after the preceding ones, which were more frequent. I continued this method till the second of November, in hopes that the disease would at length yield to the medicines, but all in vain, for the disorder returned either every day, or at least every other day.

I therefore gave her pills of extract of Henbane, one of which she was to take three times a day. On that day she had no fit, and that which happened on the following was mild. She remained free till the eighth of November, on which day the fit was very mild and short. The patient continued to take the same dose for five weeks, and she had no attack of the disorder ever after; yet I kept her still for a long time in the hospital, till she begged to be dismissed, which I readily granted, as she was grown both well and strong. I gave her a dose of pills, to be taken at times. On the

third of each she came to the hospital perfectly well, and said she had not had the disorder since she left the hospital.

Case XI. Regina Ehrhardt, twenty years old, was on the 27th of April brought to the hospital. As I came to see her, her abdomen was for half an hour continually twitched with a strong convulsion; in the same manner also the diaphragm seemed to be affected, for on a sudden her breast was strongly raised; her ribs heaved and sunk again very quickly; at intervals she was seized with a violent hiccough, and risus sardonicus; she lost her voice, and swallowed with very great difficulty the drink offered her; her pulse was full, strong, and quick. I directly concluded she must be bled; the blood was of a good color and consistence; her respiration became somewhat easier. I prescribed for a medicine a cooling emulsion, with syrup of diacodium and an emollient clyster, which, being retained for an hour, returned the concocted feces. I applied to the region of the stomach a stomachic defensive of *emplast. diabol.* in a sufficient quantity, with pure laudanum and camphor, fifteen grains each. Towards night all the symptoms gradually abated, and from midnight till five in the morning the patient slept tolerably well.

In the morning she was very weak, and said that all the fore-part of her breast, and the epigastric region, felt as if bruised with blows; her pulse was somewhat unequal. She told me, that for four days, without knowing the reason of it, she had alternately a difficulty of breathing, with anxiety or oppression, but had never before had such a fit as we had seen the preceding day. Instead of the emulsion, she then took an emollient decoction, and again a clyster was injected; the following day and night she passed tolerably well. But on the thirteenth of April, when I came to her in the morning, I found her in as bad a state as on the twenty-seventh; yet the fever seemed moderate, and she swallowed with greater ease. I ordered them to give her often a little warm broth; the stomachic defensive was continued on the stomach, and the patient proceeded in the use of the emollient decoction. Moreover, I prescribed a mixture with one ounce of the bark, &c., to be taken after the fit in twenty-four hours. She had a restless night, and on the first of May, in the morning, complained of great anxiety or oppression, and said that her heart and breast were torn to pieces. I ordered a clyster, and besides the mixture with the bark, she took some saloop at times. The following night she slept a little, but about four in the morning was again taken with a fit more violent than the preceding. About noon the disorder went off, but the patient was very weak, and began to take another dose of bark in extract.

In the night she had again a strong fit, and therefore, on observing that the symptoms were heightened by the bark, on the third of May I gave her two pills of extract of Henbane, to be taken thrice a day; and I ordered a warm broth to be frequently given her. She had a calmer night, and on the following day underwent a slighter fit; she continued taking the same dose of pills. Her belly was gently lax, and she slept very well at night. Each pill weighed one grain. On the fifth of May, towards evening, she had a fit for two hours, but was able during the paroxysm to speak, and easily swallowed the broth. The convulsive motion also was much abated. An irregular and slight fit only now returned every day, and then every other day, till the fifteenth of May, but from that time we saw no more of the disorder. She still continued taking the pills till the end of May. During the whole continuation of her disorder, her urine was always well colored, and with a cloud sinking to the bottom.

Case XIII. Juliana Gauber, twenty-seven years old, came on the four-

teenth of June into the hospital. She said, that for four weeks she had been afflicted with a contraction of the stomach, accompanied with a difficulty of breathing, and that for the last fifteen days she had hardly been able to swallow any thing. The first time I saw her, she was quite emaciated, and so much fatigued by swallowing a few spoonfuls of broth with a little bread in it, as to be scarce able, with much struggling, to get down a couple of ounces. On viewing the throat, no disorder appeared; her pulse, besides its inequality, had nothing unnatural; her abdomen and hypochondria were soft; she had a natural stool every day, or every other day; her urine was limpid; she had no thirst, but lay restless day and night, almost perpetually watchful. Before coming to the hospital, she had taken various medicines without any relief.

I then directly thought of extract of Henbane; yet for three days longer I was willing to try what might be done by other usual medicines of the nervous and anti-hysterical kind, and at the same time put round her neck an emollient cataplasm. But from these things she did not gain the least relief. On the eighteenth of June, two pills of Henbane were given three times a day. Next day she felt relief, and on the twenty-second her swallowing was free and easy. Yet at times the difficulty of swallowing returned, and her stomach was again convulsed. From the twenty-third of June she purged three or four times a day till the second of July, and then she enjoyed very good health. Continuing for several days longer in the hospital, she had no relapse, and therefore was discharged as perfectly cured.

There are many other persons afflicted with various degrees of nervous disorders, to whom I administer these pills with good success; but as their cures are not yet perfected, I reserve their cases for another opportunity.

III. ON MONK'S HOOD. (ACONITUM.)

THIS Monk's Hood, which is called *Aconitum* or *Napellus*, having a blue helmet flower, &c., is the *Aconitum foliorum laciniis linearibus, superne latioribus, linea exaratis.* (LINN. *Spec. Plant.*, p. 588.)

This plant has hitherto been always deemed one of the rankest vegetable poisons. But yet the celebrated Linnæus saw, in the northern part of Sweden, the leaves of this herb, boiled in a little fat, eaten without any bad consequences, by a woman, her husband, two children, and another old woman. It has been generally cultivated as an ornamental plant in gardens.

I had for several years thought of trying the qualities of this plant, but was at a loss for a proper opportunity; my necessary occupations taking up too much of my time. But these being now in some measure better ordered, I found a few moments in which I could apply myself to that trial. In order duly and without prejudice to carry on the experiments, I disregarded every notion I had formerly learned from the authors of the *Materia Medica*; only retaining this one, that it was a suspected plant. Nature, therefore, alone pointing out the way, and simple, plain reason being my guide, I made trials as follows:

I reduced to a powder the leaves and stalks of the plant. A little of this powder I put upon my tongue; and felt from it a degree of burning heat, which continued for some time, accompanied with transient, vague, and pungent pains, which often pervaded my tongue, but no ill consequence ensued; the powder being left on the tongue for two minutes, neither caused inflammation, nor brought on any unnatural redness. As long as the burning heat remained in my tongue, I had a very great flow of saliva; in other respects no disorder of any kind was observable. I then sprinkled some

of this powder upon a cankerous, fungous ulcer, in order to see whether it had a caustic corroding effect. The first day, a slight suppuration arose, and the patient complained neither of pain nor burning heat. On the second, third, fourth, and fifth days, I observed the same thing; nor was the fungus flesh thereby consumed. I could therefore conclude that the caustic and deleterious qualities of this plant were not so violent as one might have imagined; I therefore expressed its juice, and at a gentle fire made an extract in the usual manner, which being applied upon the tongue, caused only a very slight titillation. But as I imagined that my tongue, now become accustomed to such things by long practice, was not duly affected by them, I then put a grain of this extract within the lower eyelid of my right eye; nor was I thereby otherwise affected than by any other heterogeneous body. After I had left it there for two minutes, I had, indeed, a copious flow of tears, but no particular burning heat was observable. I then washed it out with pure water, without finding any inconvenience from it.

After making these experiments, I tried what the effect would be when swallowed and taken into the body. For this purpose, I prepared this powder: Take extract of Blue Monk's Hood, two grains; white sugar, two drachms. *Mix and grind them together for a long time in a marble mortar, to the finest powder.*

I took six grains of this powder, in a morning, on an empty stomach, carefully observing what would be the effect. But I observed nothing uncommon. The second day I took eight grains; nor was I then any ways affected. The case was the same on the third day, when I swallowed ten grains. Being thereby much emboldened, I took, on the fourth morning, twenty grains of this powder. No bodily function was thereby disordered; I only observed a more profuse perspiration than usual, which was so general as even to be extended to all my extremities; and this continued through the whole day. On the fifth, I again took the same dose, and observed the same effect as I had on the day before. On the sixth and seventh, I repeated it with the like success. On the eighth, I forbore the powder, and then I had not the moist sweat, which was observed the foregoing days. On the ninth, I again took twenty grains of this powder, and the same day I was in a continued moist sweat. The case was the same on the eleventh, twelfth, and thirteenth. The fourteenth, I took more, and the very same happened as had on the eighth and ninth. From all this, I could, therefore, infer: First, that this powder promotes sweat. Secondly, that as it caused no disorder in me, it may be safely given to my patients, beginning with a small dose. Thirdly, that it seems adapted to diseases in which the peccant matter may be expelled by the sudoriferous pores or omuncories.

At this time I was employed in these reflections, the following case occurred amongst my patients.

Case I. A man of about thirty, in the month of August, 1761, was taken with a tertian ague. After being cured of it, he continued in a tolerable state of health. But in the month of November, he was seized with an exquisite pain, which settled in all his right side, with such violence, that he could neither move hand nor foot; his appetite was quite gone, and his nights were restless. For four months together, remedies of several kinds, both the more gentle and the strong, internal and external, were applied, but without any good effect; the disease was rather exasperated, and the patient obliged to keep his bed; the pains were at times so extremely severe as to cause him to weep most bitterly, and to scream like a person upon the torture. He, moreover, complained of very violent pains in the bones and

tendinous parts. As, therefore, the medicines given were of no benefit, I gave the powder above described, of white sugar and Blue Monk's Hood. The dose was ten grains in the morning, and as many at night, drinking upon them either broth or any infusion whatever. The first night the patient sweated plentifully, which had not been the case before. The following day I repeated the same dose, and the pains became much milder; the patient sweated again in the night; his sweat was very fetid; nor was he weakened by it. On the third day, I ventured to give him thrice ten grains of this powder. In the night he sweated again. The same dose was then continued till the twelfth; every night his body was all over wet with sweat, as also in the day-time, if the patient kept in bed. On the sixth day, he was free of every pain, and could walk about; had an appetite, slept sound, had a natural stool every day, and his urine was more copious than usual, with many flecks and mucous threads. On the thirteenth, the patient being quite well, forbore the use of the powder for three days; but he found that his limbs grew languid, and that his pains began to return; I therefore advised him to continue to take, for three weeks longer, thirty grains of the powder every day; he exactly followed my advice, and the disorder was so far amended, that all his functions were restored, and an universal waste of the whole body was removed. For the last two weeks, in which the patient took the powder, no sweat was observable; nor did his pain return after forbearing the use of the powder, and it is now four months since.

Case II. A man aged twenty-seven, was afflicted for six weeks with a severe sciatic pain. At length a most violent pain seized the right arm to such a degree, as to make him cry night and day. Notwithstanding the use of both external and internal medicines affording sometimes slight relief, the disorder continued the same; the pains after a short interval being heightened and tormenting, the patient worse than before. I therefore used, morning and evening, twenty grains of the above powder. The very first night, as by a charm, he slept insensible of any pain, nor did the pain return next day; but all his body, especially about the privy parts, had a very troublesome itching, and ruddy pustules, full of an acrid humor, broke out all over him. The patient grew well, had an appetite, his strength increased, with a continued breathing sweat all over his body; but in the night his sweat was not so copious as that of the preceding patient. After giving the powder for a week, in the same dose, he took a purge of five ounces of the laxative water of the Vienna dispensatory, and one drachm of sal polychrest. He had then seven stools; the pustules disappeared, the itching diminished, and his strength increased. He then used for four weeks longer the same powder, without observing any thing uncommon. Towards the end, he again took the purge described above, and then he was perfectly cured. It is now five months since, and he has had no relapse, though the severity of the weather is extremely inclement.

Quære. Whether this powder dissolves the acrimony inherent in the minute vessels about the tendons and bones, which causes obstructions in them, and the most exquisite pains in the joints? and whether after solution it expels it out by the perspiratory emunctories on the surface of the body? (!) The last two cases seem to show it does.

Case III. A young man of nineteen was afflicted with an ague of the quartan kind for three years. This fever was of so obstinate a nature as to yield to no medicine whatever. The bark, given in large and continued doses, mitigated indeed the violence of the fits, but could not quite subdue them; and as soon as the patient left off the use of the bark, the fever returned with exasperated severity. His body turned meagre and cachectic, and

during the fever an exquisite racking pain and burning heat about the extremities seized all his limbs, joints, and back-bone. I gave the patient in the morning ten grains of the powder mixed with extract of Blue Monk's Hood, and as many at night. The first day he purged thrice, and the second, four times. The fit was far milder the third day, with scarce any pain; but at last he fell into a plentiful sweat, yet his strength was not impaired by it. On the third, fourth, and fifth days, he still purged several times without any abatement of strength; nay, he affirmed he had relief by the purging. On the sixth, a very gentle shivering, and a vague and short heat only appeared, and were immediately succeeded by a profuse perspiration. On the seventh, his flux ceased, and his stools became of a natural consistence. His slight fever returned on the ninth, after which the same effects followed as before, and then he recovered his appetite, his nights became calm, and his sleep refreshing. On the ninth, a gentle sweat only, and a flying heat pervaded all his limbs; in other respects he was well after the ninth; no apparent evacuation was at all observable, either by urine, stool, or sweat. The powder was still continued in the same dose for three weeks longer, and in this time the patient was perfectly cured. And it is now two months since, and the fever has not yet returned. Blue Wolf's Bane has therefore effected, what neither the bark, nor any other remedy tried in this case, could accomplish.

Case IV. A young woman, of about twenty, had for five years a tumor, which really felt bony to the touch, and occupied almost the whole left side of her face. It was quite immovable, and you would pronounce it to be an excrescence of the bones themselves. Under the lower jaw many of the glands also were swelled and schirrous; she could move her jaw but little, and that with very great pain and difficulty. The most powerful resolvents and mercurials, used both internally and externally, were so far from mitigating the disorder, that they caused such pain as deprived the patient of rest. Hemlock, given for several months together, and in large doses, neither heightened nor diminished the disorder; and now, since the patient has for three months used the powder of extract of Blue Wolf's Bane and sugar, the tumor is not only become softer and movable every way, but diminished above half its bulk, and the motion of the jaw is much freer. In the night, at times, this patient sweats plentifully, and then she feels herself relieved; in other respects no sensible evacuation is observable. Her appetite is good, her strength entire, and her sleep sound. She has now a drachm and a half of the powder administered daily; scarcely any disorder is observable, and the tumor abates in size. As she is costive, a purge of twenty grains of sal polychrest and forty grains of powder of the root of jalap is given, every other week.

Case V. A woman, of about forty, used Hemlock for several months together, for a very hard tumor, of the size of a goose's egg, lodged under the right parotid; but finding no relief therefrom, she forbore its use. She was this winter taken with very violent rheumatic pains of so obstinate a nature, that she could neither sleep nor at times swallow any food for pain, nor did the medicines used prove of any service. She had therefore recourse again to me for advice, and I directly administered the powder with the extract of Blue Wolf's Bane, the dose ten grains in the morning, and as many at night. The first day she purged eight times, and her pains directly abated, and on the fourth and fifth days she could move all her limbs without pain, and found herself well. Then I advised her to continue using the powder for several weeks longer, to prevent the return of the pains in the limbs. She followed my advice, and observed that the third week after, the tumor be-

came unexpectedly smaller, and more movable and soft. She now takes, every day, thirty grains of the powder without any apparent evacuation; all her pains are gone off, her body has regained its strength, and the tumor is in a gradual state of decrease.

Case VI. I experienced the very same effect in a young woman of about twenty, who, on account of schirrous tumors in her neck, has for three months past been taking the cicuta without any great effect. By the use of this powder (of Wolf's Bane,) the tumors are lessened, and become notable, and now that the second month is drawing to a close, only a few remains of them are left. For five weeks a whole drachm of this powder was administered every day. The patient has a good appetite, sleeps sound, and is strong; hence it appears that this powder is no ways detrimental, but rather of very great benefit.

Case VII. To a young woman, twenty-two years of age, I exhibited the powder for a tumor in the right iliac region. I was willing first to try the Hemlock, but the constitution of the patient could not bear it; she was decomposed by it, and caused to vomit. Of this powder she took ten grains morning and evening; she had a stool twice or thrice a day. The patient had for half a year an aversion to flesh, and no sooner perceived the smell thereof, but she had a retching. After taking this powder for three days, she began to long for flesh, which she ate, and digested very well. On the third week, the tumor became much less by the use of this powder, and a glutinous, yellowish matter flowed plentifully from the vagina. After the second month, the tumor almost quite subsided. Her appetite continues good, and her strength is increased, but a yellow, thick matter continues to distil copiously from the uterus.

Case VIII. A young woman, of about thirty, for several years past felt, in both her breasts, tubercles of different sizes, which were movable, and at times extremely painful; but the pain went off of itself, without any application. The patient neglected this disorder, as being accustomed to other ailments; at length the tubercles increased in bulk, and ran together in each breast into one hard lump, bigger than a man's fist, and the pain was so extreme and incessant, that the patient was obliged to keep her bed. The skin of each breast was here and there broken, and all over livid, and there was a discharge of an acrid, burning matter, corroding the neighboring parts. The Hemlock being administered, not only stopped the disorder, but also healed the ulcers and dissolved the large tumor into small tubercles, above half of which were caused to disappear, and the pains were assuaged. This so quick and happy a change of the distemper happened in the space of four weeks; but afterwards the effect was no longer so apparent and quick; nay, this medicine being continued for eight months, left the disorder almost in the same condition; but yet the patient would not forbear its use, pleased with the happy effect which ensued for the first four weeks, and which rendered the disorder so mild, that she could again go about her work. Now again, towards the spring she was seized with a most violent cough to such a degree, that it was necessary to open a vein several times, and she was obliged to keep her bed; but by proper remedies her cough was again stopped, yet the tubercles in both breasts began to be very painful, and small ulcers broke out, which discharged an acrid humor. After taking, during the cough, several medicines, and now perceiving that she contracted a loathing in swallowing them, I forbore giving any more of the Hemlock, and therefore administered the powder of extract of Blue Monk's Hood mixed up with sugar, which is pleasant, and a small dose of it is sufficient. It is now two months since she took this powder; all the ulcers are cicatrized, and the pains entirely

gone off. The schirrous and painful tumors, which, even after a long use of the Hemlock remained always in the same state, are now lessened to above half their bulk. She has regained her appetite and her strength; all her functions are vigorous; she has a stool every day, but no apparent and constant evacuation was observable in the patient during the use of this powder.

Case IX. A woman, of forty-three years of age, was so afflicted with a most exquisite pain in the right arm, as to make her cry night and day; nor could any opiate procure rest. I employed, for a couple of weeks, different medicines, yet the patient perceived scarcely any relief; her strength was quite decayed, and her body much extenuated; then I tried the powder of Blue Wolf's Bane, giving, in the morning, twenty grains, and as many at night; she had several stools after it; her pains became milder, and the second night she had a sound sleep for three hours. The same powder was continued to be given thrice a day, twenty grains. On the sixth day, broad, ruddy, itching pustules broke out all over her body, and then almost all her pain ceased. The same powder was still taken for three days longer; at length a purge was administered of six ounces of the laxative water of the Vienna dispensatory, and one drachm of sal polychrest. This worked twelve times with great ease; and from this time forward, the patient was sensible of no more of her former pain, and can now freely move her arm and foot, which, before the use of this powder, she was not able to do.

Case X. We had a man in our hospital, of about thirty, who was confined for upwards of nine months with a most severe fit of the gout; remedies, both internal and external, were used in very large quantities, and for a long time, without any manifest benefit. All the joints of his body were swelled, and very painful; he could neither move hand nor foot; his nights were restless and without sleep. Though several medicines, and those the most useful in other respects, were used for this patient, yet the disease underwent no sort of change, only that some symptoms seemed to become thereby more exasperated; neither did Hemlock, most carefully taken for upwards of six weeks, in large doses, afford any relief. In this most melancholy case, when scarce any remedy which could promise relief, had not been tried, I desired Dr. COLIN, my very learned colleague, to prescribe for this patient the powder of the extract of Blue Wolf's Bane; in a few days after, we were astonished at its wonderful effect; not only all the pains were mitigated, but he also seemed to recover some use of his limbs. In two weeks more the swelling of the joints was much abated; his hands and fingers became more flexible, and he could move them without any pain; after three weeks the patient, by the help of crutches, could now use his feet; he slept without any pain, had an appetite, his strength was increased, and he complained of no disorder from the use of the powders, though he was often asked after it. About the beginning of the second month, he walked without crutches, could clench his left hand pretty firmly, but not his right, because the wrist of that hand was still swelled; and the end of the second month, he moved all his limbs pretty freely, had no more pain, and all the joints had recovered their proper size and flexibility; yet a greater sensibility was perceived in those parts which were before distended by the painful tumor, than is usual in a sound state. After three months this man left the hospital, perfectly recovered.

How much pleasure this experiment afforded the very learned Dr. COLIN and myself, every honest person will easily judge; for after the uninterrupted efforts of nine months, and after every other medicine had proved ineffectual, the powder of the extract of Blue Wolf's Bane alone happily cured this miserable patient, whom we had already given over for lost. For the first

two weeks, he took fifteen grains of the powder in the morning, and as much at night; the third week, he took fifteen grains thrice a day; in the beginning of the second month, the same dose was administered four times every day; nor was there any occasion to increase it, as it produced the desired effect. During the use of the powder a purge was three times given, which always procured several very easy motions.

Case XI. A woman, forty years old, labored under a violent pain in all her limbs and joints; the pain was at first wandering, then fixed in one joint, at length moved again over all her limbs, and then almost quite disappeared for some days. Extremely hard nodes and *tophi* were gradually formed in the joints of the hands and fingers. By this disorder she had now suffered for one entire year; it is now three months since the pains fixed and settled in her hands and feet with such violence that she could neither stand upon her feet, nor move her hands without the greatest pain; and to bend her fingers was become impossible; for, besides that the most acute pains prevented this, there were formed *tophi* on the joints, like so many red exostoses, surpassing a large walnut in size, and not bearing to be touched, the pain was so excessive; her nights were also restless; in this condition she was brought to our hospital. As all this time she had taken various medicines without effect, the very skillful Dr. COLN thought proper to give her immediately the powder of the extract of Blue Wolf's Bane; in three or four days, we saw with the highest satisfaction the pain quite gone off in some parts, and in others so much abated, that her nights were easy, and her appetite, which she had lost altogether, now returned. The second week, she moved her hands and feet more freely; about the end of the first month, almost all the pain in her hands was gone; the *tophi* were diminished in size, less painful when touched, and she could bend her fingers. The powder occasioned no manifest evacuation, either by stool, urine, or the emunctories of the skin; the patient, who before was weakly and fretful, became more cheerful, sat up in bed, and talked with those about her. After the second month, she had not the least pain in her hands; some of the *tophi* were now quite vanished, and some again so small and soft as not to be of one third part of their former bulk; the patient could clench her fist, and her strength increased daily. And now for the third month that she continues the use of the powder, the *tophi* are almost daily decreasing, and the pains in all her limbs and joints are gone off. After the third month, being cured by the use of this powder alone, she left the hospital.

Case XII. A maid-servant, of about twenty, had the venereal distemper to a very high degree; several *tophi* broke out on her head, exceeding a hen's egg in size; the submaxillary glands and the parotids were swelled and concreted to an enormous size, and felt bony to the touch. So great a pain affected those swelled and indurated parts, and all the joints and limbs of her body, that she could neither eat nor lie still, much less sleep; her swallowing had become difficult, and chewing impossible; in short, her life was in the greatest danger, when she was carried to our hospital. Upon duly examining the case, and comparing all the symptoms, Dr. COLN and I durst not venture upon mercurials; a speedy change for the better was requisite, lest from too great pain, or want of sleep, nourishment and strength, the patient should go off. After having seen the extraordinary effects of the powder of the extract of Blue Wolf's Bane, and being convinced from repeated experience, that it might be used by patients without any danger, we directly proceeded to the use of it; on the second and third days, the pains became milder; then she slept, and her appetite and swallowing were far better and freer: the powder opened her body several times a day, and

the perspiration of the whole body was increased. In a month's time, not only all the *tophi* were diminished, but the hard swelling of the submaxillary glands and of the parotids was much softened, about which we had some doubt at first, for those tumours had a bony consistence, not only to the touch, but also by their sound, when slightly struck upon. All pain was gone, her strength daily increased, she slept soundly, had an appetite, and she could now chew without any impediment. In the second month the *tophus* in the middle of the *os frontis* broke, and discharged much ichorous matter mixed with blood; scarce anything was to be seen of the other *tophi*, nor were they even perceivable to the touch. About the beginning of the third month, all hardness of the glands was now dissolved, strength returned, and all the functions seemed to be restored to their natural state; a few remains, which are still observable about the cheeks, are daily decreasing, so that the patient will, in a short time, be entirely relieved of her former misery. The ulcer arisen from the breaking of the *tophus* in the *os frontis*, which was at first foul, and had parched and shrivelled lips, of a malignant nature, was, by the application of lint pledgets, dipped in an infusion of the cicuta, filled with healthful flesh, and the cicatrix proved good and firm.

Case XIII. A man, of about forty, who labored under a true ankylosis of the joint of the left elbow, came to our hospital for cure. The joint had been, for several months, extraordinarily swelled and very painful; a variety both of external and internal medicines, used for a long time, caused no agreeable alteration, nay, some of them excited severer pain. A trial was made of the powder of extract of Blue Monk's Hood, (or Wolf's Bane,) and in about six weeks the tumor disappeared, all pain vanished, and the joint recovered its proper flexibility.

Case XIV. A woman, thirty-four years of age, had for four months exquisite pains in her right leg and foot; there was no swelling observable, and the skin was of its natural color. Medicines of various kinds, both internal and external, were of no benefit, and the patient, unable to sleep, was confined to her bed with pain; but the powder of extract of Blue Wolf's Bane being given her, instantly allayed the pain, brought on sleep, and in three weeks perfectly cured the patient.

From the experiments or cases related it follows, that extract of Wolf's Bane is a very innocent and very efficacious medicine. Given in a small dose, it sometimes performs what the most powerful medicines, used in large doses and for a long time, cannot effect. The acrimony which lodges about the joints, tendons, and bones, which irritates the nerves, and causes the most acute pains, is thereby dissolved, put in motion, and carried off, either by stool, urine, sweat, or insensible perspiration; it softens scirrhus tumors, *tophi*, and nodes, and sometimes entirely discharges them. It allays and removes the most exquisite pains of the joints, and parts that are indurated. It sometimes cleanses and firmly cicatrizes ulcers, which yield to no other medicines. In some cases, Blue Wolf's Bane exceeds the Hemlock in virtue and efficacy, and sometimes cures diseases in which the Hemlock does not agree, or has no virtue at all. Yet Blue Wolf's Bane is sometimes used without any effect, and in that case the Hemlock often cures the disease.

These and other experiments made with Hemlock, Thorn-apple, Henbane, and Blue Wolf's Bane, were not performed in private, or in a corner, but in a public hospital, where several very skillful physicians and surgeons saw the patients from first to last.

M i s c e l l a n e a .

YELLOW FEVER.—The late date at which our present number is issued, enables us to present our readers with a very able and interesting essay by our colleague, Dr. HOLCOMBE, of Natchez, on the subject of the epidemic which has devastated the South-west during the last season. It will well repay a careful perusal.

We are also indebted to our esteemed colleague, Dr. LEON, of New-Orleans, for the following sketch of the disorder, as it raged in that city:

“The fever which has so seriously afflicted the southern portion of our country the past summer, commenced with a single case of an emigrant, who had recently arrived, and who died on the 28th day of May. But the malady did not prevail as an epidemic until the 1st of July. It has been a question, whether the disease originated *per se* in New-Orleans, or whether it was brought by a vessel from Rio Janeiro. Whichever hypothesis is adopted, however, the opinion seems now to be general among medical men in the South, that it is infectious in its character. From the vast mortality which has marked the progress of the scourge during the present season, it has been supposed by some to be unlike the varieties which have heretofore prevailed; but the only notable difference between the present and previous epidemics, consists in the greater malignancy of the former.

“The disease first made its appearance in the upper part of the city, and continued in this locality for about one month, when it gradually extended from this point, until it pervaded the whole town. While the epidemic remained in the locality first alluded to, its attacks were confined to the lower class—the poor and intemperate—but as it extended to other portions of the city, it seized equally upon all classes—the rich, the temperate, and even many Creole children, with whom it was especially fatal.

“The following are the symptoms which ordinarily characterized the malady: Pains in the head, back, limbs, general sense of weariness and lassitude, nausea and vomiting of green, bilious matter; these symptoms generally preceded by a chill or sense of coldness, and followed by hot and dry skin, very great restlessness, rapid and full pulse, tongue coated with a yellowish or brownish fur, and in bad cases with red edges, and a dry, brown fur in the centre, thirst or adipsia, sometimes tenderness of the epigastrium, obstinate constipation, and occasionally diarrhoea of a brownish, dirty water; urine scanty and high colored, and in violent cases, suppression of urine, terminating in an comatose condition, mind generally clear, but occasionally delirium; eyes red, and vessels of the conjunctiva injected, and sensitive to light, countenance usually flushed, and often sallow from the commencement of the attack. As the febrile symptoms manifested themselves, the pains in the head, eye-balls, back,

and limbs, became in many cases exceedingly distressing. The pains in the head were, for the most part, throbbing, pressing outward as if the head would split open, in some cases dull, heavy, stupid, and in children often attended with great disposition to sleep. These pains were generally located in the forehead, the occipital region, and nape of the neck. The pains in the back were sometimes severe, as if the back would break in two, and at other times of a more vague, dull, and undefined character.

"In the most severe form of the disease, the febrile symptoms were intense—the skin especially dry, hot, and communicating to the touch a sensation of biting heat, great prostration of the vital forces, often cramps in the calves of the legs, intense restlessness, sleeplessness, sighing and oppressed respiration, and as the disease advanced toward a fatal termination, symptoms of collapse were often observed. Many cases terminated in the 'black vomit.' Some had hæmorrhages from different parts of the body—the nose, gums, and bowels, which were considered unfavorable symptoms. The 'black vomit' was generally preceded by tenderness of the epigastric and umbilical regions. Many cases were accompanied by boils, and an eruption resembling prickly heat. In severe cases a disagreeable cadaverous odor was observed to issue from the bodies. The boils usually suppurated, and emitted an exceedingly offensive smell. The duration of the disease was usually about three, five, or seven days, when it either terminated in convalescence or death. In a few instances the disease run its course within twenty-four hours, terminating in recovery or death.

"The above constitute the principal symptoms which we observed as characteristic of the malady:

"*Treatment.*—The medicines chiefly relied on, were: *Aconite*, *Belladonna*, *Arsenicum*, *Veratrum*, *Ipecacuanha*, *Bryonia*, *Stibium*, *Nux vomica*, *Pulsatilla*, *China*, *Lachesis*, *Crotalus*. Of these remedies, by far the most important were *Aconite*, *Belladonna*, *Veratrum*, and *Arsenicum*.

"During the first part of the malady, we rarely had occasion to employ any thing but *Aconite* and *Belladonna*. We usually prescribed them in alternation, at the third dilution, at short intervals, until the fever abated. The control which these remedies exercised over the action of the heart and arteries, the skin, and the other symptoms, were for the most part prompt and decided. First, the pulse would become less frequent and hard, and succeeded in a short time by a softness of the skin, sometimes actual and general perspiration, with abatement of all unpleasant symptoms.

"When nausea and vomiting were present, we always derived the most happy effects from *Ipecacuanha*, *Arsenicum*, *Veratrum*, and *Stibium*.

"When diarrhœa occurred, it could be readily controlled by *Arsenicum*, *Veratrum*, and in some cases, *Pulsatilla*.

"In a few cases where 'black vomit' actually occurred, cures were effected by *Veratrum* and *Arsenicum* in alternation.

"*China* appeared to act as a specific in cases of nasal hæmorrhage,

while in hæmorrhages from the gums we found most service from *Lachesis* and *Crotalus*.

"In those cases which were characterized by extreme prostration, cramps in the calves of the legs, and anxious expression of countenance, *Veratrum* was an efficient remedy.

"For suppression of urine, which was occasionally noticed as a symptom, *Cantharides* usually afforded relief.

"I have personally treated more than one hundred cases of fully developed yellow fever, and of this number less than ten per cent. have died. We have reason to know, that the other homœopathic physicians treated their proportion of cases of the disease, and were equally successful.

"We forbear making any comparison between our own results and those of the old school, preferring that those who have actually witnessed the two modes of practice, should render a decision in the matter."

Homœopathy in Mississippi.—We are much pleased to learn from a private letter from Dr. HOLCOMBE of Natchez, that Dr. DAVIS and himself have been appointed Physicians and Surgeons to the Mississippi State Hospital, a large and well-endowed institution located in that town. Dr. HOLCOMBE adds: "This is the first instance, I believe, of a public hospital passing by the will of the people from Allopathic to Homœopathic auspices in this country. It has created great excitement in the Allopathic rank and file, and sufficient opposition may be excited to remove us. We shall resist manfully, however, convinced that it is but an initiatory step to the entire reversal of the relative positions of the two schools throughout the Union." We fully agree in this anticipation, and cordially unite our wishes with those of our colleagues, for the speedy realization of such a result.

Connecticut Homœopathic Society.—The annual meeting of the Connecticut Homœopathic Medical Society was held at the office of Dr. SKIFF, in the city of New-Haven, on the 15th inst., at which a large number of interesting cases was reported; among them one of Chorea, cured by infinitesimal doses, after a long course of treatment by drugs without effect. Also one of Asthma, of twenty years' standing. An interesting and valuable paper was read by Dr. BOYLE, of Norwalk, on the attenuation and sub-division of Medicine.

The following officers were chosen for the ensuing year: *President*: J. T. DENISON, M.D., of Fairfield. *Vice-President*: W. W. RODMAN, M.D., of Waterbury. *Secretary*: G. S. GREEN, M.D., of Hartford. *Treasurer*: C. H. SKIFF, M.D., of New-Haven.

The meeting was one of a highly interesting character. The numerous reports from members from different parts of the State spoke loudly of the growth of Homœopathy, and the great need of homœopathic physicians, in different parts, to meet the wants of the people.

At 4 o'clock, P.M., the meeting reluctantly adjourned, after a session of six hours, to hold its semi-annual meeting at Dr. RODMAN'S office, in the city of Waterbury, on the 3d Tuesday of May next.

Chicago Hospital.—We are happy to find that there is sufficient demand for Homœopathy in Illinois to warrant our valued friend, Dr. SHIPMAN, of Chicago, in opening a Homœopathic Hospital in that growing city. Dr. SHIPMAN'S circular is as follows:

"The undersigned begs leave to call your attention to the Homœopathic Hospital, recently opened in this city, No. 18 Kinzie-street, under his superintendence. Should any of your friends wish to receive medical treatment in this city, or should they be overtaken here by disease, they will find in this institution every attention necessary to insure their comfort and speedy recovery. Patients suffering from contagious diseases will not be admitted.

"The charge will vary from \$2.50 to \$14 per week, according as patients occupy the public wards or private apartments. These charges will include medical services, but an extra charge will be made when operations are performed, and where patients require constant watching. Payments to be made weekly, in advance, or satisfactory references given. The services of Dr. BOARDMAN have been secured, who will give especial attention to surgical cases."

We heartily wish our colleague success in his praiseworthy undertaking.

New-York Homœopathic Medical Society.—In consequence of the lateness of our issue we are enabled to give the proceedings of this body at the annual meeting in February 1854.

The meeting was called to order at half past 10 o'clock, by the President, Dr. A. S. BALL, of New-York. About twenty-five members were present. The minutes of the semi-annual meeting (in Utica) were read and approved.

The following physicians were elected members of the Society, namely: Drs. E. G. BARTLETT, of New-York; W. L. R. PERRINE, Hudson; D. J. EASTON, Saratoga Springs; — STEBBENS, Salisbury; D. T. BARR, Ludlowville; BENJ. F. THROOP, Palmyra; Z. CLEMENTS, Victory Mills; L. MCCARTHY, Throopsville; and J. HEDENBERG, Troy.

On motion, the next order of business, Reports of Committees, was suspended, for the purpose of receiving the reports of cases treated by a single remedy, of which every member is desired to present at least one at each meeting. A number of interesting cases of this description was read, which, with the discussions thereon, occupied the remaining time of the morning session.

On motion of Dr. H. M. PAINE, a committee was appointed to suggest subjects for consideration at the next meeting.

Afternoon.—3 o'clock.

The attendance, on reassembling, was somewhat increased by the arrival of members. The regular order of business was resumed.

Dr. C. G. BRYANT, from the committee on honorary membership, reported in favor of appointing such members of other State Homœopathic Societies as may attend the meetings of this Society as delegates, permanent honorary members. It was also recommended that a class of corresponding members be elected from such members of the Society as have, or may hereafter remove from the State; and that Homœopathic Pharmacutists be admitted to seats in the meetings. The report was accepted, and the resolutions, after some conversation, were adopted.

Dr. H. M. PAINE, from the Bureau for the enlargement and improvement of the *Materia Medica*, presented a partial report, consisting mainly of the results of extensive proving of several new drugs. The committee requested further time to continue and complete their report, which was granted.

The Committee on the proper mode of conducting the proving of drugs upon the healthy, was called, but made no report.

Dr. KIRBY, on behalf of a portion of the Committee on the proposition to establish a Medical College in this State, presented an elaborate report, reviewing the various suggestions heretofore made, and concluding with the proposition, that it was inexpedient to proceed further in the matter at present. The reading of the report elicited some discussion, but in view of the absence of several members of the committee, it was decided to postpone the further consideration of the subject till the next meeting.

The report of the Treasurer was read and referred to an auditing committee. An assessment was voted of one dollar upon each member for the expenses of the current year.

Dr. H. M. PAINE reported a series of suitable topics for consideration at the next meeting, which were referred to special committees to report thereon.

Dr. KIRBY moved that members of the society be requested to make provings upon themselves and others of the *Hamamelis virginica*, and to send the results to the Bureau of *Materia Medica* before the 1st of December next. Carried.

On motion, the president and secretary were directed to prepare a blank form for the nomination of candidates for membership.

A resolution was unanimously adopted, strongly approving the objects of the bill for the promotion of medical science, now before the Legislature, and recommending its passage as a measure highly important to the advancement of medical knowledge.

The following officers were elected for the ensuing year :

President: Dr. A. CHILDS, of Waterloo. *1st Vice-President*: H. ADAMS, of Cohoes. *2d do.*: J. BOWERS, of New-York. *3d do.*: E. F. RICHARDSON, of Syracuse. *Secretary*: H. D. PAINE, of Albany.

The semi-annual meeting was appointed to be held in the City of New-York on the second Wednesday of September.

After a unanimous vote of thanks to the retiring officers, and a brief and appropriate reply from the President, the Society adjourned to meet at the Capitol at half past 7 o'clock, to hear the Annual Address.

Evening Session.

At the hour designated, the Society met in the Assembly Chamber, where the retiring President, Dr. A. S. BALL, proceeded to deliver his Address. The weather was very inclement, and the Legislature having taken a recess for several days to attend the canal election, the attendance of the public was small, which is the more a matter of regret, as the Address was a candid and forcible review of the leading points of difference between the old and new schools of medicine, delivered in an eloquent and highly pleasing manner. The usual vote of thanks for the Address, and the request of a copy for publication, was passed, and the Society adjourned.

Provers' Union.—We have received from Philadelphia a copy of the constitution and by-laws of a new association for the proving of drugs. As this is the most important subject to which the minds of homœopathic physicians can be called, we invite the attention not only of such, but also of all who consider pure experimentation upon the healthy as desirable for the advancement of the healing art, to the constitution of this society, which we annex. It will be seen from its tenor, that it is cosmopolitan in its scope, intended to embrace not only physicians, but *provers*, and welcoming to its membership not only Americans, but foreigners of every nation and clime.

P R E A M B L E .

WHEREAS, our great Master, HAHNEMANN, has, by his provings of drugs on the healthy, laid the foundation of a *Materia Medica*, by means of which we are alone enabled to apply our principle, "*Similia Similibus Curantur*" to the healing of the sick; and

Whereas, the provings of medicine by single individuals, on comparatively few, have shown us that there is much yet to be learned of the effects of such partially-proved medicines, and as it requires the observation of many provers to determine the *characteristics* of a remedy; and

Whereas, "*in unity is strength,*"

We, the undersigned, do now form ourselves into a Provers' Union, under the following Constitution and By-Laws:

C O N S T I T U T I O N .

ARTICLE I.

SEC. 1. This Society shall be called the AMERICAN PROVERS' UNION.

SEC. 2. Its object shall be, the proving of medicines on the healthy.

ARTICLE II.

SEC. 1. Any physician, or other person, who has previously proved one or more medicines, and will pledge himself to prove whatever medicine may be selected by the Society—at least one medicine every year—shall be a member upon signing the Constitution and By-Laws.

SEC. 2. Physicians and others who have distinguished themselves by the proving of remedies, may be elected *Honorary Members*.

ARTICLE III.

SEC. 1. The Officers shall be, a CHAIRMAN, to be elected at each meeting; a RECORDING SECRETARY and twelve or more CORRESPONDING SECRETARIES; who shall be elected on or about the 10th day of August annually; and a TREASURER, to be elected at the same time.

SEC. 2. The *Chairman* shall preside, and preserve order according to Congressional Rules.

SEC. 3. The *Recording Secretary* shall keep the minutes of each meeting, record the votes, and report them, and keep safely all the papers, documents, and books of the Society.

SEC. 4. Each *Corresponding Secretary* shall attend to the correspondence of such section of the United States, or of foreign countries, as may be assigned to him; and open a communication with our Proving Societies, or such individuals as may wish to participate in our undertaking.

SEC. 5. The *Treasurer* shall faithfully keep the funds of the Society, and pay all bills on the warrant of the Chairman and Recording Secretary.

SEC. 6. The Chairman, Recording Secretary, and such members as may be added by the meeting, shall constitute the *Board of Publication*.

SEC. 7. The Society shall hold *Three Stated Meetings*, namely: on or about the 10th of August, 10th of December, and 10th of April.

The *Recording Secretary* and three of the *Cor. Secretaries* shall notify the members at least one week previously, of the time and place of each meeting, and may at any other time, when deemed necessary, call an *extra* or *special meeting*.

ARTICLE IV.

SEC. 1. It shall be the duty of every member, at the stated meeting in April, to hand or send to the Recording Secretary, a written list, over his own signature, of seven different remedies, which have already been proved, and the provings printed. From the whole number thus received—after they have been communicated to all other societies willing to unite in the yearly proving of one selected medicine, and their votes received—those seven having the greatest number of votes, shall be communicated to the members by the Recording Secretary, whereupon all the members shall proceed forthwith to select *one* of the seven, and that one having the greatest number of votes shall be chosen to be proved during the year.

In case of a tie-vote, the Chairman shall decide.

SEC. 2. Every distant member proving a medicine shall furnish the Cor. Sec. with a day-book of his provings, in the chronological order in which they were made; which shall be handed over to the Rec. Sec. to lay before the Society.

SEC. 3. A certificate of membership shall be furnished to each member of the Society, signed by all the officers.

ARTICLE V.

This Constitution may be altered or amended by a vote of two thirds of the members present at any stated meeting, *provided*, the said alteration or amendment shall have been proposed at a previous stated meeting, and notice been given thereof, in the call for the meeting in which it is to be acted upon, at least one week previous to the meeting.

✉ Communications may be directed to Dr. H. DUFFIELD, Philadelphia.

Obituary.

OUR obituary list for this number of the Journal is swelled to an unprecedented extent. Both hemispheres have been called to mourn over some of the most ardent adherents of the reformed system. We can do little more than give a list of their names. Their eulogy will be found in their works.

JOSEPH GRISWOLD LOOMIS was born in the State of Connecticut, May 18, 1811. His parents early removed to the State of New-York, where he entered upon the study of medicine, and received his degree from Fairfield College in 1834. He entered at once upon the practice of his profession in the State of Michigan, whence, in the course of three or four years, he removed to the State of New-York, where, in 1843, he became a convert to Homœopathy. In 1852 he was elected professor of obstetrics in the Homœopathic College of Philadelphia, which chair he continued to fill until his death, on the 25th of October, 1853, of disease of the lungs. He was valued as a physician and respected as a man; the want of his coöperation will be much felt by his colleagues in the University of which he was a member.

FRANZ HARTMANN, one of the few remaining disciples of the great Master, was born at Delitoch, May 18, 1796. He early became a convert to Homœopathy, and entered its study under HAHNEMANN. He enjoyed an excellent practice in Leipzig, where he was at one time physician to the Homœopathic Hospital; but, his health failing, he was obliged to resort to his pen for the means of obtaining a livelihood, and to this circumstance we owe many valuable contributions to our literature. One of the founders of the *Allgemeine Homöopathische Zeitung*, a weekly Gazette, now in its forty-seventh volume, he continued to edit it until his death, contributing many papers to its columns, and, by his fairness, imparting to it a character of liberality that secured to it the confidence of all branches of the profession. His principal works are his Latin translations of CASPARI'S Dispensatory under the title "*Pharmacopœia Homœopathica*," his treatise on "*Acute and Chronic Diseases*," and his "*Diseases of Children*." For many years before his death he was a

martyr to a wasting disease, which at last terminated in death on the 10th of October, 1853.

FRANCESCO ROMANI, one of the most distinguished of the early students of Homœopathy, was born at Vasto in 1785. He studied medicine in Naples, and acquired such a reputation, that he was named physician to the then Queen Maria Amelia. In 1821, having been himself cured of a troublesome affection, which had resisted all his skill, by Dr. NECKER, a homœopathic physician, who was accidentally in Naples, he devoted his whole time and attention to an examination of the new system, and became a confirmed advocate of its truth. In 1827, he was induced by the Countess of Shrewsbury, whom he had cured of a serious disease, to settle in England, but finding the climate unfavorable to him, he returned to Naples, where he died. He was the author of several original works, and of a translation of the *Materia Medica Pura* into Italian. He had also considerable reputation in general literature, his sonnets and poems being highly esteemed, and his monodies on the deaths of the Princess Borghese and of HAHNEMANN being considered as models of elegant grief.

PAUL CURIE, well known in America as well as in Great Britain by his works, was born in Grand Charmont, in France, in the year 1799. He studied medicine in Paris, and in 1820 was appointed supernumerary surgeon to a Military Hospital. He continued in service in the army, taking his degree at Paris in 1824, until 1832, when, becoming a convert to Homœopathy, he entered into practice in that city. In 1835, however, he was induced to leave Paris for London on the solicitation of some enthusiastic adherents of Homœopathy in the English metropolis, and there took charge of a dispensary, opened in 1837, in Finsbury Circus. From that time until his death he was connected with that and other eleemosynary institutions, and died on the 5th of October, 1853, of typhus fever, caught from one of the patients in the Hahnemann Hospital. He published a small Domestic Guide, and was the author of some clinical lectures.

F. VON LICHTENFELS, one of the oldest of the homœopathic physicians in Vienna.

Dr. HARTUNG, formerly widely known as the physician to whom Radetzky owed the cure of the malignant disease of the eye, which was supposed to be threatening his life.

Dr. MELIOHER, well known to readers of German medical literature by his frequent contributions, died of paralysis of the lungs at Berlin, December 16, 1853. He had long enjoyed an excellent practice, and was one of the most active agents in the erection of the Hahnemann monument.

Dr. LARGUIEUR, one of the oldest homœopathic practitioners in the south of France, died September 12, 1853, at 54.

Dr. ALTMÜLLER, of Cassel.

Dr. MÖRTU, of Linköping, Sweden.

FOREIGN PUBLICATIONS.

Homœopathy: its Tenets and Tendencies, Theoretical, Theological, and Therapeutical. By *James Y. Simpson*, M.D., &c. London. Homœopathy Fairly Represented. By *William Henderson*, M.D.

The Tenets and Tendencies of Dr. Simpson regarding Homœopathy. By *George Wyld*, M.D. London.

Homœopathy. An attempt to state the question with fairness, and analyze the merits of the new and old systems of medicine. By *George Wyld*, M.D. London.

Sir Edward Bulwer Lytton and Homœopathy. A Letter. By *Charles Luther*, M.D. London.

Lectures on the Theory and Practice of Homœopathy. By *R. E. Dudgeon*, M.D. London.

The Controversy on Homœopathy. By *William Sharp*, M.D. (Tract.) London.

The British and Foreign Homœopathic Medical Directory and Record. Edited by *George Atkin*, M.D. London, 1853.

The prevention and treatment of Scarlatina in its various forms according to Homœopathic principles. By *Charles Ransford*, M.D. London.

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